

## 2011 Union Pacific Railroad Employees Health Systems Formulary B vs D Prior Authorization Criteria

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
KYTRIL	GRANISETRON HCL	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.
CESAMET	NABILONE	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.
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.
ZOFRAN	ONDANSETRON	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.
ZOFRAN	ONDANSETRON	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.
ZOFRAN	ONDANSETRON HCL	SOLN	40MG/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.
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.
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.
METHOTREXATE	METHOTREXATE	TABS	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.
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.
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.
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.
PROLEUKIN	ALDESLEUKIN	SOLR	22000000UNIT	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
THYMOGLOBULIN	ANTI-THYMOCYTE GLOBULIN (RABBIT)	SOLR	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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
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.
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.
KYTRIL	GRANISETRON HCL	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.
OCTAGAM	GLOBULIN, IMMUNE IV (OCTAPHARM)	SOLN	5GM/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.
AZATHIOPRINE	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.
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.
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.
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.
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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	TABS	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.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	TABS	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.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	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.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	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.
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.
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.
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.
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.
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.
VANCOCCIN HCL	VANCOMYCIN HYDROCHLORIDE	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.
VANCOCCIN HCL	VANCOMYCIN HYDROCHLORIDE	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.
TETANUS TOXOID ADSORBED	TETANUS TOXOID ADSORBED	SOLN	5LFU	This drug may be covered under Medicare Part B 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.
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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
MARINOL	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.
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.
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.
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.
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.
PROCRIT	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	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.
PROCRIT	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.
PROCRIT	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.
PROCRIT	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.
ATGAM	ANTI-THYMOCYTE GLOBULIN (EQUINE)	INJ	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.
CARNITOR	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.
CARNITOR	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.
CARNITOR	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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
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.
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.
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.
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.
ROCALTROL	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.
ROCALTROL	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.
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.
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.
PROCRIT	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.
ZOFRAN	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.
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.
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.
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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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	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.
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.
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.
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.
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.
EPOGEN	EPOETIN ALFA	SOLN	40000UNIT/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.
PROCRT	EPOETIN ALFA	SOLN	40000UNIT/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.
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.
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.
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.
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.
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.
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.
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.
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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
AZATHIOPRINE SODIUM	AZATHIOPRINE SODIUM	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.
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.
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.
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.
GRANISETRON HCL	GRANISETRON HCL	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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
ROCALTROL	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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
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.
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.
TREXALL	METHOTREXATE SODIUM	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.
TREXALL	METHOTREXATE SODIUM	TABS	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.
TREXALL	METHOTREXATE SODIUM	TABS	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.
TREXALL	METHOTREXATE SODIUM	TABS	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.
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.
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.
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.
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	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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
DAUNORUBICIN HCL	DAUNORUBICIN HYDROCHLORIDE	INJ	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.
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 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.
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.
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.
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.
GRANISETRON HCL	GRANISETRON HCL	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.
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.
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.
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.
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.
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.
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	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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
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.
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.
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.
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.
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.
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.
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.
ALCOHOL 5%/DEXTROSE 5%	ALCOHOL, USP; DEXTROSE (ANHYDROUS)	SOLN	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.
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.
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.
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.
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.
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.
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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
ARANESP ALBUMIN FREE	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 ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	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.
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	60MCG/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 ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	100MCG/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 ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	200MCG/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.
ACCUNEB	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.
ACCUNEB	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.
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.
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.
MESNEX	MESNA	TABS	400MG	This drug may be covered under Medicare Part B 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.
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.
ELITEK	RASBURICASE	SOLR	1.5MG	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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	300MCG/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.
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.
CALCIUM ACETATE	CALCIUM ACETATE	CAPS	667MG	This drug may be covered under Medicare Part B 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.
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.
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.
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.
AZASAN	AZATHIOPRINE	TABS	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.
AZASAN	AZATHIOPRINE	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.
ALOXI	PALONOSETRON HYDROCHLORIDE	SOLN	0.25MG/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.
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.
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.
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.
FLEBOGAMMA	GLOBULIN, IMMUNE	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.
FOSRENOL	LANTHANUM CARBONATE	CHEW	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.
GRANISETRON HCL	GRANISETRON HCL	SOLN	0.1MG/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.
AVASTIN	BEVACIZUMAB	SOLN	100MG/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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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.
GAMUNEX	GLOBULIN, IMMUNE IV (TALECRIS)	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.
VIDAZA	AZACITIDINE	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.
KEPIVANCE	PALIFERMIN	SOLR	6.25MG	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.
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.
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.
FOSRENOL	LANTHANUM CARBONATE	CHEW	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.
FOSRENOL	LANTHANUM CARBONATE	CHEW	750MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GAMMAGARD LIQUID	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	SOLN	2.5GM/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.
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	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.
