

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

NEW JERSEY

DESCRIPTION

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

MEDICAID ELIGIBILITY

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

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Weight gain drugs

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

Some

Brompheniramine/Pseudoephedrine, Brompheniramine/Pseudoephedrine/DM, Chlorpheniramine, Clemastine tablets, Dexbrompheniramine/Pseudoephedrine, Dextromethorphan Polystyrene Suspension, Dextromethorphan/Pseudoephedrine, Diphenhydramine, Guaifenesin Syrup (AC, DAC, DM, Plain), Loratadine, Loratadine/Pseudoephedrine, Promethazine with codeine, Pseudoephedrine and Triprolidine/Pseudoephedrine.

Prescription vitamins and mineral products

Some.

Therapeutic vitamins, high potency A, D, E, Iron and Zinc, and certain high potency minerals, including Potassium, Niacin

Nonprescription drugs (Over-the-Counter)

Some

Insulin products and antacids

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)

None

STATE WEBSITE:

<http://www.state.nj.us/humanservices/dmahs/manuals.html> and select “Chapter 10-51” for the New Jersey Medicaid pharmaceutical services rules