

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)
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 <b><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></b>
X	(i) benzodiazepines <b><u>(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</u></b>
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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