

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
12-PANEL POC KIT TOXICOLO	Diagnostic Agent
1ST BASE CRE	Bulk Ingredient
1ST MEDX-PTC PAD LIDOCAIN	Unapproved Drug
3ML GLAS SYR KIT NA HEPAR	Diagnostic Agent
5ML GLAS SYR KIT NA HEPAR	Diagnostic Agent
7T GUMMY ES CHW 500MG	Unapproved Drug
A.A.G.C KIT CRE TERODERM	Not properly listed with FDA
ABANEU-SL SUB	Vitamin/Mineral
ABECMA INJ	LIST
ACACIA EXTRA SOL 1:20	Non-standardized allergenic
ACCRUFER CAP 30MG	LIST
ACCUCAINE INJ 1%	LIST
ACD FORMULA SOL A	Blood Component
ACESO AG PAD 4"X4"	Surgical Supply/Medical
ACIOXIAY CRE 15-4%	Not properly listed with FDA
ACNESIC GEL 0.5%	Not properly listed with FDA
ACREMONIUM SOL 20000PNU	Non-standardized allergenic
ACTCT FLEX 3 PAD 4"X4"	Not properly listed with FDA
ACTHREL INJ 100MCG	Diagnostic Agent
ACTI ANTIMIC PAD 2"X2"	Not properly listed with FDA
ACTI ANTIMIC PAD 4"X4"	Not properly listed with FDA
ACTICOAT 7 PAD 2"X2"	Not properly listed with FDA
ACTICOAT 7 PAD 4"X5"	Not properly listed with FDA
ACTICOAT SUR PAD 4"X10"	Surgical Supply/Medical
ACTICOAT SUR PAD 4"X8"	Surgical Supply/Medical
ACTICOAT SUR PAD 4X13.75"	Surgical Supply/Medical
ACTICOAT SUR PAD 4X4-3/4"	Surgical Supply/Medical
ACTIVASE INJ 50MG	LIST
ACTIVE KIT INJECT L	Bulk Ingredient
ACTIVE INJEC INJ DL	Bulk Ingredient
ACTIVE INJEC INJ M-1	Bulk Ingredient
ACTIVE INJEC KIT BLM-1	Bulk Ingredient
ACTIVE INJEC KIT BM	Bulk Ingredient
ACTIVE INJEC KIT D	Bulk Ingredient
ACTIVE INJEC KIT DLM	Bulk Ingredient
ACTIVE INJEC KIT KET-L	Bulk Ingredient
ACTIVE INJEC KIT KETMARC	Bulk Ingredient
ACTIVE INJEC KIT KL-3	Bulk Ingredient
ACTIVE INJEC KIT KM	Bulk Ingredient
ACTIVE INJEC KIT LM-2	Bulk Ingredient
ACTIVE INJEC KIT LM-DEP-2	Not properly listed with FDA
ACTIVE MEDIC KIT SPECIMEN	Diagnostic Agent
ACTIVE-PREP CRE KIT I	Bulk Ingredient
ACTIVE-PREP CRE KIT II	Bulk Ingredient
ACTIVE-PREP CRE KIT III	Bulk Ingredient

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
ACTIVE-PREP CRE KIT IV	Bulk Ingredient
ACTIVE-PREP CRE KIT V	Bulk Ingredient
ACTIVITE TAB	Vitamin/Mineral
ACUICYN SOL	Not properly listed with FDA
ACUNOL TAB 600MG	Unapproved Drug
ACYCLOVIX PAK	LIST
ADA SHA	Not properly listed with FDA
ADAINZDE GEL	Not properly listed with FDA
ADAINZOXIA GEL	Not properly listed with FDA
ADAP/BEN/NIA GEL	Unapproved Drug
ADAP/BENZ/ GEL CLINDAMY	Unapproved Drug
ADAPAL/BEN P PAD 0.1-2.5%	Unapproved Drug
ADAPTADERM CRE	Not properly listed with FDA
ADC/FLUORIDE DRO 0.5MG	Vitamin/Mineral
ADDYI TAB 100MG	Sexual Dysfunction Agent
ADENOCAINE INJ 40ML	Not properly listed with FDA
ADENOSINE INJ 3MG/ML	Diagnostic Agent
ADENOSINE INJ 60/20ML	Diagnostic Agent
ADENOSINE INJ 6MG/2ML	Diagnostic Agent
ADENOSINE INJ 90/30ML	Diagnostic Agent
ADIPEX-P CAP 37.5MG	Anorexic, Anti-obesity Agent
ADIPEX-P TAB 37.5MG	Anorexic, Anti-obesity Agent
ADRENAL C TAB FORMULA	Vitamin/Mineral
ADREVIEW INJ	Diagnostic Agent
ADV ALLERGY KIT COLLECTI	Not properly listed with FDA
ADVANCED MIS AM/PM	Vitamin/Mineral
ADVATE INJ 1000UNIT	Blood Component
ADVATE INJ 1500UNIT	Blood Component
ADVATE INJ 2000UNIT	Blood Component
ADVATE INJ 250UNIT	Blood Component
ADVATE INJ 3000UNIT	Blood Component
ADVATE INJ 4000UNIT	Blood Component
ADVATE INJ 500UNIT	Blood Component
ADYNOVATE INJ 1000UNIT	Blood Component
ADYNOVATE INJ 1500UNIT	Blood Component
ADYNOVATE INJ 2000UNIT	Blood Component
ADYNOVATE INJ 250UNIT	Blood Component
ADYNOVATE INJ 3000UNIT	Blood Component
