

Product/Drug/Drug Category <i>(Listing is NOT all-inclusive)</i>	Part D	Part D Excluded	Part B
Anti-emetics, oral	Yes - Except for use within 48 hours of chemotherapy	No	Yes - When used within 48 hours of chemotherapy
Barbiturates		Yes	
Benzodiazepines		Yes	
Blood glucose testing strips	No		Yes - DME benefit
Chemotherapy drugs, oral	Yes - Except for cancer treatment	No	Yes - When used for cancer treatment
Cough and cold products		Yes	
D5W as hydration therapy	Yes	No	
Erythropoietin	Yes - Except for treatment of anemia for dialysis patients or 'incident to' Physician Services utilization for other indications	No	Yes - When used for anemia for dialysis patients or 'incident to' Physician Services for other indications
Fioricet®		Yes	
Fioricet® with Codeine	Yes	No	
Fiorinal®		Yes	
Fiorinal® with Codeine	Yes	No	
Immunosuppressants	Yes - Except following a Medicare-covered transplant	No	Yes - Following a Medicare-covered transplant
Insulin	Yes	No	
Insulin syringes	Yes	No	
Lancets	No		Yes - DME benefit
Limbitrol®	Yes	No	
Niaspan®		Yes	
Over-The-Counter (OTC) drugs		Yes	
Parenteral nutrition	Yes - Except in "permanent" dysfunction of digestive tract	No	Yes - When used in "permanent" dysfunction of digestive tract
PhosLo®	Yes	No	
Polysaccharide iron complex		Yes	
Primidone	Yes	No	
Smoking cessation drugs (legend)	Yes	No	
Smoking cessation drugs (OTC)		Yes	
SSKI®		Yes	
Vaccines, prophylactic	Yes - Except for influenza, pneumococcal, and hepatitis B (for intermediate to high risk)	No	Yes - For influenza, pneumococcal, and hepatitis B (for intermediate - high risk)
Vitamins / Minerals		Yes	