

2012 CIGNA Medicare Rx Plan Two (PDP) Formulary B vs D Prior Authorization Criteria  
(effective 01/01/2012)

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
ABELCET	AMPHOTERICIN B	SUSP	5MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ABRAXANE	PACLITAXEL	SUSR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ACETYLCYSTEINE	ACETYLCYSTEINE	SOLN	10%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ACETYLCYSTEINE	ACETYLCYSTEINE	SOLN	20%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ACTEMRA	TOCILIZUMAB	SOLN	200MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ACYCLOVIR SODIUM	ACYCLOVIR SODIUM	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ADRIAMYCIN	DOXORUBICIN HYDROCHLORIDE	SOLN	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
A-HYDROCORT	HYDROCORTISONE SODIUM SUCCINATE	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	0.083%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	0.5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	0.63MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	1.25MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALIMTA	PEMETREXED DISODIUM	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ALKERAN	MELPHALAN HYDROCHLORIDE	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMBISOME	AMPHOTERICIN B	SUSR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
A-METHAPRED	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	125MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

A-METHAPRED	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	40MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMIFOSTINE	AMIFOSTINE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN	ACETATE; ALANINE; ARGININE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN	ACETATE; ALANINE; ARGININE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	51MEQ/L; 448MG/100ML; 343MG/100ML; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 140MG/100ML; 154MG/100ML; 300MG/100ML; 147MG/100ML; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN	ACETATE; ALANINE; ARGININE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	86MEQ/L; 640MG/100ML; 490MG/100ML; 640MG/100ML; 150MG/100ML; 360MG/100ML; 470MG/100ML; 360MG/100ML; 200MG/100ML; 220MG/100ML; 5.4MEQ/L; 430MG/100ML; 210MG/100ML; 260MG/100ML; 80MG/100ML; 44MG/100ML; 400MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN 7%/ELECTROLYTES	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<p>AMINOSYN 8.5%/ELECTROLYTES</p>	<p>ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHORUS; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE</p>	<p>SOLN</p>	<p>142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
<p>AMINOSYN II</p>	<p>ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE</p>	<p>SOLN</p>	<p>107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 62.7MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
<p>AMINOSYN II</p>	<p>ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE</p>	<p>SOLN</p>	<p>50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>

AMINOSYN II	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 3.5%/DEXTROSE25%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	25.2MEQ/L; 348MG/100ML; 356MG/100ML; 245MG/100ML; 25%; 258MG/100ML; 175MG/100ML; 105MG/100ML; 231MG/100ML; 350MG/100ML; 368MG/100ML; 60MG/100ML; 104MG/100ML; 252MG/100ML; 186MG/100ML; 18MEQ/L; 140MG/100ML; 70MG/100ML; 94MG/100ML; 175MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN II 3.5%/DEXTROSE5%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	25.2MEQ/L; 348MG/100ML; 356MG/100ML; 245MG/100ML; 5%; 258MG/100ML; 175MG/100ML; 105MG/100ML; 231MG/100ML; 350MG/100ML; 368MG/100ML; 60MG/100ML; 104MG/100ML; 252MG/100ML; 186MG/100ML; 18MEQ/L; 140MG/100ML; 70MG/100ML; 94MG/100ML; 175MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 3.5%/DEXTROSE 25%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CALCIUM; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L-PROLINE)	SOLN	25.2MEQ/L; 348MG/100ML; 356MG/100ML; 245MG/100ML; 5MEQ/L; 48MEQ/L; 25%; 258MG/100ML; 175MG/100ML; 105MG/100ML; 231MG/100ML; 350MG/100ML; 368MG/100ML; 5MEQ/L; 60MG/100ML; 104MG/100ML; 15MMOLE/L; 33MEQ/L; 252MG/100ML; 186MG/100ML; 40MEQ/L; 140MG/100ML; 70MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 4.25%/DEXTROSE10%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSI	SOLN	30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 30.6MEQ/L; 10%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN II 4.25/DEXTROSE20%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 20%; 258MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 4.25/DEXTROSE25%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 4.25/DEXTROSE25%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CALCIUM; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L-PROLINE)	SOLN	30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 5MEQ/L; 48MEQ/L; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 5MEQ/L; 73MG/100ML; 126MG/100ML; 15MMOLE/L; 33MEQ/L; 307MG/100ML; 225MG/100ML; 42MEQ/L; 170MG/100ML; 85MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN II 5/DEXTROSE 25	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	35.9MEQ/L; 496MG/100ML; 509MG/100ML; 350MG/100ML; 25%; 369MG/100ML; 250MG/100ML; 150MG/100ML; 330MG/100ML; 500MG/100ML; 525MG/100ML; 86MG/100ML; 149MG/100ML; 361MG/100ML; 265MG/100ML; 22.2MEQ/L; 200MG/100ML; 100MG/100ML; 135MG/100ML; 250MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II 8.5%/ELECTROLYTES	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CHLORIDE ION; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONIN	SOLN	61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230M	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN II M 3.5%/DEXTROSE 5%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE;	SOLN	25.1MEQ/L; 348MG/100ML; 356MG/100ML; 245MG/100ML; 36.5MEQ/L; 5%; 258MG/100ML; 175MG/100ML; 105MG/100ML; 231MG/100ML; 350MG/100ML; 368MG/100ML; 3MEQ/L; 60MG/100ML; 104MG/100ML; 3.5MMOLE/L; 13MEQ/L; 252MG/100ML; 186MG/100ML; 41MEQ/L; 140MG/100ML; 70MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN M	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHORUS; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN-HBC	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; NITROGEN; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN-HF	ACETATE; ALANINE; ARGININE; CHLORIDE ION; CYSTEINE HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PHOSPHORIC ACID; PROLINE (L-PROLINE); SERINE; SODIUM BISULFITE; THREONINE; TRYPTOPHAN; VALINE	SOLN	62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