ADYNOVATE INJ 500UNIT	Blood Component
ADYNOVATE INJ 750UNIT	Blood Component
ADYPHREN KIT	LIST
ADYPHREN AMP KIT 1MG/ML	Unapproved Drug
ADYPHREN II KIT	Unapproved Drug
AFLURIA QUAD INJ 2019-20	Influenza Vaccine
AFLURIA QUAD INJ 2020-21	Influenza Vaccine

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
AFLURIA QUAD INJ 2021-22	Influenza vaccine
AFLURIA QUAD INJ 2021-22	Influenza vaccine
AFLURIA QUAD INJ 2021-22	Influenza vaccine
AFSTYLA KIT 1000UNIT	Blood Component
AFSTYLA KIT 1500UNIT	Blood Component
AFSTYLA KIT 2000UNIT	Blood Component
AFSTYLA KIT 2500UNIT	Blood Component
AFSTYLA KIT 250UNIT	Blood Component
AFSTYLA KIT 3000UNIT	Blood Component
AFSTYLA KIT 500UNIT	Blood Component
AGONEAZE KIT 2.5-2.5%	LIST
AIF #2 DRUG CRE PREP KIT	Not properly listed with FDA
AIF #3 DRUG CRE PREP KIT	Not properly listed with FDA
AIRAVITE TAB	Vitamin/Mineral
AK-FLUOR INJ 10% OP	Diagnostic Agent
AK-FLUOR INJ 25% OP	Diagnostic Agent
ALA-QUIN CRE 3-0.5%	DESI
ALBA-DERM CRE	Unapproved Drug
ALBUKED 25 INJ 25%	Blood Component
ALBUKED 5 INJ 5%	Blood Component
ALBUMIN HUM INJ 25%	Blood Component
ALBUMIN HUM INJ 5%	Blood Component
ALBUMINEX SOL 25%	Blood Component
ALBUMINEX SOL 5%	Blood Component
ALBUMIN-ZLB INJ	Blood Component
ALBUMIN-ZLB SOL 25%	Blood Component
ALBURX INJ 5%	Blood Component
ALBUTEIN INJ 25%	Blood Component
ALBUTEIN INJ 5%	Blood Component
ALCOHOL INJ 98%	Unapproved Drug
ALCOHOL BASE GEL	Not properly listed with FDA
ALCOH-WIPE MIS 12"X12"	Not properly listed with FDA
ALCORTIN A GEL 1-2-1%	DESI
ALDER EXTRAC SOL 1:20	Non-standardized allergenic
ALEVAMAX CRE	Not properly listed with FDA
ALEVICYN GEL	Not properly listed with FDA
ALEVICYN SOL DERMAL	Not properly listed with FDA
ALEVICYN SG GEL ANTIPRUR	Not properly listed with FDA
ALKERAN TAB 2MG	Oral drug for cancer; infusion available under Part B
ALLEVYN AG MIS 6-3/4"	Surgical Supply/Medical
ALLEVYN AG MIS 9"X9"SAC	Surgical Supply/Medical
ALLEVYN AG PAD 2"X2"	Surgical Supply/Medical
ALLEVYN AG PAD 3"X3"	Not properly listed with FDA
ALLEVYN AG PAD 4"X4"	Surgical Supply/Medical
ALLEVYN AG PAD 5"X5"	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
ALLEVYN AG PAD 6"X6"	Surgical Supply/Medical
ALLEVYN AG PAD 7"X7"	Not properly listed with FDA
ALLEVYN AG PAD 8"X8	Surgical Supply/Medical
ALLEVYN GENT PAD 4"X4	Not properly listed with FDA
ALLEVYN GENT PAD 8"X8"	Not properly listed with FDA
ALMOND INJ EXTRACT	Diagnostic Agent
ALOQUIN GEL 1.25-1%	DESI
ALPAWASH OIN	Not properly listed with FDA
ALPHA-LIPOIC SOL ACID	Unapproved Drug
ALPHANATE INJ 1000UNIT	Blood Component
ALPHANATE INJ 1500UNIT	Blood Component
ALPHANATE INJ 2000UNIT	Blood Component
ALPHANATE INJ 250 UNIT	Blood Component
ALPHANATE INJ 500 UNIT	Blood Component
ALPHANATE INJ VWF/HUM	Blood Component
ALPHANATE INJ VWF/HUM	Blood Component
ALPHANATE INJ VWF/HUM	Blood Component
ALPHANATE INJ VWF/HUM	Blood Component
ALPHANATE INJ VWF/HUM	Blood Component
ALPHANINE SD INJ 1000UNIT	Blood Component
ALPHANINE SD INJ 1500UNIT	Blood Component
ALPHANINE SD INJ 500UNIT	Blood Component
ALPROLIX INJ 1000UNIT	Blood Component
ALPROLIX INJ 2000UNIT	Blood Component
ALPROLIX INJ 250UNIT	Blood Component
ALPROLIX INJ 3000UNIT	Blood Component
ALPROLIX INJ 4000UNIT	Blood Component
ALPROLIX INJ 500UNIT	Blood Component
ALPROSTADIL INJ 500MCG	Erectile Dysfunction
ALTADERM CRE BASE	Not properly listed with FDA
ALTAFLUOR SOL 0.25-0.4	Diagnostic Agent
ALTAFLUOR-BE SOL 0.25-0.4	Diagnostic Agent
