

STATE PLAN UNDER TITLE XLIX OF THE SOCIAL SECURITY ACT

State Agency California

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

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No. 05-008
Supersedes _____ Approval Date NOV 29 2005 Effective Date January 1, 2006
TN No. _____

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Citation (s) Provision (s)

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

X The following excluded drugs are covered:

X (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
All drugs in this category are potential benefits, subject to medical necessity.

(b) agents when used to promote fertility
(see specific drug categories below)

(c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)

X (d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)
All drugs in this category are potential benefits, subject to medical necessity.

X (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride

Medi-Cal will cover select prescription vitamins and minerals pursuant to prior authorization or utilization restrictions. Combination vitamin and mineral products are not a benefit. Vitamins or minerals used for dietary supplementation are not a benefit.

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1927(d)(2) and 1935(d)(2)	<p><input checked="" type="checkbox"/> (f) nonprescription drugs</p> <p>Some - as listed in the Over-The-Counter section of the Medi-Cal Contract Drug List</p> <p>http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=%28%23filename+dru gscdl%2A%2Edoc+OR+%23filename+drugscdl%2A%2Ezip%29&wFLogo=Contract+Drugs+List&wFLogoH=52&wFLogoW=516&wAlt=Contract+Drugs+List&wPath=N</p>
	<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>

TN No. 14-013
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