AMINOSYN-PF	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); TAURINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMINOSYN-PF 7%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; NITROGEN; PHENYLALANINE; PROLINE (L-PROLINE); PROTEIN; SERINE; TAURINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMPHOTEC	AMPHOTERICIN B	SUSR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
AMPHOTERICIN B	AMPHOTERICIN B	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ANZEMET	DOLASETRON MESYLATE	TABS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ANZEMET	DOLASETRON MESYLATE	TABS	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ARANESP	DARBEPOETIN ALFA	SOLN	25MCG/0.42ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ARANESP	DARBEPOETIN ALFA	SOLN	25MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ARANESP	DARBEPOETIN ALFA	SOLN	40MCG/0.4ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.



BICNU	CARMUSTINE	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BLEOMYCIN SULFATE	BLEOMYCIN SULFATE	SOLR	30UNIT	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BONIVA	IBANDRONATE SODIUM	KIT	3MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BROVANA	ARFORMOTEROL TARTRATE	NEBU	15MCG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BUDESONIDE	BUDESONIDE	SUSP	0.25MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BUDESONIDE	BUDESONIDE	SUSP	0.5MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
BUSULFEX	BUSULFAN	SOLN	6MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CALCIJEX	CALCITRIOL	SOLN	1MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CALCITRIOL	CALCITRIOL	CAPS	0.25MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CALCITRIOL	CALCITRIOL	CAPS	0.5MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CALCITRIOL	CALCITRIOL	SOLN	1MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CALCITRIOL	CALCITRIOL	SOLN	1MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CAMPATH	ALEMTUZUMAB	SOLN	30MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CAMPTOSAR	IRINOTECAN HYDROCHLORIDE	SOLN	100MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CARBOPLATIN	CARBOPLATIN	SOLN	150MG/15ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CARIMUNE NANOFILTERED	GLOBULIN, IMMUNE	SOLR	3GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CARIMUNE NANOFILTERED	GLOBULIN, IMMUNE	SOLR	6GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CARIMUNE NANOFILTERED	GLOBULIN, IMMUNE IV (SANDOZ)	SOLR	12GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CELLCEPT	MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CELLCEPT	MYCOPHENOLATE MOFETIL	TABS	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CELLCEPT INTRAVENOUS	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CERUBIDINE	DAUNORUBICIN HYDROCHLORIDE	SOLR	20MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CISPLATIN	CISPLATIN	SOLN	100MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLADRIBINE	CLADRIBINE	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 2.75%/DEXTROSE 5%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 4.25%/DEXTROSE 10%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CLINIMIX 4.25%/DEXTROSE 20%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 4.25%/DEXTROSE 25%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 4.25%/DEXTROSE 5%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CLINIMIX 5%/DEXTROSE 15%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	42MEQ/100ML; 1035MG/100ML; 575MG/100ML; 20MEQ/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 5%/DEXTROSE 20%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX 5%/DEXTROSE 25%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CLINIMIX E 2.75%/DEXTROSE 10%	ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX E 2.75%/DEXTROSE 5%	ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 1	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINIMIX E 4.25%/DEXTROSE 25%	ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T	SOLN	880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 2	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<p>CLINIMIX E 4.25%/DEXTROSE 5%</p>	<p>ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T</p>	<p>SOLN</p>	<p>880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 24</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
<p>CLINIMIX E 5%/DEXTROSE 15%</p>	<p>ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T</p>	<p>SOLN</p>	<p>1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML;</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
<p>CLINIMIX E 5%/DEXTROSE 20%</p>	<p>ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T</p>	<p>SOLN</p>	<p>1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML;</p>	<p>This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>