ALTERNARIA SOL EXTRACT	Non-standardized allergenic
ALZAIR NASAL SPR 800MG	Device
AMD FOAM PAD 4"X4"	Not properly listed with FDA
AMERICAN INJ SYCAMORE	Non-standardized allergenic
AMERICAN SOL BEECH	Non-standardized allergenic
AMERICAN SOL COCKROAC	Non-standardized allergenic
AMERICAN ELM SOL	Non-standardized allergenic
AMIDATE INJ 2MG/ML	General Anesthetic
AMINO PM RMS CAP	Not properly listed with FDA
AMINOAC ACID SOL 1.5% IRR	Not properly listed with FDA
AMINOAM CAP RMS	Not properly listed with FDA
AMINORELIEF CAP RMS	Not properly listed with FDA
AMITRIPTYLIN CRE	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
AMITRIPTYLIN KIT 2%	Bulk Ingredient
AMLODIPINE SUS 1MG/ML	LIST
AMMONIA N 13 INJ	Diagnostic Agent
AMORPH WOUND GEL DRESSING	Not properly listed with FDA
AMVISC INJ 12MG/ML	Device
AMVISC PLUS INJ 16MG/ML	Device
AMYTAL SOD INJ 500MG	Unapproved Drug
AMYVID INJ	Diagnostic Agent
ANA-LEX KIT	Unapproved Drug
ANALPRAM HC CRE 2.5-1%	Unapproved Drug
ANALPRAM-HC CRE 1-1%	Unapproved Drug
ANALPRAM-HC LOT 2.5%	Unapproved Drug
ANALPRM SNGL CRE HC 2.5-1	Unapproved Drug
ANASCORP INJ	LIST
ANASPAZ TAB 0.125MG	Unapproved Drug
ANAVIP INJ	Antivenin
ANECTINE INJ 200/10ML	LIST
ANECTINE INJ 20MG/ML	LIST
ANESTHESIA KIT S/I-40	General Anesthetic
ANESTHESIA KIT S/I-40A	General Anesthetic
ANESTHESIA KIT S/I-40H	General Anesthetic
ANESTHESIA KIT S/I-60	General Anesthetic
ANHYDROUS CRE BASE	Not properly listed with FDA
ANHYDROUS OIN BASE	Not properly listed with FDA
ANIMI-3 CAP	Vitamin/Mineral
ANIMI-3 CAP	Vitamin/Mineral
ANIMI-3 CAP VIT D	Vitamin/Mineral
ANODYNE LPT KIT 2.5-2.5%	LIST
ANTICOAG CIT SOL DEX SOL	Unapproved Drug
ANTICOAGULNT INJ SOD CITR	Unapproved Drug
ANTIPRURITIC GEL	Not properly listed with FDA
ANTIVENIN KIT LAT MACT	LIST
ANTIVENIN NA INJ CORAL SN	LIST
ANUCORT-HC SUP 25MG	DESI
ANUSOL-HC SUP 25MG	DESI
APLISOL INJ 5/0.1ML	Diagnostic Agent
APP SLIM RMS CAP	Not properly listed with FDA
APPLE INJ EXTRACT	Diagnostic Agent
APPTRIM CAP	Anorexic, Anti-obestiy Agent
APPTRIM-D CAP	Anorexic, Anti-obestiy Agent
APP-TRIM-D CAP	Anorexic, Anti-obestiy Agent
APRIZIO PAK KIT	LIST
APRIZIO PAK KIT II	LIST
AP-ZEL TAB	Vitamin/Mineral
AQUASOL A INJ 50000/ML	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
AQUORAL SPR	Not properly listed with FDA
ARIDA GEL	Surgical Supply/Medical
ARIDOL KIT	Diagnostic Agent
ARIZONA INJ CYPRESS	Non-standardized allergenic
ARMOUR THYRO TAB 120MG	Unapproved Drug
ARMOUR THYRO TAB 15MG	Unapproved Drug
ARMOUR THYRO TAB 180MG	Unapproved Drug
ARMOUR THYRO TAB 240MG	Unapproved Drug
ARMOUR THYRO TAB 300MG	Unapproved Drug
ARMOUR THYRO TAB 30MG	Unapproved Drug
ARMOUR THYRO TAB 60MG	Unapproved Drug
ARMOUR THYRO TAB 90MG	Unapproved Drug
ARNICA TIN FLOWER	Unapproved Drug
ARNICA LG LIQ	Unapproved Drug
ARTICADENT INJ DENTAL	LIST
ARTICADENT INJ DENTAL	LIST
ARZOL SILVER MIS NITR APP	Unapproved Drug
ASCLERA INJ 0.5%	LIST
ASCLERA INJ 1%	LIST
ASCOR SOL 25000MG	Vitamin/Mineral
ASCORBIC ACD INJ 500MG/ML	Vitamin/Mineral
ASCORBIC ACI SOL 500MG/ML	Unapproved Drug
ASILNASAL CAP RMS	Not properly listed with FDA
ASPERGILLUS INJ 1:10	Non-standardized allergenic
ASPERGILLUS INJ 1:20	Diagnostic Agent
ASPERGILLUS INJ SOLN 1:20	Non-standardized allergenic
ASTAMED MYO CAP	Not properly listed with FDA
ASTERO GEL 4%	Not properly listed with FDA
ASTRINGYN SOL 259MG/GM	Not properly listed with FDA
ATABEX EC TAB 29-1MG	Vitamin/Mineral
ATABEX OB TAB 29-1MG	Vitamin/Mineral
ATENOLOL SUS 1GM/ML	LIST
