

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

**TEXAS**

**DESCRIPTION**

This chart provides information on 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 and Medically Needy.

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*Some*

Appetite stimulants, anorexic agents, and fat absorption-decreasing agents

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

*Some*

Antihistamines/combinations, antitussives, decongestants, and expectorants

Prescription vitamins and mineral products

*Some*

Single and multiple vitamins and minerals and combinations

Nonprescription drugs (Over-the-Counter)

*Some*

Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: Analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; respiratory agents; and therapeutic nutrients and electrolytes

Barbiturates

*All*

Benzodiazepines

*All*

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

*All*

Texas will continue coverage of the above products to the extent they are covered for all Medicaid recipients as listed in the Texas Drug Code Index.

<http://www.hhsc.state.tx.us/HCF/vdp/dw/FormularySearch.html>

**STATE WEBSITE**

<http://www.hhsc.state.tx.us/HCF/vdp/vdpstart.html>