

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision
1927(d)(2) and 1935(d)(2)	<p>1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit-Part D.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain <u>as listed on the Delaware Medicaid Preferred Drug List located on the agency's website (see specific drug categories below)</u></p> <p><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth <u>only when the state has determined that use to be medically necessary (see specific drug categories below)</u></p> <p><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds <u>as listed in the Delaware Medicaid pharmacy provider manual (see specific drug categories below)</u></p> <p><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride <u>as listed in the Delaware Medicaid pharmacy provider manual (see specific drug categories below)</u></p> <p><input checked="" type="checkbox"/> (f) nonprescription drugs <u>as listed in the Delaware Medicaid pharmacy provider</u></p>

TN No. SP# <u>#408</u>	Approval Date <u>November 16, 2005</u>
Supersedes	
TN No. N/A	Effective Date <u>January 1, 2006</u>

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	<u>manual (see specific drug categories below)</u>

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1927(d)(2) and 1935(d)(2)	<p><input type="checkbox"/> (g) covered outpatient drugs which 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 (see specific drug categories below)</p> <p>(The Medicaid agency lists specific category of drugs below)</p> <p>(d) Agents when used for the symptomatic relief cough and colds: Antihistamines, Antitussive, Decongestants, and Expectorants.</p> <p>(e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride: Single entity vitamins, Multiple vitamins w/minerals, Nicotinic acid, Calcium salts, and Dialysis replacement products</p>

TN No. SPA# #14-005

Supersedes

TN No. SPA# #13-001

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Citation (s)	Provision
1927(d)(2) and 1935(d)(2)	CONTINUED

~~(f) Nonprescription drugs: Analgesic oral and rectal; Heartburn; Antiflatulents; Antidiarrheals; Antinauseants; Cough & Cold, oral; Cough & Cold, topical; Contraceptive Drugs; Laxatives & Stool Softeners; Lice Control Preparations; Nasal Drug Preparations; Nicotine Cessation Preparations; Ophthalmic Drug Preparations; Topical Anesthetics; Topical Antibacterials; Topical/Vaginal Fungicidal; and Digestive Enzymes.~~

 No excluded drugs are covered.

TN No. SPA# #14-005

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