

"The following drugs may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination."

ACETYLCYST SOL 10%	EMEND CAP 80MG
ACETYLCYST SOL 20%	ENGERIX-B INJ 10/0.5ML SYRINGE
ALBUTEROL NEB 0.083%	ENGERIX-B INJ 10/0.5ML VIAL
ALBUTEROL NEB 0.5%	ENGERIX-B INJ 20MCG/ML
ALBUTEROL NEB 0.63MG/3	FREAMINE HBC INJ 6.9%
ALBUTEROL NEB 1.25MG/3	FREAMINE III INJ 3%
AMINESS INJ 5.2%	FREAMINE III INJ 8.5%
AMINOSYN 7% INJ /LYTES	GENGRAF CAP 100MG
AMINOSYN II INJ 10%	GENGRAF CAP 25MG
AMINOSYN II INJ 15%	GENGRAF SOL 100MG/ML
AMINOSYN II INJ 3.5/D25	GRANISETRON TAB 1MG
AMINOSYN II INJ 4.25/D10	GRANISOL SOL 2MG/10ML
AMINOSYN II INJ 4.25/D20	HEPATAMINE SOL 8%
AMINOSYN II INJ 4.25/D25	HEPATASOL INJ 8%
AMINOSYN II INJ 5/D25	INTRALIPID INJ 20%
AMINOSYN II INJ 7%	INTRALIPID INJ 30%
AMINOSYN II INJ 8.5%	IPRATROPIUM SOL INHAL
AMINOSYN II INJ 8.5/LYTE	IPRATROPIUM/ SOL ALBUTER
AMINOSYN IIM INJ 3.5%/D5W	NEORAL CAP 100MG
AMINOSYN INJ 10%	NEORAL CAP 25MG
AMINOSYN INJ 3.5%	NEORAL SOL 100MG/ML
AMINOSYN INJ 5%	NEPHRAMINE INJ 5.4%
AMINOSYN INJ 7%	NOVAMINE INJ 15%
AMINOSYN INJ 8.5%	ONDANSETRON SOL 4MG/5ML
AMINOSYN INJ 8.5/LYTE	ONDANSETRON TAB 24MG
AMINOSYN M INJ 3.5%	ONDANSETRON TAB 4MG
AMINOSYN/D25 INJ II 3.5%	ONDANSETRON TAB 4MG ODT
AMINOSYN/D25 INJ II 4.25%	ONDANSETRON TAB 8MG
AMINOSYN-HBC INJ 7%	ONDANSETRON TAB 8MG ODT
AMINOSYN-HF INJ 8%	PREMASOL SOL 10%
AMINOSYN-PF INJ 10%	PREMASOL SOL 6%
AMINOSYN-PF INJ 7%	PROCALAMINE INJ 3%
AZASAN TAB 100MG	PROGRAF CAP 0.5MG
AZASAN TAB 75 MG	PROGRAF CAP 1MG
AZATHIOPRINE TAB 50MG	PROGRAF CAP 5MG
CELLCEPT CAP 250MG	PROSOL INJ 20%

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CELLCEPT SUS 200MG/ML	PULMICORT SUS 0.25MG/2
CELLCEPT TAB 500MG	PULMICORT SUS 0.5MG/2
CHOR GONADOT INJ 10000UNT	PULMICORT SUS 1MG/2ML
CLINIMIX E INJ 2.75/D10	PULMOZYME SOL 1MG/ML
CLINIMIX E INJ 2.75/D5W	RAPAMUNE SOL 1MG/ML
CLINIMIX E INJ 4.25/D25	RAPAMUNE TAB 1MG
CLINIMIX E INJ 4.25/D5W	RAPAMUNE TAB 2MG
CLINIMIX E INJ 5%/D15W	RECOMBIVA-HB INJ 10MCG/ML
CLINIMIX E INJ 5%/D20W	RECOMBIVA-HB INJ 40MCG/ML
CLINIMIX E INJ 5%/D25W	RENAMIN INJ 6.5%
CLINIMIX E INJ 5%/D35W	SANDIMMUNE CAP 100MG
CLINIMIX INJ 2.75/D5W	SANDIMMUNE CAP 25MG
CLINIMIX INJ 4.25/D10	SANDIMMUNE SOL 100MG/ML
CLINIMIX INJ 4.25/D20	TET/DIP TOX INJ 2-2 LF
CLINIMIX INJ 4.25/D25	TETANUS TOX INJ 5LF ADS
CLINIMIX INJ 4.25/D5W	TOBI NEB 300/5ML
CLINIMIX INJ 5%/D15W	TRAVASOL 3.5 INJ /LYTES
CLINIMIX INJ 5%/D20W	TRAVASOL 8.5 INJ /LYTES
CLINIMIX INJ 5%/D25W	TRAVASOL INJ 10%
CLINISOL SF INJ 15%	TRAVASOL INJ 5.5%
COLISTIMETH INJ 150MG	TRAVASOL/D10 INJ 2.75%
CROMOLYN SOD NEB 20MG/2ML	TRAVASOL/D10 INJ 8.5%
CYCLOPHOSPH TAB 25MG	TRAVASOL/D20 INJ 8.5%
CYCLOPHOSPH TAB 50MG	TRAVASOL/D5 INJ 2.75%
CYCLOSPORINE CAP 100MG	TRAVASOL/D50 INJ 8.5%
CYCLOSPORINE CAP 25MG	TROPHAMINE INJ 10%
CYCLOSPORINE SOL MODIFIED	TROPHAMINE INJ 6%
DECAVAC INJ 5-2LF	VENTAVIS SOL 10MCG/ML
DIP/TET PED INJ 6.7-5LF	XOPENEX NEB 0.31MG
EMEND CAP 125MG	XOPENEX NEB 0.63MG
EMEND CAP 80-125MG	XOPENEX NEB 1.25/3ML