ATOPADERM CRE	Device
ATOPAVO EMU	Surgical Supply/Medical
ATOPICLAIR CRE	Device
ATORVA/COQ10 PAK 20-100MG	Not properly listed with FDA
ATRACURIUM INJ 10MG/ML	LIST
ATRACURIUM INJ 10MG/ML	LIST
ATRACURIUM INJ 50MG/5ML	LIST
ATRAPRO GEL HYDROGEL	Device
ATRAPRO CP KIT	Not properly listed with FDA
ATRAPRO DERM SPR	Not properly listed with FDA
ATREVIS CRE	Not properly listed with FDA
ATROPINE SUL INJ 1.2/3ML	Unapproved Drug
ATROPINE SUL OIN 1% OP	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
AUREOBASIDIU INJ 1:10	Non-standardized allergenic
AUREOBASIDIU INJ 1:20	Diagnostic Agent
AUREOBASIDIU SOL 1:20	Non-standardized allergenic
AUSTRALIAN SOL PINE EXT	Non-standardized allergenic
AUXIPRO CRE VANISHIN	Not properly listed with FDA
AVAGE CRE 0.1%	Cosmetic
AVAILNEX CHW 750MG	Not properly listed with FDA
AVAR PAD 9.5-5%	Unapproved Drug
AVAR CLEANSE EMU 10-5%	Unapproved Drug
AVAR LS LIQ 10-2%	Unapproved Drug
AVAR LS PAD 10-2%	Unapproved Drug
AVAR-E EMOLL CRE 10-5%	Unapproved Drug
AVAR-E GREEN CRE 10-5%	Unapproved Drug
AVAR-E LS CRE 10-2%	Unapproved Drug
AVEIDAOXIA GEL	Not properly listed with FDA
AVENOVA SOL 0.01%	Not properly listed with FDA
AVIDOXY DK KIT	Not properly listed with FDA
AVO CREAM EMU	Surgical Supply/Medical
AVOCADO INJ EXTRACT	Diagnostic Agent
AXIFOL CAP 1/3760U	Not properly listed with FDA
AXONA POW	Medical Food
AXUMIN INJ	Diagnostic Agent
AZ VACCINE INJ COVID-19	Unapproved Drug
AZADROX GEL	Surgical Supply/Medical
AZALGIA CAP	Dietary Supplement
AZELAIC ACID CRE NIACINAM	Unapproved Drug
AZENASE PAK MIS 137-50	Not properly listed with FDA
AZESCHEW CHW 13-1MG	Vitamin/Mineral
AZESCO TAB 13-1MG	Vitamin/Mineral
AZUPHEN MB CAP 120MG	Unapproved Drug
B-12 COMP KIT 1000MCG	Vitamin/Mineral
B12 COMPLNCE KIT INJ KIT	Vitamin/Mineral
B6 FOLIC ACD CAP	Vitamin/Mineral
BACLOFEN CRE	Not properly listed with FDA
BACLOFEN CRE 1%	Bulk Ingredient
BACLOFEN CRE 2%	Bulk Ingredient
BACMIN TAB	Vitamin/Mineral
BACTER WATER INJ BENZ ALC	Unapproved Drug
BAHIA SOL EXTRACT	Non-standardized allergenic
BAL SALT SOL OP	LIST
BAL-CARE MIS DHA	Vitamin/Mineral
BALD CYPRESS INJ 1:20	Non-standardized allergenic
BALSAM PERU OIN CASTOR	Device
BANANA INJ EXTRACT	Diagnostic Agent
BANDAGE ROLL MIS 4.5"X3YD	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
BARIUM POW SULFATE	Diagnostic Agent
BASADROX GEL	Surgical Supply/Medical
BASE CRE LIPOSOME	Bulk Ingredient
BASE W301 CRE	Not properly listed with FDA
BAYBERRY WAX SOL MYR EXTR	Non-standardized allergenic
BCAA INJ (AMINO ACID INJ SOLN)	Unapproved Drug
BCAA INJ (AMINO ACID IV SOLN)	Unapproved Drug
B-COMPLEX INJ	Vitamin/Mineral
B-COMPLEX INJ 100	Vitamin/Mineral
B-COMPLEX INJ HYDRXCB	Vitamin/Mineral
BD POSIFLUSH INJ 0.9%	Not properly listed with FDA
BD VERITOR KIT COV/FLU	Diagnostic agent
BD VERITOR KIT SARSCOV2	Diagnostic Agent
BD VERITOR KIT STREP A	Diagnostic agent
BEAU RX GEL	Not properly listed with FDA
BEE VENOM INJ 1300MCG	Non-standardized allergenic
BEE VENOM INJ 550MCG	Non-standardized allergenic
BEEF EXTRACT INJ 1:10	Diagnostic Agent
BELLA/OPIUM SUP 16.2-30	Unapproved Drug
BELLA/OPIUM SUP 16.2-60	Unapproved Drug
BELVIQ TAB 10MG	Anorexic, Anti-obesity Agent
BELVIQ XR TAB 20MG	Anorexic, Anti-obesity Agent
BENEFIX INJ 1000UNIT	Blood Component
BENEFIX INJ 2000UNIT	Blood Component
BENEFIX INJ 250UNIT	Blood Component
BENEFIX INJ 3000UNIT	Blood Component
BENEFIX INJ 500UNIT	Blood Component
BENSAL HP OIN	Unapproved Drug