CLINIMIX E 5%/DEXTROSE 25%	ALANINE; ARGININE; CALCIUM CHLORIDE DIHYDRATE; DEXTROSE (ANHYDROUS); HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE HYDROCHLORIDE; MAGNESIUM CHLORIDE; METHIONINE; NITROGEN; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L- PROLINE); SERINE; SODIUM ACETATE T	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLINISOL SF 15%	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CLOLAR	CLOFARABINE	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CORTEF	HYDROCORTISONE	TABS	20MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CORTEF	HYDROCORTISONE	TABS	5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
COSMEGEN	DACTINOMYCIN	SOLR	0.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CROMOLYN SODIUM	CROMOLYN SODIUM	NEBU	20MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CUBICIN	DAPTOMYCIN	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	TABS	25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	TABS	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE	CYCLOSPORINE	CAPS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE	CYCLOSPORINE	CAPS	25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE	CYCLOSPORINE	SOLN	50MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE MODIFIED	CYCLOSPORINE	CAPS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE MODIFIED	CYCLOSPORINE	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYCLOSPORINE MODIFIED	CYCLOSPORINE	CAPS	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYTARABINE	CYTARABINE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYTARABINE AQUEOUS	CYTARABINE	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYTARABINE AQUEOUS	CYTARABINE	SOLN	20MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
CYTOVENE	GANCICLOVIR SODIUM	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DACARBAZINE	DACARBAZINE	SOLR	200MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DACOGEN	DECITABINE	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DAUNORUBICIN HCL	DAUNORUBICIN HYDROCHLORIDE	SOLR	20MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DAUNOXOME	DAUNORUBICIN CITRATE	INJ	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEPO-MEDROL	METHYLPREDNISOLONE ACETATE	SUSP	20MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEPO-MEDROL	METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

DEPO-MEDROL	METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXRAZOXANE	DEXRAZOXANE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 10%/NACL 0.45%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	10%; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; MAGNESIUM (+2); PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 10% FLEX CONTAINER	DEXTROSE (ANHYDROUS)	SOLN	10%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 10%/NACL 0.2%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	10%; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	2.5%; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%	DEXTROSE (ANHYDROUS)	SOLN	5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/NACL 0.2%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	5%; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/NACL 0.225%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	5%; 0.225%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/NACL 0.33%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	5%; 0.33%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/NACL 0.45%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	5%; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/NACL 0.9%	DEXTROSE (ANHYDROUS); SODIUM CHLORIDE	SOLN	5%; 0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE	SOLN	5%; 10MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DOCETAXEL	DOCETAXEL	SOLN	80MG/8ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DOXIL	DOXORUBICIN HCL LIPOSOME	INJ	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DOXORUBICIN HCL	DOXORUBICIN HYDROCHLORIDE	SOLN	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

