

**Drug Matrix for Dual Eligibles Enrolled in Medicare Part D-Updated 11/7/06** *Instructions: Hover your mouse pointer over the red arrows on the boxes below for more detailed information.*

<b>Drug Types:</b>	<b>Part B*</b>	<b>Part D**</b>	<b>DMAP/FCHP***</b>
Anticonvulsants (seizure drugs)	L	C	COB
Antidepressants (e.g. Lexapro, Prozac)	L	C	COB
Anti-emetics (nausea drugs)	L	C	COB
Antigens	C	E	COB
Antineoplastics (cancer drugs)	L	C	COB
Antipsychotics (e.g. Haldol)	L	C	COB
Antiretrovirals (HIV/AIDS drugs)	L	C	COB
Barbiturates (e.g. Phenobarbital)	L	E	D/COB
Benzodiazepines (e.g. Valium, Xanax)	L	E	D/COB
Biologicals (e.g. Procrit, IVIG, vaccines)	C	C	COB
Blood Clotting Factors (hemophilia drugs)	C	E	COB
Combination Productions	L	C	D/COB
Contraceptives	E	C	E
Cosmetic drugs/hair growth drugs	E	E	D
Cough/cold drugs	E	E	D
Drugs for anorexia, weight loss, or weight gain	L	E	D/COB
Electrolytes/Replenishers	L	L	D/COB
Enteral products	E	E	D
Fertility drugs	E	E	D
Immunosuppressants (transplant drugs)	C	C	COB
Infusible DME supply drugs (e.g. parenteral nutrition)	L/Retail	C/LTC	COB
Inhalation DME supply drugs (e.g. albuterol sulfate)	L/Retail	C/LTC	COB
Insulin	E	C	E
Insulin injection supplies (e.g. syringes, needles)	E	C	E
Non-self injectables	C	L	COB

<b>Drug Types:</b>	<b>Part B*</b>	<b>Part D**</b>	<b>DMAP/FCHP***</b>
Over-the-Counter (OTC)	E	E	D
Parenteral Nutrition	L	C	COB
Prescription vitamins/minerals	E	L	D/COB
Self-injectables (e.g. Imitrex; Enbrel)	L	C	COB
Smoking Cessation	E	C	D
<b>KEY:</b>			
<b>Part B*</b> =Physicians' Services	<b>C</b> =Covered		
<b>Part D**</b> =Point of Sale-(POS)	<b>E</b> =Excluded		
<b>DMAP/FCHP***</b> =covered drugs after 12/31/05	<b>L</b> =Limited or few covered		
<b>COB</b> =DMAP covers all Part B drugs as the secondary payer, but NOT Part D drugs.			
<b>D</b> =Drug will NOT be paid for unless there is a covered diagnosis and drug criteria is met.			
<b>Retail</b> =Must be dispensed at retail to be covered under Part B, Part D, or by DMAP/FCHP.			
<b>LTC (long term care)</b> =Must be dispensed by LTC pharmacy to be covered under Part B, Part D, or by DMAP/FCHP.			
<b>711 Drug</b> =Any drug on the 711 list that is a Part D exclusion will still be carved out.			
***If a Part B drug has a non-covered diagnosis, then bill Part D.***			
<b>***DMAP will NOT cover any Medicare Part D covered drugs or copayments.***</b>			