BENZ PER FOR LOT HC 7.5-1	Not properly listed with FDA
BENZ PER- HC LOT 5-0.5%	Not properly listed with FDA
BENZ PEROXID GEL 6.5%	Not properly listed with FDA
BENZ/CLIN/ GEL NIACIN	Unapproved Drug
BENZ/CLIN/NI GEL	Unapproved Drug
BENZ/CLIND/ GEL NIA/TRET	Unapproved Drug
BENZ/CLIND/ GEL NIA/TRET	Unapproved Drug
BENZ/CLINDA/ GEL NIA/TRET	Unapproved Drug
BENZ/LIDO/TE OIN 20-10-10	Unapproved Drug
BENZAC AC LIQ 5% WASH	Unapproved Drug
BENZALKONIUM SOL 50%	Unapproved Drug
BENZALKONIUM SOL NF	Not properly listed with FDA
BENZEPRO AER 5.2%	Not properly listed with FDA
BENZEPRO AER 5.3%	Unapproved Drug
BENZEPRO AER 9.7%	Not properly listed with FDA
BENZEPRO LIQ 6.8%	Not properly listed with FDA
BENZEPRO LIQ CREAMY	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
BENZEPRO MIS 5.8%	Not properly listed with FDA
BENZEPRO MIS 6%	Unapproved Drug
BENZEPRO SC AER 9.8%	Unapproved Drug
BENZODOX 30 MIS	Unapproved Drug
BENZODOX 60 MIS	Unapproved Drug
BENZOIN TIN NF	Unapproved Drug
BENZOIN CMPD TIN	Unapproved Drug
BENZONATATE CAP 100MG	Cough/Cold
BENZONATATE CAP 150MG	Cough/Cold
BENZONATATE CAP 200MG	Cough/Cold
BENZOYL PER AER 9.8%	Unapproved Drug
BENZOYL PERO GEL 8%	Not properly listed with FDA
BENZOYL PERX LIQ 6.9%	Not properly listed with FDA
BENZPHETAMIN TAB 50MG	Anorexic, Anti-obesity Agent
BENZPHETMINE TAB 25MG	Anorexic, Anti-obesity Agent
BERMUDA SOL GRASS	Non-standardized allergenic
BERMUDA GRAS SOL 10000BAU	LIST
BESER KIT 0.05%	LIST
BETA 1 KIT KIT 30MG/5ML	LIST
BETALIDO KIT	LIST
BETALOAN SUI INJ 3-3MG/ML	LIST
BETAMETH SOD INJ 12MG/2ML	Unapproved Drug
BETAMETH SOD INJ 6MG/ML	Unapproved Drug
BETAMETHASON SOL MINOXIDI	Unapproved Drug
BETTERMILK PAK GLYTACTI	Not properly listed with FDA
BETTERMILK15 POW GLYTACTN	Not properly listed with FDA
BEVACIZUMAB INJ 1.25MG	Not properly listed with FDA
BEVACIZUMAB INJ 2.5/.1ML	Not properly listed with FDA
BEVACIZUMAB INJ 2.75MG	Unapproved Drug
BEVACIZUMAB INJ 3.25/.13	Not properly listed with FDA
BEVACIZUMAB INJ 3.75/.15	Not properly listed with FDA
BEVACIZUMAB INJ 3.75MG	Unapproved Drug
BHI URI- TAB CONTROL	Unapproved Drug
BIAFINE EMU	Surgical Supply/Medical
BI-EST 50:50 CRE	Not properly listed with FDA
BI-EST 50:50 MICRO CRE	Not properly listed with FDA
BIEST/PROGES CRE	Bulk Ingredient
BIIFENAC MIS 1000 KIT	LIST
BIIFENAC 500 MIS KIT	LIST
BIMATOPROST SOL 0.03%	Cosmetic
BI-MIX INJ 150-5MG	Erectile Dysfunction
BINAXNOW KIT COVID-19	Diagnostic Agent
BINAXNOW COV KIT HOME TES	Diagnostic Agent
BIO GLO TES 1MG OP	Diagnostic Agent
BIOCEL TAB	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
BIOGRD ISLND PAD 4"X10"	Not properly listed with FDA
BIOGRD ISLND PAD 4"X14"	Not properly listed with FDA
BIOGRD ISLND PAD 4"X5"	Not properly listed with FDA
BIOLON INJ 10MG/ML	Not properly listed with FDA
BIONECT AER 0.2%	Surgical Supply/Medical
BIONECT CRE 0.2%	Surgical Supply/Medical
BIONECT GEL 0.2%	Surgical Supply/Medical
BIOPAR DELTA CAP FORTE	Multi-vitamin
BIOPEPTIDE CRE BASE	Not properly listed with FDA
BLACK WALNUT SOL POLL EXT	Non-standardized allergenic
BLACK WILLOW INJ 1:20	Non-standardized allergenic
BLANCHE CRE 4%	Cosmetic
BOCASAL POW	Not properly listed with FDA
BONE MARROW KIT BIOPSY	Not properly listed with FDA
BORIC ACID GRA	Bulk Ingredient
BOTOX COSMET INJ 100UNIT	Cosmetic
BOTOX COSMET INJ 50UNIT	Cosmetic
BOTRYTIS CIN INJ 1:20	Diagnostic Agent
BOTRYTIS EXT SOL 20000PNU	Non-standardized allergenic
BOTRYTIS EXT SOL 43000PNU	Non-standardized allergenic
