

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PRESCRIBED DRUGS

The Nebraska Medicaid Program covers outpatient drugs, in accordance with Sections 1902(a)(54) and 1927 of the Social Security Act, which are covered by a national or State agreement, with the following restrictions or exceptions (as indicated by checkmark).

- ☒ A. Prior authorization program which complies with Section 1927(d)(5) of the Social Security Act.
- ☒ B. The following drugs are covered, or restricted, as indicated by the checkmark:
 - ☒ 1. Certain drugs are not covered if the prescribed use is not for a medically accepted indication, as defined by Section 1927(k)(6)
 - ☒ 2. Drugs subject to restrictions pursuant to an agreement between a manufacturer and this State authorized by the Secretary under 1927(a)(1) or 1927(a)(4).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Nebraska

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR BOTH THE CATEGORICALLY NEEDY AND MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	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)	<p>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.</p> <p>X The following excluded drugs are covered:</p> <p><i>("All" drugs categories covered under the drug class)</i> <input type="checkbox"/></p> <p><i>("Some" drugs categories covered under the drug class X -List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>("None" of the drugs under this drug class are covered)</i> <input type="checkbox"/></p> <p>X (a) agents when used for anorexia, weight loss, weight gain (limited to weight gain only)</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth</p> <p>X (d) agents when used for the symptomatic relief of cough and colds</p>

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Citation(s)	Provision(s)
X	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
X	(f) nonprescription drugs (All drugs in this category are potential benefits, subject to medical necessity). Covered over the counter (OTC) classes include analgesics, anesthetics, anti-inflammatory products, anti-asthmatics, antihistamines, anti-infectives, cough and cold preparations, eye, ear and nose preparations, gastrointestinal products, hypoglycemic, smoking deterrents, and topicals.
X	(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 (see specific drug categories below)
X	(h) barbiturates <u>(Except 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)</u>
X	(i) benzodiazepines(generic only) <u>(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</u>
X	(j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs); Agents when used to promote smoking cessations. (Restricted

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12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
	to the prescription drugs, bupropion and varenicline, and over-the-counter nicotine patches and nicotine gum. Prescription drugs are covered for Medicaid recipients who are not full-benefit dual eligible individuals. Over-the-counter drugs are covered for all populations. Coverage of all prescription and over-the-counter agents is available to only those Medicaid recipients that are enrolled with and actively participating in the Nebraska Tobacco-free Quitline.)
X	(k) the Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

Telehealth: Pharmacy services for prescribed drugs are not covered when provided via telehealth technologies

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