

Drug Name	Ingredients	Dosage Form	Prior Authorization Group Description	Covered Uses
ABELCET	AMPHOTERICIN B	SUSP	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ABRAXANE	PACLITAXEL	SUSR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ADRIAMYCIN	DOXORUBICIN HYDROCHLORIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ADRIAMYCIN	DOXORUBICIN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ALIMTA	PEMETREXED DISODIUM	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ALKERAN	MELPHALAN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ALOXI	PALONOSETRON HYDROCHLORIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
AMBISOME	AMPHOTERICIN B	SUSR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
AMINESS	AMINO ACIDS	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

AMINOSYN	ACETATE; ALANINE; ARGININE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
AMINOSYN	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
AMINOSYN II M 4.25/DEXTROSE 10%	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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
AMINOSYN-HBC	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; NITROGEN; PHENYLALANINE; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
AMPHOTEC	AMPHOTERICIN B	SUSR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
AMPHOTERICIN B	AMPHOTERICIN B	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ANZEMET	DOLASETRON MESYLATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ANZEMET	DOLASETRON MESYLATE	TABS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ARRANON	NELARABINE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ATGAM	ANTI-THYMOCYTE GLOBULIN (EQUINE)	INJ	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D

AVASTIN	BEVACIZUMAB	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
AZASAN	AZATHIOPRINE	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
AZATHIOPRINE	AZATHIOPRINE	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
AZATHIOPRINE SODIUM	AZATHIOPRINE SODIUM	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
BICNU	CARMUSTINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
BLEOMYCIN SULFATE	BLEOMYCIN SULFATE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
BUSULFEX	BUSULFAN	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CAMPATH	ALEMTUZUMAB	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CAMPTOSAR	IRINOTECAN HYDROCHLORIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CARBOPLATIN	CARBOPLATIN	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

CARIMUNE NANOFILTERED	GLOBULIN, IMMUNE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CELLCEPT	MYCOPHENOLATE MOFETIL	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CELLCEPT	MYCOPHENOLATE MOFETIL	SUSR	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CELLCEPT	MYCOPHENOLATE MOFETIL	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CELLCEPT INTRAVENOUS	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	SOLR	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CERUBIDINE	DAUNORUBICIN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CESAMET	NABILONE	CAPS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
CISPLATIN	CISPLATIN	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CLADRIBINE	CLADRIBINE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
CLINIMIX E 5%/DEXTROSE 35%	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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

CLOLAR	CLOFARABINE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
COSMEGEN	DACTINOMYCIN	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	TABS	Part B vs D	Certain oral chemotherapy agents (used in cancer treatment for which there is an infusible version of the drug) - Covered under Part B if for Cancer. Otherwise covered under Part D.
CYCLOSPORINE	CYCLOSPORINE	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CYCLOSPORINE	CYCLOSPORINE	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CYCLOSPORINE MODIFIED	CYCLOSPORINE	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CYCLOSPORINE MODIFIED	CYCLOSPORINE	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
CYTARABINE	CYTARABINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CYTARABINE AQUEOUS	CYTARABINE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
CYTOVENE	GANCICLOVIR SODIUM	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

CYTOXAN	CYCLOPHOSPHAMIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DACARBAZINE	DACARBAZINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DACOGEN	DECITABINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DAUNORUBICIN HCL	DAUNORUBICIN HYDROCHLORIDE	INJ	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DAUNORUBICIN HCL	DAUNORUBICIN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DAUNOXOME	DAUNORUBICIN CITRATE	INJ	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DEXRAZOXANE	DEXRAZOXANE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DEXTROSE 2.5%	DEXTROSE (ANHYDROUS)	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
DEXTROSE 10% FLEX CONTAINER	DEXTROSE (ANHYDROUS)	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
DEXTROSE 5%	DEXTROSE (ANHYDROUS)	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

