Medicare Covered Pharmacy Services
List of Drugs Covered by Medicare Part B Covered Outpatient Drugs

Medicare covers some drugs routinely supplied by pharmacies. Effective March 1, 2003, Kentucky Medicaid will deny the following drugs for those recipients who are also covered by Medicare, Part B. Please refer to the DMERC provider website for the Medicare billing procedure and covered conditions. The manual can be found under www.palmettogba.com. Look under "Providers" → "DMERC" → "Manuals" → "Region C DMEPOS Supplier Manual (Winter 2002)". The chapter numbers are included below.

Oral Immunosuppressant Drugs (Chapter 64)

Description / HCPCS Code		Description / HCPCS Code	
AZATHIOPRINE	- J7500	CYCLOSPORINE	- J7502
TACROLIMUS ANHYDROUS	- J7507	TACROLIMUS ANHYDROUS	- J7508
CYCLOSPORINE	- J7515	MYCOPHENOLATE MOFETIL	- J7517
SIROLIMUS	- J7520		

Inhalation Drugs When Used With A Nebulizer (Chapter 21)

Description / HCPCS Code		Description / HCPCS Code	
ALBUTEROL SUL. CONC FORM	- J7618	LEVALBUTEROL CONC FORM	- J7618
ALBUTEROL SUL. UNIT DOSE	- J7619	LEVALBUTEROL UNIT DOSE	- J7619
IPRATROPRIUM BROMIDE	- J7644	ISOPROTERENOL HCL CONC	- J7658
TOBRAMYCIN UD	- J7682	ISOPROTERENOL HCL UD	- J7659
ACETYLCYSTEINE UD	- J7608	BITOLTEROL MESYLATE UD	- J7629
BUDESONIDE UD	- J7626	DORNASE ALPHA UD	- J7639
BITOLTEROL MESYLATE CONC	- J7628	CROMOLYN NA UD	- J7631
METAPROTERENOL CONC FORM	- J7668	METAPROTERENOL UD	- J7669
ISOETHARINE HCL CONC FORM	- J7648	ISOETHARINE HCL UD	- J7649

Oral Chemotherapy Drugs (Chapter 65)

Description / Billing Code
BUSULFAN*
CAPCITABINE*
CYCLOPHOSPHAMIDE*
MELPHALAN*
TEMOXOLOMIDE*
ETOPOSIDE*

**** Use NDC Code to bill Medicare***

Oral Anti-Emetic Drugs (Chapter 66)

Description / HCPCS Code		Description / HCPCS Code	
GRANISETRON HCL	- Q0166	ONDANSETRON HCL	- Q0179
DOLASETRON MESYLATE	- Q0180		