DRONABINOL	DRONABINOL	CAPS	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DRONABINOL	DRONABINOL	CAPS	2.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
DRONABINOL	DRONABINOL	CAPS	5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELIGARD	LEUPROLIDE ACETATE	KIT	7.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELIGARD	LEUPROLIDE ACETATE	KIT	22.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELIGARD	LEUPROLIDE ACETATE	KIT	30MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELIGARD	LEUPROLIDE ACETATE	KIT	45MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELLEENCE	EPIRUBICIN HCL	SOLN	200MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELOXATIN	OXALIPLATIN	SOLN	100MG/20ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELSPAR	ASPARAGINASE	SOLR	10000UNIT	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EMEND	APREPITANT	CAPS	0	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EMEND	APREPITANT	CAPS	125MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EMEND	APREPITANT	CAPS	40MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EMEND	APREPITANT	CAPS	80MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ENGERIX-B	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	10MCG/0.5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ENGERIX-B	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	10MCG/0.5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ENGERIX-B	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	20MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EPIRUBICIN HCL	EPIRUBICIN HCL	SOLN	50MG/25ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EPOGEN	EPOETIN ALFA	SOLN	2000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EPOGEN	EPOETIN ALFA	SOLN	3000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EPOGEN	EPOETIN ALFA	SOLN	4000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EPOGEN	EPOETIN ALFA	SOLN	10000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EPOGEN	EPOETIN ALFA	SOLN	20000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ERBITUX	CETUXIMAB	SOLN	100MG/50ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ETHYOL	AMIFOSTINE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ETOPOPHOS	ETOPOSIDE PHOSPHATE	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ETOPOSIDE	ETOPOSIDE	SOLN	20MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FASLODEX	FULVESTRANT	SOLN	250MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FENTANYL CITRATE	FENTANYL CITRATE	SOLN	0.05MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FIRMAGON	DEGARELIX ACETATE	SOLR	120MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FIRMAGON	DEGARELIX ACETATE	SOLR	80MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FLUDARA	FLUDARABINE PHOSPHATE	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FLUDARABINE PHOSPHATE	FLUDARABINE PHOSPHATE	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FLUOROURACIL	FLUOROURACIL	SOLN	500MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FOSCARNET SODIUM	FOSCARNET SODIUM	SOLN	24MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

FREAMINE HBC 6.9%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; CYSTEINE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FREAMINE III	ACETATE; ALANINE; ARGININE; CHLORIDE ION; CYSTEINE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PHOSPHATE; PHOSPHORIC ACID; PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
FREAMINE III 3%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; CYSTEINE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	44MEQ/L; 210MG/100ML; 290MG/100ML; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GAMUNEX	GLOBULIN, IMMUNE IV	SOLN	10%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

GANCICLOVIR	GANCICLOVIR SODIUM	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GEMCITABINE HCL	GEMCITABINE HCL	SOLR	1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GEMZAR	GEMCITABINE HCL	SOLR	1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GENGRAF	CYCLOSPORINE	CAPS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GENGRAF	CYCLOSPORINE	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GENGRAF	CYCLOSPORINE	CAPS	25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HECTOROL	DOXERCALCIFEROL	CAPS	0.5MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HECTOROL	DOXERCALCIFEROL	CAPS	1MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HECTOROL	DOXERCALCIFEROL	CAPS	2.5MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HECTOROL	DOXERCALCIFEROL	SOLN	4MCG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HEPARIN SODIUM	HEPARIN SODIUM (PORCINE)	SOLN	1000UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HEPATAMINE	ACETATE; ALANINE; ARGININE; CHLORIDE ION; CYSTEINE HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PHOSPHORIC ACID; PROLINE (L-PROLINE); SERINE; SODIUM BISULFITE; THREONINE; TRYPTOPHAN; VALINE	SOLN	62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

HEPATASOL	ALANINE; ARGININE; CYSTEINE HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PHOSPHORIC ACID; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; VALINE	SOLN	0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML; 0.84GM/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HERCEPTIN	TRASTUZUMAB	SOLR	440MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HIZENTRA	GLOBULIN, IMMUNE SC	SOLN	1GM/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HYCAMTIN	TOPOTECAN HYDROCHLORIDE	SOLR	4MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IDAMYCIN PFS	IDARUBICIN HCL	SOLN	20MG/20ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IDARUBICIN HCL	IDARUBICIN HCL	SOLN	10MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IFEX	IFOSFAMIDE	SOLR	3GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IFOSFAMIDE	IFOSFAMIDE	SOLR	1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IFOSFAMIDE/MESNA	IFOSFAMIDE; MESNA	KIT	1GM; 1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IFOSFAMIDE/MESNA	IFOSFAMIDE; MESNA	KIT	3000MG; 1000MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IMURAN	AZATHIOPRINE	TABS	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
INTRALIPID	GLYCERIN; SOYBEAN OIL	EMUL	1.7%; 30%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
INTRALIPID	GLYCERIN; SOYBEAN OIL	EMUL	2.25%; 20%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

