



Drugs covered by Medicare Part B

Most products billed by pharmacies are covered under the Medicare Part D prescription drug benefit. However, certain products are covered by the Part B medical benefit.

Key information

- On the next page is a partial list of pharmacy products covered under Part B. In most cases, you will need to use in-network pharmacies for these products. You will also need a prescription from your provider for the pharmacy to bill for these products.
- You can view the Part D formulary (list of covered drugs) at [Medicare.PacificSource.com/search/drug](https://www.Medicare.PacificSource.com/search/drug).
- Some pharmacy products can be covered under Part D or Part B, depending on the situation. Those products are not listed in this document. For more information, visit [Medicare.PacificSource.com/search/drug](https://www.Medicare.PacificSource.com/search/drug).

Your costs

Like other Part B medical products, the amount you pay depends on your plan's Part B coverage. Most plans have an in-network cost of 20% coinsurance or \$0 copay for select medical products. Please see your Evidence of Coverage booklet for your Part B cost-sharing details.

Can this list change?

Yes. Most changes in coverage happen on January 1 every year. However, we may add or remove products at any time during the year. We may also add new limitations or requirements.

Be aware that benefits, your costs, and your pharmacy network may also change on January 1 or other times during the plan year.

Restrictions

Some covered drugs may have additional requirements or limits on coverage. These are listed in the "Notes" column of the table on the next page. They may include:

- **Prior authorization (PA):** We require you or your doctor to get prior authorization for certain products. This means you will need to get approval from us before these are covered by your plan. If you don't get approval, PacificSource Medicare may not cover the drug.
- **\$0 copay:** Certain vaccines are covered at a \$0 copay. Flu vaccines are only covered at \$0 copay from August 1 to April 30 annually.

Questions? We're here to help.

Contact us at **888-863-3637**, TTY: 711. We accept all relay calls.

We're available:

- October 1 – March 31:
8:00 a.m. – 8:00 p.m., seven days a week.
- April 1 – September 30:
8:00 a.m. – 8:00 p.m., Monday – Friday.

Or visit [Medicare.PacificSource.com](https://www.Medicare.PacificSource.com).

Vaccines

Flu (influenza)

| Product name | Brand/generic | Notes |
|--|---------------|-----------|
| Afluria Quadrivalent | Brand | \$0 copay |
| Fluad Quadrivalent | Brand | \$0 copay |
| Fluarix Quadrivalent | Brand | \$0 copay |
| Flublok Quadrivalent | Brand | \$0 copay |
| Flucelvax Quadrivalent | Brand | \$0 copay |
| Flulaval Quadrivalent | Brand | \$0 copay |
| Fluzone High-Dose Quadrivalent (preservative-free) | Brand | \$0 copay |
| Fluzone Quadrivalent | Brand | \$0 copay |

COVID-19

| Product name | Brand/generic | Notes |
|--------------|---------------|-----------|
| Comirnaty | Brand | \$0 copay |
| Novavax | Brand | \$0 copay |
| Spikevax | Brand | \$0 copay |

Pneumonia

| Product name | Brand/generic | Notes |
|--|---------------|-----------|
| Pneumovax 23 vaccine | Brand | \$0 copay |
| Pevnar 13 Pneumococcal 13-valent Conjugate Vaccine | Brand | \$0 copay |
| Pevnar 20 | Brand | \$0 copay |
| Vaxneuvance 15 | Brand | \$0 copay |

Diabetic supplies

Continuous glucose monitoring systems

| Product name | Brand/generic | Notes |
|---|---------------|-------|
| Dexcom G6 Continuous Blood Glucose System Sensor | Brand | PA |
| Dexcom G6 Continuous Blood Glucose System Transmitter | Brand | PA |
| Dexcom G6 Continuous Blood Glucose System Receiver | Brand | PA |
| Dexcom G7 Continuous Blood Glucose System Sensor | Brand | PA |
| Dexcom G7 Continuous Blood Glucose System Receiver | Brand | PA |
| Freestyle Libre 14-day Continuous Blood Glucose System Sensor | Brand | PA |
| Freestyle Libre 14-day Continuous Blood Glucose System Reader | Brand | PA |
| Freestyle Libre 2 Continuous Blood Glucose System Sensor | Brand | PA |
| Freestyle Libre 2 Continuous Blood Glucose System Reader | Brand | PA |
| Freestyle Libre 3 Continuous Glucose System Sensor | Brand | PA |
| Freestyle Libre 3 Continuous Glucose System Reader | Brand | PA |

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Diabetic supplies, continued

Diabetes monitoring supplies

| Product name | Brand/generic | Notes |
|--|---------------|-------|
| OneTouch Blood Glucose Calibration Liquid - Low | Brand | N/A |
| OneTouch Delica Extra Fine 33g Lancets | Brand | N/A |
| OneTouch Delica Lancing Device | Brand | N/A |
| OneTouch Delica Plus Lancet Device | Brand | N/A |
| OneTouch FinePoint Lancet | Brand | N/A |
| OneTouch Normal Control Blood Glucose Calibration Liquid | Brand | N/A |
| OneTouch SureSoft Lancing | Brand | N/A |
| OneTouch Test Strips | Brand | N/A |
| OneTouch Ultra Control Blood Glucose Calibration Liquid | Brand | N/A |
| OneTouch Ultra Mini Monitoring Kit W/ Device | Brand | N/A |
| OneTouch Ultra Test Strip | Brand | N/A |
| OneTouch UltraLink System | Brand | N/A |
| OneTouch UltraSmart Blood Glucose Monitoring Devices | Brand | N/A |
| OneTouch UltraSoft Lancet | Brand | N/A |
| OneTouch Verio Blood Glucose Calibration Liquid | Brand | N/A |
| OneTouch Verio Test Strip | Brand | N/A |

Oncology and chemotherapy

| Product name | Brand/generic | Notes |
|----------------------------|---------------|-------|
| capecitabine 150mg tablet | Generic | N/A |
| capecitabine 500mg tablet | Generic | N/A |
| etoposide 50mg capsule | Generic | N/A |
| fluorouracil 500/10ml inj | Generic | N/A |
| Hycamtin 0.25mg capsule | Brand | N/A |
| Hycamtin 1mg capsule | Brand | N/A |
| Myleran 2mg Tablet | Brand | N/A |
| temozolomide 100mg capsule | Generic | N/A |
| temozolomide 140mg capsule | Generic | N/A |
| temozolomide 180mg capsule | Generic | N/A |
| temozolomide 20mg capsule | Generic | N/A |
| temozolomide 250mg capsule | Generic | N/A |
| temozolomide 5mg capsule | Generic | N/A |

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Antihemophilic drugs

| Product name | Brand/generic | Notes |
|-----------------------|---------------|-------|
| Kogenate FS 2000 unit | Brand | PA |
| Recombinate | Brand | PA |
| Hemlibra 105 mg/0.7ml | Brand | PA |
| Hemlibra 150 mg/ml | Brand | PA |
| Hemlibra 30 mg/ml | Brand | PA |
| Hemlibra 60 mg/0.4ml | Brand | PA |
| Humate-P | Brand | PA |

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.