

## MEDICAL ASSISTANCE PROGRAM

## State of Mississippi

## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. **Prescribed Drugs:** Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication. Compounded prescriptions (mixtures of two or more ingredients) except for hyperalimentation are not covered.

All Medicaid beneficiaries age 21 and older are limited to five (5) prescriptions per month with no more than two brand name (single source or innovator multiple source) drugs per month for each non-institutionalized Medicaid beneficiary. 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. The Medicaid agency provides coverage to all Medicaid beneficiaries including full benefit dual eligible beneficiaries.

As provided by Section 1927 (d)(2) of the Act, the following drugs or classes of drugs, or their medical uses, are excluded from coverage or otherwise restricted. The Medicaid agency will cover the following excluded drugs with restrictions:

- (a) Agents when used for anorexia, weight loss or weight gain;
- (b) Agents when used to promote fertility;
- (c) Agents when used for cosmetic purposes or hair growth;
- (d) 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;
- (e) Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program;
- (f) Nonparticipating rebate manufacturers;
- X (g) Agents when used for symptomatic relief of cough and colds:  
Including but not limited to, antihistamines, decongestants, antihistamine/decongestant combination products; some OTC antitussive and/or expectorants; some legend antitussive and/or expectorants.
- X (h) Agents when used to promote smoking cessation;  
Approved smoking cessation and nicotine replacement products
- X (i) Prescription vitamins and mineral products:  
Prenatal vitamins for women up through age 45; vitamin K, cyanocobalamin; niacin; Vitamin D; folic acid as a single entity; fluorinated pediatric vitamins (for beneficiaries under age 21); some renal vitamins (for dialysis patients).
- X (j) Nonprescription (OTC) drugs:  
Including but not limited to insulin; allergy and sinus products; analgesics/antipyretics; digestive medications; topical products; oral electrolyte replacement mixtures; vitamins and minerals listed on the covered OTC formulary; ophthalmic lubricants.
- X (k) Barbiturates:  
Limited to Phenobarbital and Mephobarbital.
- X (l) Benzodiazepines:  
Limited to generic formulations