IONOSOL-B/DEXTROSE 5%	CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; MAGNESIUM (+2); PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IONOSOL-MB/DEXTROSE 5%	CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; MAGNESIUM (+2); PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IONOSOL-T/DEXTROSE 5%	CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	40MEQ/L; 5%; 20MEQ/L; 15MEQ/L; 35MEQ/L; 40MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	SOLN	0.02%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	SOLN	2.5MG/3ML; 0.5MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IRINOTECAN	IRINOTECAN HYDROCHLORIDE	SOLN	100MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISOLYTE-H/DEXTROSE 5%	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	17MEQ/L; 39MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 42MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISOLYTE-M/DEXTROSE 5%	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	20MEQ/L; 44MEQ/L; 5%; 15MEQ/L; 35MEQ/L; 38MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISOLYTE-P/DEXTROSE 5%	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); MAGNESIUM (+2); PHOSPHATE; POTASSIUM (+1); SODIUM (+1)	SOLN	23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISOLYTE-S	ACETATE; CHLORIDE ION; GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISOLYTE-S/DEXTROSE 5%	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	30MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 142MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ISTODAX	ROMIDEPSIN	SOLR	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
IXEMPRA KIT	IXABEPILONE	SOLR	45MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
JEVTANA	CABAZITAXEL	SOLN	60MG/1.5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.075%/D5W/NACL 0.45%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 10MEQ/L; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

