



Medicare Part B Medication List

Note: This is not an inclusive list of all medications or products covered under Medicare Part B.

Part B vs Part D

The definition of a Medicare Part D covered drug excludes drugs that are available for payment under Medicare Part B.

For members who have Medicare Part D coverage, drugs that may be covered under Part B fall into two categories:

- Drugs that are always Part B
- Drugs that can be Part B or Part D depending on how and where the drug is used or the indication

The following is a list of common medications or products that fall into one of the above categories.

Always Part B – subject to co-insurance for all Medicare members (co-insurance waived for blood glucose monitors and supplies)

Drug Name	Brand Name	Dosage Forms	Notes
Anti-Cancer Agents - Oral			
busulfan	Myleran	tab	Prior Authorization
capecitabine	Xeloda	tab	Prior Authorization
cyclophosphamide	Cytosan	tab	Prior Authorization
etoposide	VePesid	cap	Prior Authorization
melphalan	Alkeran	tab	Prior Authorization
temozolomide	Temodar	cap	Prior Authorization

Antigens			
Allergenic extracts			
<i>Candida albicans</i> skin test antigen	Candin		
Dermatitis antigens			

Drug Name	Brand Name	Dosage Forms	Notes
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Blood Clotting Factors			
Antihemophilic Products		inj	Prior Authorization

Blood Glucose Monitors and Supplies <i>Covered by Clear One at 100%</i>			
Blood Glucose Monitors & Kits			
Blood Glucose Test Strips		Due to typical package sizing, a "one-month" supply of test strips will usually equate to #50 to #51 or #100 to #102 strips per 25 day supply, depending on insulin usage.	Quantity Limits: coverage of supplies to allow twice daily testing for non-insulin dependent patients and four times daily testing for insulin-dependent patients. Coverage of additional quantities are subject to prior authorization.
Control Solutions			
Insulin infusion pumps			Prior Authorization
Lancets			
Lancet Devices			

All Drugs Requiring a Pump for Infusion			Prior Authorization
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Immunoglobulins & Antibodies			
eculizumab	Soliris	inj	Prior Authorization

Nebulization Medications <i>(Covered under Part D in a long term care setting)</i>			
acetylcysteine	Mucomyst, Mucosil	nebs	
albuterol solution	Proventil, Ventolin	nebs	
albuterol/ipratropium	DuoNeb	nebs	
arformoterol	Brovana	nebs	

Drug Name	Brand Name	Dosage Forms	Notes
budesonide	Pulmicort	nebs	
cromolyn	Intal	nebs	
dornase alfa	Pulmozyme	nebs	
epinephrine/adrenalin		nebs	<i>prescription forms only</i>
formoterol fumarate	Perforomist	nebs	
iloprost	Ventavis	nebs	
ipratropium	Atrovent	nebs	
isoetharine		nebs	
levalbuterol	Xopenex	nebs	
metaproterenol	Alupent	nebs	
pentamidine	Nebupent	nebs	
sodium chloride		nebs	<i>prescription forms only</i>
tobramycin for nebulization	TOBI	nebs	

Vaccines			
antivenins		inj	
hepatitis B (for intermediate to high risk)	Engerix-B	inj	<i>Also covered under Part D</i>
influenza virus	Fluvirin, Fluzone, etc	inj, nasal drop/spray	<i>Covered at 100%</i>
pneumococcal	Pneumovax	inj	<i>Covered at 100%</i>

Viscosupplements			
sodium hyaluronate	Synvisc, Orthovisc, Supartz, Euflexxa		Prior Authorization

Other Agents Covered under Part B			
<i>Not a Complete List; coverage may be subject to Prior Authorization</i>			
Blood Coagulation Testing Supplies			
Blood Pressure Devices			
Cardiac Supplies			
Diagnostic Radiopharmaceuticals			
Durable Medical Equipment			
Elastic bandages and supports, dressings, tape			
Enteral Nutrition Supplies			
Eye Patches			
GI-GU Ostomy & Irrigation Supplies			
Heparin flushes			