DOXIL	DOXORUBICIN HCL LIPOSOME	INJ	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DOXORUBICIN HCL	DOXORUBICIN HYDROCHLORIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DOXORUBICIN HCL	DOXORUBICIN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
DRONABINOL	DRONABINOL	CAPS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ELITEK	RASBURICASE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ELLEENCE	EPIRUBICIN HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ELSPAR	ASPARAGINASE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
EMEND	APREPITANT	CAPS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ENGERIX-B	HEPATITIS B VIRUS VACCINE RECOMBINANT	INJ	Part B vs D	Hepatitis B vaccine - If the individual is at high or intermediate risk, covered under Part B. Otherwise, covered under Part D
ENGERIX-B	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	Part B vs D	Hepatitis B vaccine - If the individual is at high or intermediate risk, covered under Part B. Otherwise, covered under Part D

EPIRUBICIN HCL	EPIRUBICIN HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
EPIRUBICIN HCL	EPIRUBICIN HCL	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ERBITUX	CETUXIMAB	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ETHYOL	AMIFOSTINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ETOPOPHOS	ETOPOSIDE PHOSPHATE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ETOPOSIDE	ETOPOSIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FLEBOGAMMA	GLOBULIN, IMMUNE	SOLN	Part B vs D	IVIG - Covered under Part B if provided in the home for the diagnosis of primary immune deficiency; covered under Part D if provided in the home for other diagnoses.
FLOXURIDINE	FLOXURIDINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FLUDARA	FLUDARABINE PHOSPHATE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

FLUDARABINE PHOSPHATE	FLUDARABINE PHOSPHATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FLUDARABINE PHOSPHATE	FLUDARABINE PHOSPHATE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FLUOROURACIL	FLUOROURACIL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FOSCARNET SODIUM	FOSCARNET SODIUM	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
FOSCAVIR	FOSCARNET SODIUM	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
FUDR	FLOXURIDINE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

GAMASTAN S/D	GLOBULIN, IMMUNE	INJ	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
GAMMAGARD LIQUID	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	SOLN	Part B vs D	IVIG - Covered under Part B if provided in the home for the diagnosis of primary immune deficiency; covered under Part D if provided in the home for other diagnoses.
GAMMAGARD S/D	GLOBULIN, IMMUNE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
GAMUNEX	GLOBULIN, IMMUNE IV (TALECRIS)	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
GEMZAR	GEMCITABINE HCL	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
GENGRAF	CYCLOSPORINE	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
GENGRAF	CYCLOSPORINE	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
GRANISETRON HCL	GRANISETRON HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
GRANISETRON HCL	GRANISETRON HCL	TABS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

HEPATASOL	ALANINE; ARGININE; CYSTEINE HYDROCHLORIDE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PHOSPHORIC ACID; PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
HERCEPTIN	TRASTUZUMAB	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
HYCAMTIN	TOPOTECAN HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IDAMYCIN PFS	IDARUBICIN HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IDARUBICIN HCL	IDARUBICIN HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IFEX	IFOSFAMIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IFOSFAMIDE	IFOSFAMIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IFOSFAMIDE	IFOSFAMIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IFOSFAMIDE/MESNA	IFOSFAMIDE; MESNA	KIT	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IMURAN	AZATHIOPRINE	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D

INTRALIPID	GLYCERIN; SOYBEAN OIL	EMUL	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
IRINOTECAN	IRINOTECAN HYDROCHLORIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
IXEMPRA KIT	IXABEPILONE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
KEPIVANCE	PALIFERMIN	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
KYTRIL	GRANISETRON HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
KYTRIL	GRANISETRON HCL	TABS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
LEUCOVORIN CALCIUM	LEUCOVORIN CALCIUM	TABS	Part B vs D	Certain oral chemotherapy agents (used in cancer treatment for which there is an infusible version of the drug) - Covered under Part B if for Cancer. Otherwise covered under Part D.
LEUSTATIN	CLADRIBINE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
LIPOSYN II	GLYCERIN; SAFFLOWER OIL; SOYBEAN OIL	EMUL	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