KCL 0.15%/D10W/NACL 0.2%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	10%; 20MEQ/L; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.15%/D5W/LR	CALCIUM (+2); CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; POTASSIUM (+1); SODIUM (+1)	SOLN	3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.15%/D5W/NACL 0.2%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 20MEQ/L; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.15%/D5W/NACL 0.225%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 20MEQ/L; 0.225%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.15%/D5W/NACL 0.9%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 20MEQ/L; 0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.3%/D5W/LR IV LAC RING	CALCIUM (+2); CHLORIDE ION; DEXTROSE (ANHYDROUS); LACTATE ANION; POTASSIUM (+1); SODIUM (+1)	SOLN	3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.3%/D5W/NACL 0.2%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 40MEQ/L; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.3%/D5W/NACL 0.45%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 40MEQ/L; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
KCL 0.3%/D5W/NACL 0.9%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 40MEQ/L; 0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	SOLR	350MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	KIT	1MG/0.2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEUSTATIN	CLADRIBINE	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEVALBUTEROL	LEVALBUTEROL HYDROCHLORIDE	NEBU	1.25MG/0.5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEVOCARNITINE	LEVOCARNITINE	SOLN	1GM/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEVOCARNITINE	LEVOCARNITINE	SOLN	200MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LEVOCARNITINE	LEVOCARNITINE	TABS	330MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LIDOCAINE	LIDOCAINE HYDROCHLORIDE	OINT	5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIDOCAINE/PRILOCAINE	LIDOCAINE; PRILOCAINE	CREA	2.5%; 2.5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIPOSYN II	GLYCERIN; SAFFLOWER OIL; SOYBEAN OIL	EMUL	2.5%; 10%; 10%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIPOSYN II	GLYCERIN; SAFFLOWER OIL; SOYBEAN OIL	EMUL	2.5%; 5%; 5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIPOSYN III	EGG PHOSPHATIDES; GLYCERIN; SOYBEAN OIL	EMUL	1.2%; 2.5%; 10%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIPOSYN III	EGG PHOSPHATIDES; GLYCERIN; SOYBEAN OIL	EMUL	1.2%; 2.5%; 20%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LIPOSYN III	EGG PHOSPHATIDES; GLYCERIN; SOYBEAN OIL	EMUL	1.8%; 2.5%; 30%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT	LEUPROLIDE ACETATE	KIT	3.75MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT	LEUPROLIDE ACETATE	KIT	7.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT	LEUPROLIDE ACETATE	KIT	11.25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT	LEUPROLIDE ACETATE	KIT	22.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT	LEUPROLIDE ACETATE	KIT	30MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	KIT	7.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	KIT	11.25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	KIT	15MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MAGNESIUM SULFATE	MAGNESIUM SULFATE, HEPTAHYDRATE	SOLN	50%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MAGNESIUM SULFATE	MAGNESIUM SULFATE, HEPTAHYDRATE	SOLN	40MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MAGNESIUM SULFATE	MAGNESIUM SULFATE, HEPTAHYDRATE	SOLN	80MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MARINOL	DRONABINOL	CAPS	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MARINOL	DRONABINOL	CAPS	5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MELPHALAN HYDROCHLORIDE	MELPHALAN HYDROCHLORIDE	SOLR	50MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MESNA	MESNA	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MESNEX	MESNA	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHOTREXATE SODIUM	METHOTREXATE SODIUM	SOLR	1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHOTREXATE SODIUM	METHOTREXATE SODIUM	SOLN	25MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHYLPREDNISOLONE ACETATE	METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHYLPREDNISOLONE ACETATE	METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHYLPREDNISOLONE SODIUMSUCCINATE	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	1000MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHYLPREDNISOLONE SODIUMSUCCINATE	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	125MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
METHYLPREDNISOLONE SODIUMSUCCINATE	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	40MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MITOMYCIN	MITOMYCIN C	SOLR	20MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MITOXANTRONE HCL	MITOXANTRONE HYDROCHLORIDE	CONC	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MUSTARGEN	MECHLORETHAMINE HYDROCHLORIDE	SOLR	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	CAPS	250MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	TABS	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
MYFORTIC	MYCOPHENOLATE SODIUM	TBEC	180MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MYFORTIC	MYCOPHENOLATE SODIUM	TBEC	360MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NALBUPHINE HCL	NALBUPHINE HYDROCHLORIDE	SOLN	10MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NALBUPHINE HCL	NALBUPHINE HYDROCHLORIDE	SOLN	20MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NEORAL	CYCLOSPORINE	CAPS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NEORAL	CYCLOSPORINE	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NEORAL	CYCLOSPORINE	CAPS	25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NEPHRAMINE	ACETATE; CYSTEINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NIPENT	PENTOSTATIN	SOLR	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NORMOSOL-M IN D5W	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NORMOSOL-R	ACETATE; CHLORIDE ION; GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NORMOSOL-R IN D5W	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NOVAMINE	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NOVANTRONE	MITOXANTRONE HYDROCHLORIDE	CONC	2MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONCASPAR	PEGASPARGASE	SOLN	750UNIT/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON HCL	ONDANSETRON HCL	TABS	24MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON HCL	ONDANSETRON HCL	TABS	4MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON HCL	ONDANSETRON HCL	SOLN	4MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON HCL	ONDANSETRON HCL	SOLN	4MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON HCL	ONDANSETRON HCL	TABS	8MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON ODT	ONDANSETRON	TBDP	4MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONDANSETRON ODT	ONDANSETRON	TBDP	8MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ONTAK	DENILEUKIN DIFTITOX	SOLN	150MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ORTHOCLONE OKT3	MUROMONAB CD3	INJ	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
