

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
November 2009**

COLORADO

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid Agency's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy Only.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain
Xenical with prior authorization

Drugs when used to promote fertility
None

Drugs when used for cosmetic purposes or hair growth
None

Drugs when used for the symptomatic relief of cough and colds
Products containing a cough suppressant only. Prior authorization required for clients 21 and over.

Prescription vitamins and mineral products
All, except prenatal vitamins and minerals. Preauthorization required for all products except vitamin D.

Nonprescription drugs (Over-the-Counter)
Non-prescription drugs are covered except insulin. All OTC medications require preauthorization except aspirin.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)
All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)
All

STATE WEBSITE

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542395681>