Drug Name	Brand Name	Dosage Forms	Notes
Irrigation Solutions			
IV sets/tubing			
Masks			
Nebulizers			
Nerve Stimulators			
Neurological Diagnostic Supplies			
Parenteral Therapy Supplies			
Peak Flow Meters			
Peritoneal Dialysis Solutions			
Radiographic Contrast media			
Respiratory Therapy Supplies			
Subcutaneous Administration Supplies			
Surgical Supplies			
Thrombopoietic Agents - (romiplostim)	NPlate		

Part B vs Part D

Anti-Emetics			
aprepitant	Emend	cap	Prior Authorization
chlorpromazine	Thorazine	susp, rectal, tab, syrup	Prior Authorization <i>(for Part B only)</i>
dexamethasone	Decadron	soln, tab, oral drops, elix	Prior Authorization
dolasetron	Anzemet	tab	Prior Authorization
dronabinol	Marinol	cap	Prior Authorization
granisetron	Kytril	tab, soln	Prior Authorization
hydroxyzine pamoate	Vistaril	cap, oral susp	Prior Authorization <i>(for Part B only)</i>
metoclopramide	Reglan	soln, tab, syrup	Prior Authorization <i>(for Part B only)</i>
ondansetron	Zofran	soln, tab	Prior Authorization
perphenazine	Trilafon	oral susp, tab	Prior Authorization <i>(for Part B only)</i>
prochlorperazine	Compazine	cap, rectal, tab, syrup	Prior Authorization <i>(for Part B only)</i>
promethazine	Phenergan	rectal, tab, syrup	Prior Authorization <i>(for Part B only)</i>
thiethylperazine maleate	Torecan	tab	Prior Authorization <i>(for Part B only)</i>
trimethobenzamide	Tigan	cap, rectal	Prior Authorization <i>(for Part B only)</i>

Drug Name	Brand Name	Dosage Forms	Notes
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Anti-Cancer Agents - Oral			
cyclophosphamide	Cytosan	tab	Prior Authorization
medroxyprogesterone acetate	Provera	tab	Prior Authorization <i>(for Part B only)</i>
methotrexate	Trexall	tab	Prior Authorization <i>If prescription is written by a rheumatologist, no PA applied</i>

Anti-Cancer and Related Agents - Injectable <i>Not a complete list.</i>			
amifostine	Ethyol	inj	Prior Authorization
bevacizumab	Avastin	inj	Prior Authorization
busulfan	Busulfex	inj	Prior Authorization
carboplatin	Paraplatin	inj	Prior Authorization
carmustine	BiCNU	inj	Prior Authorization
cetuximab	Erbitux	inj	Prior Authorization
cisplatin	Platinol-AQ	inj	Prior Authorization
cladribine	Leustatin	inj	Prior Authorization
clofarabine	Clolar	inj	Prior Authorization
cyclophosphamide	Cytosan, Neosar	inj	Prior Authorization
cyclosporine	Sandimmune	inj	Prior Authorization
dacarbazine	DTIC-Dome	inj	Prior Authorization
dactinomycin	Cosmegen	inj	Prior Authorization
daunorubicin	Daunoxome	inj	Prior Authorization
decitabine	Dacogen	inj	Prior Authorization
dexrazoxane	Zinecard	inj	Prior Authorization
docetaxel	Taxotere	inj	Prior Authorization
doxorubicin	Adriamycin, Doxil	inj	Prior Authorization
epirubicin	Ellence	inj	Prior Authorization
etoposide	Toposar	inj	Prior Authorization
etoposide phosphate	Etopophos	inj	Prior Authorization
fludarabine	Fludara	inj	Prior Authorization
fluorouracil	Adrucil, 5-FU	inj	Prior Authorization
gemcitabine	Gemzar	inj	Prior Authorization
gemtuzumab ozogamicin	Mylotarg	inj	Prior Authorization
goserelin	Zoladex	inj	Prior Authorization
idarubicin	Idamycin PFS	inj	Prior Authorization
ifosfamide	Ifex, Mitoxana	inj	Prior Authorization
ifosfamide/mesna		inj	Prior Authorization

