

12. a.

1. Nevada Medicaid will meet all reporting and provision of information requirements of section 1927(b)(2) and the requirements of subsections (d) and (g) of Section 1927.
2. Covered outpatient drugs are those of any manufacturer who has entered into and complies with an agreement under section 1927(a), which are prescribed for a medically accepted indication (as defined in subsection 1927(k)(6)) of Title XIX of the Social Security Act.
- 1935(d)(1) 3. 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)
1935(d)(2)

a. Other Drugs Not Covered:

- 1) Pharmaceuticals designated "ineffective" or "less than effective" (including identical, related, or similar drugs) by the Food and Drug Administration (FDA) as to substance or diagnosis for which prescribed.
- 2) Pharmaceuticals considered "experimental" as to substance or diagnosis for which prescribed.
- 3) Pharmaceuticals manufactured by companies not participating in the Medicaid Drug Rebate Program unless rated "1-A" by the FDA.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency _____

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT
DRUGS FOR THE CATEGORICALLY 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><input type="checkbox"/> 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</i> <input type="checkbox"/> <i>-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><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain</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><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief of cough and colds</p>

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State Agency _____

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT
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12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
<input checked="" type="checkbox"/>	(f) nonprescription drugs
<input type="checkbox"/>	(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)
<input checked="" type="checkbox"/>	(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>
<input checked="" type="checkbox"/>	(i) benzodiazepines <u>(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</u>
<input checked="" type="checkbox"/>	(j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs)

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