OXALIPLATIN	OXALIPLATIN	SOLN	100MG/20ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PACLITAXEL	PACLITAXEL	CONC	300MG/50ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	SOLN	30MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	SOLN	6MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	SOLN	90MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PENTOSTATIN	PENTOSTATIN	SOLR	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PERFOROMIST	FORMOTEROL FUMARATE DIHYDRATE	NEBU	20MCG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PHOTOFRIN	PORFIMER SODIUM	SOLR	75MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PHYSIOLYTE	ACETATE; CHLORIDE ION; GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PHYSIOSOL IRRIGATION	MAGNESIUM CHLORIDE; POTASSIUM CHLORIDE; SODIUM ACETATE; SODIUM CHLORIDE; SODIUM GLUCONATE	SOLN	30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PLASMA-LYTE 56	ACETATE; CHLORIDE ION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	16MEQ/L; 40MEQ/L; 3MEQ/L; 13MEQ/L; 40MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PLASMA-LYTE A	ACETATE; CHLORIDE ION; GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PLASMA-LYTE-148	ACETATE; CHLORIDE ION; GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PLASMA-LYTE-148/D5W	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLUCONATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PLASMA-LYTE-56/D5W	ACETATE; CHLORIDE ION; DEXTROSE (ANHYDROUS); MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PLASMA-LYTE-R	ACETATE; CALCIUM (+2); CHLORIDE ION; LACTATE ANION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	47MEQ/L; 5MEQ/L; 103MEQ/L; 8MEQ/L; 3MEQ/L; 10MEQ/L; 140MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	SOLN	0.4MEQ/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	SOLN	10MEQ/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	SOLN	10MEQ/50ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	SOLN	2MEQ/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE	SOLN	30MEQ/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 10MEQ/L; 0.2%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	20MEQ/L; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 20MEQ/L; 0.33%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 20MEQ/L; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.15% NACL 0.9%	POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	20MEQ/L; 0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.15%/D5W	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE	SOLN	5%; 20MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 30MEQ/L; 0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.224%/D5W	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE	SOLN	5%; 30MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.224%D5W/NACL 0.33%	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	5%; 30MEQ/L; 0.33%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	POTASSIUM CHLORIDE; SODIUM CHLORIDE	SOLN	40MEQ/L; 0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
POTASSIUM CHLORIDE 0.3%/D5W	DEXTROSE (ANHYDROUS); POTASSIUM CHLORIDE	SOLN	5%; 40MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PREMASOL	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PREMASOL	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CHLORIDE ION; CYSTEINE; GLUTAMIC ACID HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); TAURINE; THREONINE; TRYPTOPHAN; TYROSINE;	SOLN	56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PROCALAMINE	ACETATE; ALANINE; ARGININE; CALCIUM; CHLORIDE ION; CYSTEINE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM (+2); METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM (+1); PROLINE (L- PROLINE); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PROGRAF	TACROLIMUS	CAPS	0.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PROGRAF	TACROLIMUS	CAPS	1MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PROGRAF	TACROLIMUS	CAPS	5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PROGRAF	TACROLIMUS	SOLN	5MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PROSOL	ALANINE; ARGININE; ASPARTIC ACID; GLUTAMIC ACID; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PULMICORT	BUDESONIDE	SUSP	0.25MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PULMICORT	BUDESONIDE	SUSP	0.5MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PULMICORT	BUDESONIDE	SUSP	1MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PULMOZYME	DORNASE ALFA	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RAPAMUNE	SIROLIMUS	TABS	0.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RAPAMUNE	SIROLIMUS	TABS	1MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RAPAMUNE	SIROLIMUS	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RAPAMUNE	SIROLIMUS	TABS	2MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	10MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	40MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
REMODULIN	TREPROSTINIL SODIUM	SOLN	10MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
REMODULIN	TREPROSTINIL SODIUM	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
REMODULIN	TREPROSTINIL SODIUM	SOLN	2.5MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
REMODULIN	TREPROSTINIL SODIUM	SOLN	5MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RITUXAN	RITUXIMAB	CONC	10MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SANDIMMUNE	CYCLOSPORINE	CAPS	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SANDIMMUNE	CYCLOSPORINE	SOLN	100MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SANDIMMUNE	CYCLOSPORINE	CAPS	25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SANDIMMUNE	CYCLOSPORINE	SOLN	50MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SIMULECT	BASILIXIMAB	SOLR	20MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM BICARBONATE	SODIUM BICARBONATE	SOLN	7.5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM BICARBONATE	SODIUM BICARBONATE	SOLN	8.4%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM CHLORIDE	SODIUM CHLORIDE	SOLN	0.9%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM CHLORIDE	SODIUM CHLORIDE	SOLN	3%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM CHLORIDE	SODIUM CHLORIDE	SOLN	5%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM CHLORIDE	SODIUM CHLORIDE	SOLN	2.5MEQ/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM CHLORIDE 0.45% VIAFLEX	SODIUM CHLORIDE	SOLN	0.45%	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SODIUM LACTATE	SODIUM LACTATE	SOLN	167MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SODIUM LACTATE	SODIUM LACTATE	SOLN	5MEQ/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-CORTEF	HYDROCORTISONE SODIUM SUCCINATE	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-CORTEF	HYDROCORTISONE SODIUM SUCCINATE	SOLR	250MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-MEDROL	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	125MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-MEDROL	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	2GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-MEDROL	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	40MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SOLU-MEDROL	METHYLPREDNISOLONE SODIUM SUCCINATE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TACROLIMUS	TACROLIMUS	CAPS	0.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TACROLIMUS	TACROLIMUS	CAPS	1MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TACROLIMUS	TACROLIMUS	CAPS	5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TALWIN	PENTAZOCINE LACTATE	SOLN	30MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TAXOTERE	DOCETAXEL	CONC	80MG/2ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TAXOTERE	DOCETAXEL	CONC	80MG/4ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
THIOTEPA	THIOTEPA	SOLR	15MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TIS-U-SOL	CALCIUM (+2); CHLORIDE ION; POTASSIUM (+1); SODIUM (+1)	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TOBI	TOBRAMYCIN	NEBU	300MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TOPOSAR	ETOPOSIDE	SOLN	20MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