Drug Name	Brand Name	Dosage Forms	Notes
irinotecan	Camptosar	inj	Prior Authorization
mesna	Mesnex	inj	Prior Authorization
mitomycin	Mutamycin	inj	Prior Authorization
mitoxantrone	Novantrone	inj	Prior Authorization
nelarabine	Arranon	inj	Prior Authorization

Anti-Cancer and Related Agents - Injectable (continued)
Not a complete list.

oxaliplatin	Eloxatin	inj	Prior Authorization
paclitaxel	Onxol	inj	Prior Authorization
panitumumab	Vectibix	inj	Prior Authorization
pentostatin	Nipent	inj	Prior Authorization
porfimer	Photofrin	inj	Prior Authorization
premetrexed disodium	Alimta	inj	Prior Authorization
streptozotocin	Zanosar	inj	Prior Authorization
temsirolimus	Torisel	inj	Prior Authorization
teniposide	Vumon	inj	Prior Authorization
topotecan	Hycamptin	inj	Prior Authorization
tositumomab/iodine	Bexxar	inj	Prior Authorization
trastuzumab	Herceptin	inj	Prior Authorization
vinblastine		inj	Prior Authorization
vincristine	Vincasar PFS	inj	Prior Authorization
vinorelbine	Navelbine	inj	Prior Authorization

Drugs for Dialysis -
Covered under Part D when filled as a prescription.

darbepoetin alfa	Aranesp	inj	Prior Authorization
erythropoetin alfa	Epogen, Procrit	inj	Prior Authorization

Immune Globulin

IVIG		inj	Prior Authorization
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Immunosuppressants

abatacept	Orencia	inj	Prior Authorization
anti-thymocyte globulin (rabbit)	Thymoglobulin (R)	inj	Prior Authorization
azathioprine	Imuran	tab	Prior Authorization
basiliximab	Simulect	inj	Prior Authorization

Drug Name	Brand Name	Dosage Forms	Notes
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Immunosuppressants (continued)			
cyclosporine, microemulsion	Gengraf, Sandimmune	cap, soln	Prior Authorization
daclizumab	Zenapax	inj	Prior Authorization (for Part B only)
dexamethasone	Decadron	soln, tab, drops, elixir	Prior Authorization (for Part B only)
infliximab	Remicade	inj	Prior Authorization
lymphocyte immune globulin	Atgam	inj	Prior Authorization
methylprednisolone	Medrol	tab	Prior Authorization (for Part B only)
muromonab-CD3	Orthoclone OKT-3	inj	Prior Authorization
mycophenolate mofetil	Cellcept	cap, inj, tab, oral susp	Prior Authorization
mycophenolic acid	Myfortic	tab	Prior Authorization
natalizumab	Tysabri	Inj	Prior Authorization
prednisolone	Prelone	syrup, tab, soln	Prior Authorization (for Part B only)
prednisone	Deltasone	tab, syrup	Prior Authorization (for Part B only)
sirolimus	Rapamune	tab, soln	Prior Authorization
tacrolimus	Prograf	cap	Prior Authorization

Injectable Drugs for Osteoporosis			
calcitonin-salmon	Miacalcin	inj	Prior Authorization (for Part B only)
teriparatide	Forteo	inj	Prior Authorization
zoledronic acid	Reclast	inj	Prior Authorization - Reclast: Part B - Zometa: Part D

* Members with Medicare Part D: if criteria is not met under Part B for coverage, you may be eligible for coverage of this drug under your Medicare Part D Prescription Drug Benefit. Please consult the Comprehensive Formulary, go to our website at www.ClearOnehp.com, or call Member Services at (888) 863-3637, 7AM to 8PM, 7 days a week. TTY/TDD users should call (800) 735-2900.