Annotated Attachment 3.1-A

State: VERMONT Page 5a(1)

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN OPTOMETRIST (Continued)

A. Prescribed Drugs (Continued)

TITLE XIX

9. Medicaid Program: Requirements Relating To Covered Outpatient Drugs For The Categorically Needy

Citation (s)	Provision (s)
1935(d)(I)	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.
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.

The Medicaid agency will cover the following classes of excluded drugs as listed below:

(a) Drugs for anorexia, weight loss, or weight gain: Some drug categories covered under the drug class:

Hormone therapy is covered when used for anorexia or weight gain.

No drugs are covered for weight loss.

(b) Some prescription vitamins and mineral products, except prenatal vitamins and fluoride:

Single vitamins or minerals when prescribed for the treatment of a specific vitamin deficiency or disease related to a vitamin deficiency;

(c) Nonprescription Drugs: Some drug categories covered under the drug class:

analgesics; antacids; antihistamines; decongestants; cough suppressants; dermatological agents; gastrointestinal agents; non-steroidal anti-inflammatory drugs; ophthalmics; and otics.

Selective OTC drugs will be covered as listed on the State's website.

TN No.-23-003144-019 Effective Date: 8/1/20231/1/2014

Supersedes

TN No.-<u>14-01913-005</u> Approval Date:_<u>4/11/14</u>_