

=====

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

A. Prescribed Drugs

1. Drugs listed by the FDA as less than effective are not covered by Medicaid, nor are the generic equivalents of the listed drugs covered.
2. Physicians and Pharmacists are required to conform to Act 127 (18 VSA Chapter 91), otherwise known as the Vermont Generic Drug Law. In those cases where the Generic Drug Law permits substitution, only the lowest priced equivalent in stock at the pharmacy shall be considered medically necessary. Medicaid will not pay if the recipient refuses the substitution required by law.
3. A pharmacist must fill prescriptions in quantities of between 30 and 60 days supply all drugs prescribed for continued regular use. The physician may prescribe for particular patients or conditions in lesser amounts and in these instances the pharmacist is required to fill as directed.
4. Multivitamins are covered only for pregnant or lactating women; and for other particular conditions by prior authorization.
5. Coverage for certain other drugs is limited to specific conditions, e.g. amphetamines for the treatment of narcolepsy cataplexy syndrome only.
6. Over-the-counter drugs are covered when prescribed by a qualified Medicaid provider, and provided a rebate agreement with the manufacturer is in force.
7. Contraceptive drugs, supplies and birth control devices are covered and claimed at the increased Federal match under Family Planning.
8. No coverage is provided for items such as:
 - Dentifrices and dental adhesives
 - Baby oils, soaps and shampoos - non-medicated (medicated products may be covered when prescribed by a physician)
 - Food products and food supplements; (payment may be made for food supplements (e.g., sustacal in cases where a person's nutritional needs can only be met by a liquid high protein diet.)
 - Baby formula; e. g. , Enfamil, Prosobee, similac (with or without iron) , etc. Sugar substitutes; e. g., Saccharin, Sweets, etc.
 - Antiseptics; e. g., merthiolate Tincture of Iodine, etc.

TN No. 02-009

Supersedes

TN No. 99-8A

Approval Date: 12/20/02

Effective Date: 06/01/02