



2011 Drugs Requiring Prior Authorization to Determine Part B versus Part D Coverage

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

ALIMTA	GENGRAF	PROGRAF	ZOMETA
AMIFOSTINE	HECTOROL	PROLEUKIN	
ARANESP	LEUKINE	RAPAMUNE	
AZATHIOPRINE	LIDOCAINE OINTMENT	RECOMBIVAX HB	
BLEOMYCIN	LIDOCAINE/PRILOCAINE CREAM	REMICADE	
CALCITRIOL	MITOXANTRONE	RITUXAN	
CAMPATH	MYCOPHENOLATE MOFETIL	SOMATULINE DEPOT	
CARIMUNE	MYFORTIC	TACROLIMUS	
CELLCEPT	NEORAL	TETANUS TOXOID ADSORBED	
CUBICIN	NEULASTA	TRISENOX	
CYCLOPHOSPHAMIDE	NEUMEGA	VANCOMYCIN INJECTION	
CYCLOSPORINE	NEUPOGEN	VELCADE	
ENGERIX-B	ORENCIA	VIDAZA	
GAMMAGARD	PAMIDRONATE	VIVAGLOBIN	
GAMUNEX	PROCRIT	ZEMPLAR	