

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH  
Attachment 3.1-A  
Page 5a(2)

12a. Prescribed Drugs (continued)

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) 1. 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.

No excluded drugs are covered

The following excluded drugs are covered:

(a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)

(b) agents when used to promote fertility (see specific drug categories below)

(c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)

(d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)

(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (all are covered)

(f) nonprescription drugs (see specific drug categories below)

(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)

(h) barbiturates (all are covered), 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

(i) benzodiazepines (all are covered), except for dual eligible individuals effective January 1, 2013, as Part D will cover all indications

(j) smoking cessation products for non-dual eligibles only, as Part D will cover the duals (all products are covered)

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Effective Date: 01/01/13

12a. Prescribed Drugs (continued)

**The Medicaid agency lists specific categories of drugs below:**

(a) All anorexia and weight gain drugs are covered. All weight loss drugs are covered if prior authorization criteria are met.

(f) Some are covered – see below.

(f) (continued)

Non-Legend Drug List

Insulins are covered for recipients. NH's Preferred Drug List (PDL) lists insulins available without prior authorization. Items in this list are listed alphabetically by therapeutic class, then by the generic name of the drug or drug ingredients. Only the generic versions, singly or in combination, regardless of strength or dosage form, are covered. Combination products will not be covered if they contain active ingredients that are not covered.

**Analgesics:**

acetaminophen  
aspirin  
aspirin with buffers  
ibuprofen  
ketoprofen  
naproxen

**Antihistamines:**

brompheniramine  
chlorpheniramine  
diphenhydramine  
loratadine

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**Antimicrobials/Antifungals, Topical**

bacitracin  
clotrimazole  
miconazole  
neomycin  
polymixin B  
tolnaftate

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH  
Attachment 3.1-B  
Page 4d

12a. Prescribed Drugs (continued)

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) 1. 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.

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(h) barbiturates (all are covered), 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

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**Analgesics:**

- acetaminophen
- aspirin
- aspirin with buffers
- ibuprofen
- ketoprofen
- naproxen

**Antihistamines:**

- brompheniramine
- chlorpheniramine
- diphenhydramine
- loratadine

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**Antimicrobials/Antifungals, Topical**

- bacitracin
- clotrimazole
- miconazole
- neomycin
- polymixin B
- tolnaftate

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