## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Indiana

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

Citation (s)

Provision (s)

1927(d)(2) and 1935(d)(2)

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.

(1) Nonlegend (over-the-counter) drugs included on the Medicaid nonlegend drug formulary set out at:

http://www.indianapbm.com/Downloads/OTC%20Drug%20Formulary.xls

and

- (2) Legend drugs that are:
- (a) approved by the U.S. Food and Drug Administration;
- (b) not designated by the Centers for Medicare and Medicaid Services as less than effective, or identical, related, or similar to a less than effective drug;
- (c) subject to the terms of a rebate agreement between the drug's manufacturer and the CMS:
- (d) prior authorized by Indiana Medicaid if subject to applicable prior authorization requirements for brand name drugs; and
- (e) not specifically excluded from coverage by Indiana Medicaid. The following are specifically excluded from coverage by Indiana Medicaid:
- Anorectics or any agent used to promote weight loss;
- Topical minoxidil preparations;
- · Fertility enhancement drugs;
- Drugs used to treat sexual or erectile dysfunction, as set forth in section 1927(d)(2)(K) of the Social Security Act, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and such uses have been approved by the U.S. Food and Drug Administration;
- Drugs when prescribed solely or primarily for cosmetic purposes.
- Effective January 1, 2013, barbiturates for dual eligible individuals, when used in the treatment of epilepsy, cancer, or a chronic mental health disorder (as Part D will cover):
- Effective January 1, 2013, benzodiazepines for dual eligible individuals (as Part D will cover).

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