BOX ELDER INJ EXT 1:20	Non-standardized allergenic
BP 10-1 EMU	Unapproved Drug
BP CLEANSING EMU 10-4%	Unapproved Drug
BP FOAM AER 5.3%	Unapproved Drug
BP FOAM AER 9.8%	Unapproved Drug
BP VIT 3 CAP	Vitamin/Mineral
BP WASH LIQ 2.5%	Unapproved Drug
BP WASH LIQ 7%	Unapproved Drug
BPCO OIN	Not properly listed with FDA
B-PLEX TAB	Vitamin/Mineral
B-PLEX PLUS TAB	Vitamin/Mineral
BPM TAB 6MG	Unapproved Drug
BPM PSEUDO TAB 6-45MG	Unapproved Drug
BPM-PSE-DM SYP 2-30-10	LIST
BPO GEL 4%	Unapproved Drug
BPO GEL 8%	Unapproved Drug
BRAVURA CRE ALL-IN-O	Not properly listed with FDA
BREVITAL SOD INJ 2.5GM	General Anesthetic
BREVITAL SOD INJ 500MG	General Anesthetic
BREYANZI INJ	LIST
BROM/PSE/DM SYP	Cough/Cold
BROM/PSE/DM SYP 2/30/10	LIST
BROM/PSE/DM SYP 2/30/10	LIST
BROME SOL 1:20	Non-standardized allergenic
BSP 0820 KIT	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
BSS SOL OP	LIST
BSS PLUS SOL OP	LIST
BUPIVAC HCL INJ 0.125%	Unapproved Drug
BUPIVAC/NACL INJ	Not properly listed with FDA
BUPIVACA/D5W INJ /SPINAL	LIST
BUPIVACAINE INJ 312.5/10	Unapproved Drug
BUPIVACAINE INJ SPINAL	LIST
BUPIVACAINE/ INJ EPI 0.25	LIST
BUPIVACAINE/ INJ EPI 0.25	LIST
BUPIVACAINE/ INJ EPI 0.5%	LIST
BUPIVACAINE/ INJ EPI 0.5%	LIST
BUPIVILOG KIT	LIST
BYFAVO INJ 20MG	General Anesthetic
CA ALGINATE MIS 12" ROPE	Unapproved Drug
CA ALGINATE PAD 2"X2"	Unapproved Drug
CA ALGINATE PAD 4"X4"	Unapproved Drug
CA ALGINATE PAD 4"X8"	Unapproved Drug
CADIRAMD KIT	Unapproved Drug
CAFFEINE/SOD INJ BENZOATE	Unapproved Drug
CALCIFOL WAF	Vitamin/Mineral
CALCIPOTRIEN SOL CLOBETAS	Unapproved Drug
CALCIUM-FA WAF PLUS D	Vitamin/Mineral
CALI PEPPER INJ TREE	Non-standardized allergenic
CAM PRO COMP BAR GLYTACTI	Not properly listed with FDA
CANDIDA INJ ALBICANS	Diagnostic Agent
CANDIDA SOL ALBICANS	Non-standardized allergenic
CANDIDA ALBI INJ 1:20	Non-standardized allergenic
CANDIDA ALBI SOL 100MG/ML	Non-standardized allergenic
CANDIN INJ	Diagnostic Agent
CANTALOUPE INJ EXTRACT	Diagnostic Agent
CAPECITABINE TAB 150MG	Covered under Part B; oral drug only indicated for cancer
CAPECITABINE TAB 500MG	Covered under Part B; oral drug only indicated for cancer
CAPHOSOL SOL	Device
CAPSFENAC PAK	LIST
CAPSINAC PAK	LIST
CAPSULE #0 CAP VEG	Not properly listed with FDA
CAPSULE #0 CAP VEGGIE	Not properly listed with FDA
CAPSULE #1 CAP VEG	Not properly listed with FDA
CAPSULE #1 CAP VEGGIE	Not properly listed with FDA
CAPSULE #3 CAP VEG	Not properly listed with FDA
CAPSULE #3 CAP VEGGIE	Not properly listed with FDA
CAPSULE 0 CAP CLR DR	Unapproved Drug
CAPSULE CONI CAP -SN #000	Unapproved Drug
CAPSULE CONI CAP -SNAP #0	Unapproved Drug
CAPSULE CONI CAP -SNAP #0	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
CAPSULE CONI CAP -SNAP #1	Unapproved Drug
CAPSULE CONI CAP -SNAP #1	Unapproved Drug
CAPSULE CONI CAP -SNAP #2	Unapproved Drug
CAPSULE CONI CAP -SNAP #3	Unapproved Drug
CAPSULE CONI CAP -SNAP #3	Unapproved Drug
CAPSULE CONI CAP -SNAP #4	Unapproved Drug
CAPSULE CONI CAP -SNAP#00	Unapproved Drug
CAPSULE EZFT CAP #0	Not properly listed with FDA
CAPSULE EZFT CAP #00	Not properly listed with FDA
CARBOGEL GEL 940	Bulk Ingredient
CARBOHOL GEL 940	Bulk Ingredient
CARBOMER GEL AQUEOUS	Bulk Ingredient
CARBOMER GEL HYDROALC	Bulk Ingredient
CARDIOPL IND SOL 4:1	Not properly listed with FDA
CARDIOPL IND SOL 8:1	Not properly listed with FDA
CARDIOPL IND SOL LOW DEX8	Not properly listed with FDA
CARDIOPL IND SOL NON-EN 8	Not properly listed with FDA
