



## Indiana Medicaid Coverage for Medicare Part D Excluded Drugs

Drug Class/Categorization for Indiana Medicaid Coverage	Additional Information
Over the Counter Drugs and Vitamins on the <i>Indiana Medicaid OTC Drug Formulary</i>	<a href="http://www.indianapbm.com">http://www.indianapbm.com</a>
Barbiturates	Barbiturates and commercially available combination products containing a barbiturate when the combination does not contain a Medicare Part D drug. Example: Fiorinal #3 is a Medicare Part D drug since it contains codeine. Fiorinal is not a Medicare Part D drug since it does not contain a Medicare Part D drug.
Benzodiazepines	Benzodiazepines and commercially available combination products containing a benzodiazepine when the combination does not contain a Medicare Part D drug. Example: Limbitrol is a Medicare Part D drug since it contains amitriptyline.
Cough and Cold Preparations (Legend)	Guaifenesin (RX) is considered by CMS to be a Medicare Part D drug. See second page of this document for further details. Refer to OTC Drug Formulary for additional cough and cold products.
Miscellaneous (Legend)	Indiana Medicaid covers these drugs when used <b>only</b> for maintaining the patency of indwelling catheters and IV lines: bacteriostatic sodium chloride injection 0.9% vial, normal saline injection 0.9% vial, heparin lock flush 10u/ml vial and heparin lock flush 100u/ml vial.
Vitamins and Minerals (Legend)	Legend fluoride preparations, prenatal vitamins and vitamin D analogues are Medicare Part D drugs. Niaspan is considered a covered drug by CMS in terms of the Part D benefit.
Weight Gain (Legend)	Indiana Medicaid covers megestrol acetate and oxandrolone: all formulations, <b>only when used for weight gain in the absence of cachexia.</b>
<b>Note: All existing Indiana Medicaid program rules and restrictions continue to apply to Medicare excluded, Medicaid covered drugs.</b>	



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<i>Therapeutic Classifications for Legend Cough and Cold Products</i>	
B3J	EXPECTORANTS (Guaifenesin-RX is a Part D drug per CMS)
B3K	COUGH AND/OR COLD PREPARATIONS
B3N	DECONGESTANT-ANALGESIC-EXPECTORANT COMBINATION
B3O	1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB
B3P	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECON-ANALGES CB
B3Q	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST
B3R	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST
B3S	NON-NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-EXPECT
B3T	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.
B3V	1ST GEN ANTIHIST-DECONGESTANT-ANALGESIC-EXPECT CMB
B3X	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB
B3Y	1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT CMB
B4A	NON-NARCOTIC ANTITUSSIVE-ANALGESIC COMBINATIONS
B4B	NON-NARCOTIC ANTITUSSIVE-ANALGESIC-EXPECTORANTS
B4C	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.
B4D	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE
B4E	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.
B4G	NON-NARC ANTITUSS-1ST GEN ANTIHIST-ANALGESIC COMB.
B4H	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-EXPECT COMB.
B4I	NON-NARC ANTITUSSIVE-1ST GEN ANTIHIST-EXPECT COMB.
B4J	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT
B4K	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS
B4L	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS
B4M	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-ANALGESIC CB
B4N	NARC ANTITUSS-1ST GEN ANTIHIST-DECONGEST-ANALGESIC
B4P	NON-NARC ANTITUSS-DECONGESTANT-ANALGESIC-EXPECT CB
B4Q	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB
B4R	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB
B4S	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION
B4T	DECONGEST-ANALGESIC, NON-SALICYLATE COMB.
B4U	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS
B4W	DECONGESTANT-EXPECTORANT COMBINATIONS
B4X	EXPECTORANT COMBINATIONS OTHER
B4Y	EXPECTORANT MIXTURES
B5D	DECONGEST-ANALGESIC, NON-SALICY-ANTICHOLIN-XANTHINE
B5E	DECONGEST-ANALGESICS, MIXED-XANTHINE COMB
B5F	DECONGESTANT-ANALGESIC, SALICYLATE COMB.
B5G	DECONGESTANT-NSAID, COX NON-SPEC COMB.
B5H	1ST GEN ANTIHIST-DECON-NSAID, COX NONSPEC
B5I	DECONGEST-ANALGESIC, NON-SALICYLATE-EXPECT-XANTHINE
B5J	DECON-ANALGESIC, NON-SALICYLATE-XANTHINE
B5K	DECONGEST-ANALGESIC, SALICYLATE-XANTHINE
B5L	GEN1 ANTIHIST-DECON-ANALGESIC, NON-SALICYLATE-XANTH
B5M	1ST GEN ANTIHIST-DECONGEST-ANALGES, MIXED
B5N	1ST GEN ANTIHIST-DECON-ANALGESIC, SALICYLATE
B5O	NON-NARCOTIC ANTITUSSIVE-ANALGESIC, SALICYLATE
B5P	DECONGESTANT-ANALGESIC, SALICYLATE-EXPECTORANT COMB



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<i>Therapeutic Classifications for Legend Cough and Cold Products</i>	
B5Q	N-NARC ATUS-GEN1 ANTIHIST-DECON-SALICYLT
B5T	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.
H6C	ANTITUSSIVES, NON-NARCOTIC
J5E	SYMPATHOMIMETIC AGENTS
<b>Note: All existing Indiana Medicaid program rules and restrictions continue to apply to Medicare excluded, Medicaid covered drugs.</b>	