

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

**FLORIDA**

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**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 and Medically Needy.

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*None*

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

*Some*

*Cough and cold preparations are not covered for recipients 21 years and older*

Prescription vitamins and mineral products

*Some*

Prescribed for an indication other than obesity

Nonprescription drugs (Over-the-Counter)

*Some*

Insulin, aspirin, aluminum and calcium products used as phosphate binders, sodium chloride for specific medical indications, and OTC vaginal antifungals that have previously been legend drugs, when prescribed; vitamin and mineral products are covered only under the following circumstances: prenatal vitamins; folic acid as a single entity; fluorinated pediatric vitamins; one vitamin or vitamin/mineral prescription monthly for dialysis; and prescribed ferrous sulfate, gluconate, or fumarate for non-institutionalized patients. (Ferrous sulfate, gluconate, or fumarate is equally available as floor stock to institutionalized patients.) Non-Child Health Check-Up 221 recipients 21 years of age and older immunizations are limited only to influenza and pneumococcal vaccines.

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*

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

*All*

Smoking Cessation (except dual eligibles as Part D will cover)

*Some*

Approved smoking cessation and nicotine replacement products are covered services for non-Part D eligibles)

**STATE WEBSITE**

[http://www.fdhc.state.fl.us/Medicaid/Prescribed\\_Drug/preferred\\_drug.shtml](http://www.fdhc.state.fl.us/Medicaid/Prescribed_Drug/preferred_drug.shtml)