CARDIOPL IND SOL PLASMA 4	Not properly listed with FDA
CARDIOPL IND SOL PLS/TROM	Not properly listed with FDA
CARDIOPL MN SOL 8:1	Not properly listed with FDA
CARDIOPL MN SOL PLS/TROM	Not properly listed with FDA
CARDIOPL REP SOL 4:1	Not properly listed with FDA
CARDIOPL MN SOL LOW TROM	Not properly listed with FDA
CARDIOPLEGI SOL DEL NIDO	Not properly listed with FDA
CARDIOPLEGIA SOL MAIN 4:1	Not properly listed with FDA
CARDIOPLEGIC SOL	LIST
CARDIOTEK-RX TAB	Vitamin/Mineral
CARDIOVID CAP PLUS	Vitamin/Mineral
CARRASYN GEL DRESSING	Not properly listed with FDA
CARTICEL IMP	LIST
CASCARA EXT SAGRADA	Unapproved Drug
CASEIN INJ EXTRACT	Diagnostic Agent
CAT HAIR SOL EXTRACT	Non-standardized allergenic
CAT HAIR EXT SOL 10000BAU	LIST
CAT HAIR EXT SOL 5000BAU	LIST
CATHFLO ACTI INJ 2MG	LIST
CATTLE EPITH SOL 1:20	Non-standardized allergenic
CAVAREST GEL 1.1%	Unapproved Drug
CAVERJECT INJ 40MCG	Erectile Dysfunction
CAVERJECT KIT 20MCG	Erectile Dysfunction
CAVERJECT IM KIT 10MCG	Erectile Dysfunction
CAYA DPR	Not properly listed with FDA
CEDAR ELM INJ 1:20	Non-standardized allergenic
CEFUROXIME INJ 3MG	Unapproved Drug
CELA BASE CRE	Bulk Ingredient

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
CELACYN GEL	Not properly listed with FDA
CEM-UREA SOL 45%	Unapproved Drug
CENFOL TAB	Vitamin/Mineral
CENTANY AT KIT 2%	LIST
CERACADE EMU	Not properly listed with FDA
CERAMAX CRE	Not properly listed with FDA
CERAMAX LOT	Not properly listed with FDA
CEREFOLIN TAB	Vitamin/Mineral
CEREFOLIN TAB NAC	Vitamin/Mineral
CEREFOLIN TAB NAC	Vitamin/Mineral
CERETEC INJ	Diagnostic Agent
CERIANNA SOL 4-100	Diagnostic Agent
CEROVEL LOT 40%	Unapproved Drug
CERVICAL MIS SPECIMEN	Diagnostic Agent
CETACAINE AER	DESI
CETACAINE GEL 2-2-14%	Unapproved Drug
CETACAINE LIQ 2-2-14%	Unapproved Drug
CETROTIDE KIT 0.25MG	Fertility Agent
CHERRY SYP	Bulk Ingredient
CHICKEN MEAT INJ EXTRACT	Diagnostic Agent
CHIRHOSTIM SOL 16MCG	Diagnostic Agent
CHLOOXIA CRE	Not properly listed with FDA
CHLOOXIA OIN	Not properly listed with FDA
CHLOOXIA SOL	Not properly listed with FDA
CHLORHEX GLU SOL 20%	Bulk Ingredient
CHOLECAL DF TAB	Dietary Supplement
CHOLETEC INJ	Diagnostic Agent
CHROMIUM CL INJ 4MCG/ML	Not properly listed with FDA
CHRYSADERM CRE DAY	Not properly listed with FDA
CHRYSADERM CRE NIGHT	Not properly listed with FDA
CIALIS TAB 10MG	Erectile Dysfunction
CIALIS TAB 2.5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.]	Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)]
CIALIS TAB 20MG	Erectile Dysfunction
CIALIS TAB 5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.]	Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)]
CICLO/CLOBET SHA SAL ACID	Unapproved Drug
CICLODAN SOL KIT 8%	LIST
CICLOP/SALIC SHA 0.77-2%	Unapproved Drug
CICLOPIROX KIT 8%	Unapproved Drug
CICLOPIROX SHA CLOBETAS	Unapproved Drug
CIFEREX CAP	Unapproved Drug
CIFRAZOL CAP 1-3775	Unapproved Drug
CIMETIDINE CRE LIDO/SAL	Unapproved Drug
CISATRACURIU INJ 10MG/5ML	LIST
CISATRACURIU INJ 10MG/ML	LIST
CISATRACURIU INJ 20/10ML	LIST
CISATRACURIU INJ 200/20ML	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
CISATRACURIU INJ 2MG/ML	Not properly listed with FDA
CITRANATAL CAP HARMONY	Vitamin/Mineral
CITRANATAL CAP HARMONY	Vitamin/Mineral
CITRANATAL CAP HARMONY	Vitamin/Mineral
CITRANATAL CAP MEDLEY	Vitamin/Mineral
CITRANATAL MIS	Vitamin/Mineral
CITRANATAL MIS 90 DHA	Vitamin/Mineral
CITRANATAL MIS B-CALM	Vitamin/Mineral
