

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR
THE CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

**Attachment 3.1A1
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Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(d) prescription vitamins and mineral products, except prenatal vitamins and fluoride
<input checked="" type="checkbox"/>	(e) nonprescription drugs.
<input checked="" type="checkbox"/>	(f) 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)

TN No. 23-00XX

Approval Date _____

Supersedes TN No. 13-01

Effective Date 7/1/23

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- (a) **Agents when used for anorexia, weight loss, weight gain:** Appetite stimulants, anorexic agents, and fat absorption-decreasing agents.
- (c) **Agents when used for symptomatic relief of cough and colds:** Antihistamines, antitussives, decongestants and expectorants.
- (d) **Prescription vitamin and mineral products:** Single and multiple vitamins and minerals and combination.
- (e) **Nonprescription drugs:** 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-parasites; dermatological agents; enzyme replacements; gastrointestinal agents, including H-2 antagonists, proton pump inhibitors, laxatives and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents.
- (f) **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:** All items

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