LIPOSYN III	EGG PHOSPHATIDES; GLYCERIN; SOYBEAN OIL	EMUL	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
MARINOL	DRONABINOL	CAPS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
MESNA	MESNA	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
MESNEX	MESNA	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
MESNEX	MESNA	TABS	Part B vs D	Certain oral chemotherapy agents (used in cancer treatment for which there is an infusible version of the drug) - Covered under Part B if for Cancer. Otherwise covered under Part D.
METHOTREXATE	METHOTREXATE	TABS	Part B vs D	Certain oral chemotherapy agents (used in cancer treatment for which there is an infusible version of the drug) - Covered under Part B if for Cancer. Otherwise covered under Part D.
METHOTREXATE SODIUM	METHOTREXATE SODIUM	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
MITOMYCIN	MITOMYCIN C	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
MITOXANTRONE HCL	MITOXANTRONE HYDROCHLORIDE	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

MUSTARGEN	MECHLORETHAMINE HYDROCHLORIDE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
MYFORTIC	MYCOPHENOLATE SODIUM	TBEC	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
MYLOTARG	GEMTUZUMAB OZOGAMICIN	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
NAVELBINE	VINORELBINE TARTRATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
NEORAL	CYCLOSPORINE	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
NEORAL	CYCLOSPORINE	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
NEPHRAMINE	ACETATE; CYSTEINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; SODIUM (+1); THREONINE; TRYPTOPHAN; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
NOVANTRONE	MITOXANTRONE HYDROCHLORIDE	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
OCTAGAM	GLOBULIN, IMMUNE IV (OCTAPHARM)	SOLN	Part B vs D	

ONCASPAR	PEGASPARGASE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ONDANSETRON HCL	DEXTROSE (ANHYDROUS); ONDANSETRON HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ONDANSETRON HCL	ONDANSETRON HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ONDANSETRON HCL	ONDANSETRON HCL	TABS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ONDANSETRON ODT	ONDANSETRON	TBDP	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ONTAK	DENILEUKIN DIFTITOX	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ONXOL	PACLITAXEL	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ORTHOCLONE OKT3	MUROMONAB CD3	INJ	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
PACLITAXEL	PACLITAXEL	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
PLATINOL AQ	CISPLATIN	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

POLYGAM S/D	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	SOLR	Part B vs D	IVIG - Covered under Part B if provided in the home for the diagnosis of primary immune deficiency; covered under Part D if provided in the home for other diagnoses.
PREMASOL	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
PRIALT	ZICONOTIDE ACETATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
PROGRAF	TACROLIMUS	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
PROGRAF	TACROLIMUS	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
PULMOZYME	DORNASE ALFA	SOLN	Part B vs D	Inhalation DME supply drugs (Nebulizer medications) - Covered under Part D if patient is in a Long Term Care facility or if drug is delivered with a metered dose inhaler or other non-nebulized administration. Otherwise covered under Part B.
RAPAMUNE	SIROLIMUS	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
RAPAMUNE	SIROLIMUS	TABS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE RECOMBINANT	INJ	Part B vs D	Hepatitis B vaccine - If the individual is at high or intermediate risk, covered under Part B. Otherwise, covered under Part D
RECOMBIVAX HB	HEPATITIS B VIRUS VACCINE RECOMBINANT	SUSP	Part B vs D	Hepatitis B vaccine - If the individual is at high or intermediate risk, covered under Part B. Otherwise, covered under Part D
REMODULIN	TREPROSTINIL SODIUM	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

RENAMIN	AMINO ACIDS	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
RITUXAN	RITUXIMAB	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
SANDIMMUNE	CYCLOSPORINE	CAPS	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
SANDIMMUNE	CYCLOSPORINE	SOLN	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
SIMULECT	BASILIXIMAB	SOLR	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
SIMULECT	BASILIXIMAB	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
TAXOTERE	DOCETAXEL	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
THIOTEPA	THIOTEPA	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
TOBI	TOBRAMYCIN	NEBU	Part B vs D	Inhalation DME supply drugs (Nebulizer medications) - Covered under Part D if patient is in a Long Term Care facility or if drug is delivered with a metered dose inhaler or other non-nebulized administration. Otherwise covered under Part B.
TOPOSAR	ETOPOSIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
TORISEL	TEMSIROLIMUS	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

