

Limitation of Services

Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12. a. **Prescribed Drugs**

- (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations and others as specified by the Alabama Medicaid Agency.
 - Renal vitamins and vitamin preparations used in Total Parenteral Nutrition are covered.
- (f) Non prescription drugs except for those specified by the Alabama Medicaid Agency.
 - Insulins and second generation antihistamines are covered; smoking cessation products are covered for Plan First recipients and pregnant females.
- (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- ~~(h) Barbiturates except for generic barbiturates and for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications.~~
- ~~(i) Benzodiazepines except for generic benzodiazepines (except estazolam) and for dual eligible individuals effective January 1, 2013 as Part D will cover all indications~~
- ~~(j) Agents when used to promote smoking cessation unless authorized for pregnant females women according to the Public Health Service guidelines "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline, or any subsequent modification of such guideline.~~