



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
Freestyle Libre 3 Plus Continuous Glucose System Sensor	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
*Xeloda 150mg tablet	Brand	N/A
*Xeloda 500mg tablet	Brand	N/A

*Using a generic equivalent may offer cost savings.

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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

Antiretrovirals

Product name	Brand/generic	Notes
Apretude 600mg ER Suspension	Brand	\$0 copay

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.