TRAVASOL	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; PROLINE (L-PROLINE); THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 2.75%/DEXTROSE 10%	ALANINE; ARGININE; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM CHLORIDE; METHIONINE; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L-PROLINE); SODIUM ACETATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 2.75%/DEXTROSE 5%	ALANINE; ARGININE; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM CHLORIDE; METHIONINE; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L-PROLINE); SODIUM ACETATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 3.5%/ELECTROLYTES	ALANINE; ARGININE; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM CHLORIDE; METHIONINE; PHENYLALANINE; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L-PROLINE); SODIUM ACETATE TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 8.5%/DEXTROSE 20%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 8.5%/DEXTROSE 50%	ACETATE; ALANINE; ARGININE; CHLORIDE ION; DEXTROSE (ANHYDROUS); GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; METHIONINE; PHENYLALANINE; POTASSIUM (+1); PROLINE (L-PROLINE); SERINE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
TRAVASOL 8.5%/ELECTROLYTES	ACETATE; ALANINE; ARGININE; CHLORIDE ION; GLYCINE; HISTIDINE; ISOLEUCINE; LEUCINE; LYSINE; MAGNESIUM CHLORIDE; METHIONINE; PHENYLALANINE; PHOSPHATE; POTASSIUM; POTASSIUM PHOSPHATE, DIBASIC; PROLINE (L-PROLINE); SODIUM; SODIUM ACETATE TRIHYDRATE; SODIUM CHLORIDE; THREONINE; TRYPTOPHAN; TYROSINE; VALINE	SOLN	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D

TREXALL	METHOTREXATE SODIUM	TABS	Part B vs D	Certain oral chemotherapy agents (used in cancer treatment for which there is an infusible version of the drug) - Covered under Part B if for Cancer. Otherwise covered under Part D.
TRISENOX	ARSENIC TRIOXIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
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	Part B vs D	Parenteral nutrition or intradialytic parenteral nutrition (IDPN) - Covered under Part B if patient has a non-functional digestive tract. Otherwise covered under Part D
VECTIBIX	PANITUMUMAB	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VELCADE	BORTEZOMIB	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VIDAZA	AZACITIDINE	SUSR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VINBLASTINE SULFATE	VINBLASTINE SULFATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VINBLASTINE SULFATE	VINBLASTINE SULFATE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.

VINCASAR PFS	VINCRIStINE SULFATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VINCRIStINE SULFATE	VINCRIStINE SULFATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VINOReLBINE TARTRATE	VINOReLBINE TARTRATE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
VIVAGLOBIN	GLOBULIN, IMMUNE SC (ZLB BEHRING)	SOLN	Part B vs D	IVIG - Covered under Part B if provided in the home for the diagnosis of primary immune deficiency; covered under Part D if provided in the home for other diagnoses.
VUMON	TENIPOSIDE	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ZANOSAR	STREPTOZOCIN	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ZENAPAX	DACLIZUMAB	CONC	Part B vs D	Transplant - Covered under Part B if transplant covered by Medicare. Otherwise covered under Part D
ZINECARD	DEXRAZOxANE	SOLR	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ZOFran	ONDANSETRON HCL	SOLN	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.
ZOFran	ONDANSETRON	TABS	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.

ZOFRAN ODT	ONDANSETRON	TBDP	Part B vs D	Oral anti-emetics - If being used in cancer treatment as a full replacement for intravenous treatment, and within 48 hours of cancer treatment, covered under Part B. Otherwise, covered under Part D.
ZOMETA	ZOLEDRONIC ACID MONOHYDRATE	CONC	Part B vs D	Injectable/Infusion - Covered under Part D if dispensed by a pharmacy, regardless of place of administration (i.e. home vs healthcare setting); Covered under Part B if obtained from physician's stock.