

## Medicaid Coverage Information for the Excluded Drug Classes under Medicare Part D

Beginning January 1, 2006, Medicaid recipients with Medicare started receiving their drugs through a Prescription Drug Plan (PDP). The PDPs have formularies of drugs that are covered and noncovered. If a client is prescribed a noncovered drug, Medicaid does not pay for the drug. The client must work with their PDP to get the drug covered or switch to another drug on the PDP's formulary.

There are classes of drugs that federal regulations do not require PDP formularies to cover. These classes of drugs are referred to as excluded drugs. Medicaid currently covers a subset of these excluded drugs.

The following criteria are used in determining the drugs that are covered by Medicaid. There is no coverage for the following excluded drug classes:

1. Agents used for anorexia, weight loss, weight gain
2. Agents used to promote fertility
3. Agents used for cosmetic purposes or hair growth
4. Agents used for the symptomatic relief of cough and colds
5. Covered outpatient drugs where the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

There is coverage for the following excluded drug classes if the manufacturer has a rebate agreement with CMS:

1. Prescription vitamins and mineral products, except prenatal vitamins and fluoride
2. Barbiturates
3. Benzodiazepines
4. Nonprescription drugs covered by N.C. Medicaid as documented in General Clinical Coverage Policy A2 (<http://www.ncdhhs.gov/dma/mp/>)

All claims should be submitted to the PDP first to ensure that they are not covering these products. If denied, the claim can then be submitted to Medicaid through POS with a "03" (other coverage exists-this claim not covered) in the other coverage code field.