TOPOTECAN HCL	TOPOTECAN HYDROCHLORIDE	SOLR	4MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TORISEL	TEMSIROLIMUS	SOLN	25MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TPN ELECTROLYTES	ACETATE; CALCIUM (+2); CHLORIDE ION; MAGNESIUM (+2); POTASSIUM (+1); SODIUM (+1)	SOLN	29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TRAVASOL	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TREANDA	BENDAMUSTINE HYDROCHLORIDE	SOLR	100MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TRELSTAR	TRIPTORELIN PAMOATE	SUSR	3.75MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TRELSTAR	TRIPTORELIN PAMOATE	SUSR	11.25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TRELSTAR	TRIPTORELIN PAMOATE	SUSR	22.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TRISENOX	ARSENIC TRIOXIDE	SOLN	10MG/10ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

TROPHAMINE	ACETIC ACID; ALANINE; ARGININE; ASPARTIC ACID; CYSTEINE; GLYCINE; HISTIDINE; ISOLEUCINE; L- GLUTAMIC ACID; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM METABISULFITE; TAURINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
TROPHAMINE	ACETATE; ALANINE; ARGININE; ASPARTIC ACID; CHLORIDE ION; CYSTEINE; GLUTAMIC ACID; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE ACETATE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; SODIUM (+1); TAURINE; THREONINE; TRYPTOPHAN; TYROSINE; VALIN	SOLN	97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
UVADEX	METHOXSALEN	SOLN	20MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VANCOMYCIN HCL	VANCOMYCIN HYDROCHLORIDE	SOLR	1000MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VANCOMYCIN HCL	VANCOMYCIN HYDROCHLORIDE	SOLR	10GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

VANCOMYCIN HCL	VANCOMYCIN HYDROCHLORIDE	SOLR	500MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VECTIBIX	PANITUMUMAB	SOLN	100MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VELCADE	BORTEZOMIB	SOLR	3.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VENTAVIS	ILOPROST	SOLN	10MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VENTAVIS	ILOPROST	SOLN	20MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VINBLASTINE SULFATE	VINBLASTINE SULFATE	SOLR	10MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VINCASAR PFS	VINCRISTINE SULFATE	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VINCRISTINE SULFATE	VINCRISTINE SULFATE	SOLN	1MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VINORELBINE TARTRATE	VINORELBINE TARTRATE	SOLN	50MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VIRAZOLE	RIBAVIRIN	SOLR	6GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VIVAGLOBIN	GLOBULIN, IMMUNE SC	SOLN	160MG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
VPRIV	VELAGLUCERASE ALFA	SOLR	400UNIT	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
XOPENEX	LEVALBUTEROL HYDROCHLORIDE	NEBU	0.31MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
XOPENEX	LEVALBUTEROL HYDROCHLORIDE	NEBU	0.63MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
XOPENEX	LEVALBUTEROL HYDROCHLORIDE	NEBU	1.25MG/3ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZANOSAR	STREPTOZOCIN	SOLR	1GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZEMPLAR	PARICALCITOL	CAPS	1MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZEMPLAR	PARICALCITOL	CAPS	2MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ZEMPLAR	PARICALCITOL	SOLN	2MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZEMPLAR	PARICALCITOL	CAPS	4MCG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZEMPLAR	PARICALCITOL	SOLN	5MCG/ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZINECARD	DEXRAZOXANE	SOLR	250MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZOMETA	ZOLEDRONIC ACID MONOHYDRATE	CONC	4MG/5ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZORTRESS	EVEROLIMUS	TABS	0.25MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZORTRESS	EVEROLIMUS	TABS	0.5MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ZORTRESS	EVEROLIMUS	TABS	0.75MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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