

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

INDIANA

DESCRIPTION

This chart provides excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

All

Prescription vitamins and mineral products

All

Nonprescription drugs (Over-the-Counter)

Some drugs from the following classes, as listed on Indiana Over-the-Counter Drug Formulary: Analgesics, antacids, anti-hemorrhoidals, topical analgesics, non-sedating antihistamines, cough and cold products, nasal products, gastro-intestinal products, vaginal agents, urinary analgesics, motion sickness products, otic products, eye products, anti-flatulants, topical products, H2 Antagonists, electrolyte replenishment, enzymes, glucose/dextrose, calcium supplements, iron products, vitamins, multi-vitamins, niacin, zinc, magnesium, dialysis supplements.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

Some

Bupropion, Commit lozenge, Nicoderm, Nicorette DS, nicotine gum, nicotine patch, Nicotrol NS, Nicotrol Inhaler, Zyban. Covered but require prior authorization – Habitrol, Nicotrol.

STATE WEBSITE

<http://www.indianamedicaid.com/ihcp/index.asp>