

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

NEW MEXICO

DESCRIPTION

This chart provides 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.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Appetite stimulants, anorexic agents, fat absorption-decreasing agents.

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

Antihistamines, antitussives, decongestants and expectorants.

Prescription vitamins and mineral products

Some

Single and multiple vitamins, minerals and combinations.

Nonprescription drugs (Over-the-Counter)

Some

Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 anatagonists, proton pump inhibitors, laxative and antacids; insulin; ophthalmic agents; otic agents; respiratory agents; and therapeutic nutrients and electrolytes.

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)

All

STATE WEBSITE

<http://www.state.nm.us/hsd/mad/NMRx.htm>