

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

NORTH DAKOTA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Orlistat, when used to treat morbid obesity.

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

None

Prescription vitamins and mineral products

None

Nonprescription drugs (Over-the-Counter)

Some

Analgesics, antacids, "anti-ulcer" medication including histamine antagonists, iron supplements, and artificial tears.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

Some

The state covers nicotine gum with a lifetime limitation of 1152 pieces per recipient, bupropion hydrochloride sustained release tablets with a lifetime limitation of 180 tablets per recipient and nicotine transdermal patches with a lifetime limitation of 90 patches (any combination of strengths) per recipient.

STATE WEBSITE

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/pharmacy-manual.pdf>