ARRANON	NELARABINE	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.
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	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	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.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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.
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.
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.
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.
VIVAGLOBIN	GLOBULIN, IMMUNE SC (CSL BEHRING)	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.
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.
VINORELBINE TARTRATE	VINORELBINE TARTRATE	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.
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.
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.
PHOSLO	CALCIUM ACETATE	CAPS	667MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NAVELBINE	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.
SENSIPAR	CINACALCET HYDROCHLORIDE	TABS	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.
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.
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.
SENSIPAR	CINACALCET HYDROCHLORIDE	TABS	60MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SENSIPAR	CINACALCET HYDROCHLORIDE	TABS	90MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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.
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.
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.
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	100MCG/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.
ARANESP ALBUMIN FREE	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.
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	300MCG/0.6ML	This drug may be covered under Medicare Part B 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 ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	150MCG/0.3ML	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.
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	200MCG/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.
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	500MCG/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 ALBUMIN FREE	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 ALBUMIN FREE	DARBEPOETIN ALFA	SOLN	60MCG/0.3ML	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.
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.
REVELA	SEVELAMER CARBONATE	TABS	800MG	This drug may be covered under Medicare Part B 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.
PRIVIGEN	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	SOLN	20GM/200ML	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GRANISOL	GRANISETRON HCL	SOLN	2MG/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.
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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
GAMASTAN S/D	GLOBULIN, IMMUNE	INJ	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.
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.
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.
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 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; TYROSINE; VALINE	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;	This drug may be covered under Medicare Part B 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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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	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	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;	This drug may be covered under Medicare Part B 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	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;	This drug may be covered under Medicare Part B 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	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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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;	This drug may be covered under Medicare Part B 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/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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; 240MG/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 4.25%/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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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;	This drug may be covered under Medicare Part B 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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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 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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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;	This drug may be covered under Medicare Part B 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 5%/DEXTROSE 15%	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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
CLINIMIX E 5%/DEXTROSE 20%	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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	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;	This drug may be covered under Medicare Part B 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 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 TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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.
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;	This drug may be covered under Medicare Part B 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; VALINE	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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RENAMIN	AMINO ACIDS	SOLN	6.5%	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.
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;	This drug may be covered under Medicare Part B 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; VALINE	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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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; 0.14GM/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.
TWINRIX	HEPATITIS A VIRUS VACCINE INACTIVATED; HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	720ELU/ML; 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.
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.
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.
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 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 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	1.2%; 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	1.8%; 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.
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.
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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
SANCUSO	GRANISETRON	PTCH	3.1MG/24HR	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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.
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	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.
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.
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	INJ	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.
RABAVERT	RABIES VACCINE PURIFIED CHICK EMBRYO CEL	SUSR	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.
IMOVAZ RABIES (H.D.C.V.)	RABIES VACCINE HUMAN DIPLOID CELL	INJ	2.5UNIT/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.
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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ELIPHOS	CALCIUM ACETATE	TABS	667MG	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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;	This drug may be covered under Medicare Part B 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 8.5%/ELECTROLYTES	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	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	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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 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;	This drug may be covered under Medicare Part B 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.
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); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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; 230MG/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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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/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 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); SERINE; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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/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-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;	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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 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; SODIUM (+1); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	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; 94MG/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.
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.
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.
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.
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.
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.
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.
DUONEB	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.
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.

Drug Name	Ingredients	Dosage Form	Strength	B vs D Prior Authorization Criteria
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.
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.
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.
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.
ELLEENCE	EPIRUBICIN HCL	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.
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;	This drug may be covered under Medicare Part B 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.
RENAGEL	SEVELAMER HYDROCHLORIDE	TABS	400MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
RENAGEL	SEVELAMER HYDROCHLORIDE	TABS	800MG	This drug may be covered under Medicare Part B 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.
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.
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.
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.
REVELA	SEVELAMER CARBONATE	PACK	2.4GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

<b>Drug Name</b>	<b>Ingredients</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>B vs D Prior Authorization Criteria</b>
RENVELA	SEVELAMER CARBONATE	PACK	0.8GM	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NEBUPENT	PENTAMIDINE ISETHIONATE	SOLR	300MG	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PENTAM 300	PENTAMIDINE ISETHIONATE	SOLR	300MG	This drug may be covered under Medicare Part B 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.
ZOFRAN 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.
ZOFRAN 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.
ARZERRA	OFATUMUMAB	CONC	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.
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.
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.
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.
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.
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.