CITRANATAL PAK ASSURE	Vitamin/Mineral
CITRANATAL PAK DHA	Vitamin/Mineral
CITRANATAL PAK ESSENCE	Vitamin/Mineral
CITRANATAL TAB BLOOM	Vitamin/Mineral
CITRANATAL TAB RX	Vitamin/Mineral
CITRULLINE TAB EASY 1GM	Not properly listed with FDA
CLADOSPORIUM INJ 1:20	Non-standardized allergenic
CLADOSPORIUM INJ CLADOSPO	Non-standardized allergenic
CLADOSPORIUM SOL 1:20	Non-standardized allergenic
CLADOSPORIUM SOL 20000PNU	Non-standardized allergenic
CLARISCAN INJ 10MMOL	Diagnostic Agent
CLARISCAN INJ 2.5MMOL	Diagnostic Agent
CLARISCAN INJ 50MMOL	Diagnostic agent
CLARISCAN INJ 5MMOL	Diagnostic Agent
CLARISCAN INJ 7.5MMOL	Diagnostic Agent
CLENIA PLUS SUS 9-4.25%	Unapproved Drug
CLIN/NIACIN/ GEL SPRI/TRE	Unapproved Drug
CLIND/NIACIN CRE TRETINOI	Unapproved Drug
CLINDA/NIACI GEL 1-4%	Unapproved Drug
CLINDACIN KIT ETZ 1%	LIST
CLINDACIN KIT PAC 1%	LIST
CLINDAMYCIN LOT NIACIN	Unapproved Drug
CLINDAVIX KIT	LIST
CLINOIN CRE	Not properly listed with FDA
CLINPRO 5000 PST 1.1%	Unapproved Drug
CLOBETASOL CRE NIACIN	Unapproved Drug
CLOBETASOL OIN NIACIN	Unapproved Drug
CLOBETASOL SHA LEVOCETI	Unapproved Drug
CLOBETASOL SOL NIACIN	Unapproved Drug
CLOBETAVIX KIT 0.05%	LIST
CLOBETEX PAK	LIST
CLODAN KIT 0.05%	LIST
CLOMIPHENE TAB 50MG	Fertility Agent
C-NATE DHA CAP 28-1-200	Vitamin/Mineral
COAGADEX INJ 250UNIT	Blood Component
COAGADEX INJ 500UNIT	Blood Component
COAL TAR SOL 20%	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
COCKLEBUR EX SOL 1:20	Non-standardized allergenic
COCOA BEAN INJ EXTRACT	Diagnostic Agent
COD LIVER OIL	Vitamin/Mineral
COENZYME INJ Q-10	Unapproved Drug
COLCIGEL GEL	Unapproved Drug
COLLATYL GEL	Device
COLLODION LIQ FLEXIBLE	Not properly listed with FDA
COMPLETE NAT PAK DHA	Vitamin/Mineral
COMPLETENATE CHW	Vitamin/Mineral
CO-NATAL FA TAB 29-1MG	Vitamin/Mineral
CONCENTRATE CRE	Not properly listed with FDA
CONCEPT DHA CAP	Vitamin/Mineral
CONCEPT OB CAP	Vitamin/Mineral
CONRAY INJ 60%	Diagnostic Agent
CONTR ALLRGY KIT PREMD PK	Unapproved Drug
CONTRAVE TAB 8-90MG	Anorexic, Anti-obesity Agent
CONVENIENCE PAK	Not properly listed with FDA
COPASIL GEL	Not properly listed with FDA
CORIFACT KIT	Blood Component
CORN POLLEN SOL 1:20	Non-standardized allergenic
CORTANE-B LOT	DESI
CORTIC-ND DRO	DESI
CORTI-SAV CRE 1-1%	DESI
CORTROSYN INJ 0.25MG	Diagnostic Agent
CORVITA TAB	Vitamin/Mineral
CORVITE FREE TAB	Vitamin/Mineral
COSYNTROPIN INJ 0.25MG	Diagnostic Agent
COSYNTROPIN INJ 0.25MG	Diagnostic Agent
COVARYX TAB 1.25-2.5	Unapproved Drug
COVARYX HS TAB	DESI
CRAB EXTRACT INJ 1:10	Diagnostic Agent
CREAM BASE CRE	Not properly listed with FDA
CREAM BASE CRE NIOSOMES	Not properly listed with FDA
CREAM-HEAVY CRE BASE	Not properly listed with FDA
CROFAB INJ	Not properly listed with FDA
CRYODOSE AER TA	Not properly listed with FDA
C-TOPICAL SOL 4%	Not properly listed with FDA
CURITY AMD MIS 1"X3'	Not properly listed with FDA
CURITY AMD MIS 1/2"X3'	Not properly listed with FDA
CURITY AMD MIS 1/4"X3'	Not properly listed with FDA
CURITY AMD PAD 4"X4"	Not properly listed with FDA
CURITY HYPER MIS 1/2"X15'	Not properly listed with FDA
CURITY IODO MIS STRIP	Not properly listed with FDA
CURITY NACL PAD 6"X6-3/4	Not properly listed with FDA
CURVULARIA INJ 20000PNU	Non-standardized allergenic

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
CUTIS PLUS CRE	Bulk Ingredient
CYANOCOBALAM INJ 1000MCG	Vitamin/Mineral
CYANOCOBALAM SOL 2000MCG	Unapproved Drug
CYCLO/GABA PAK 10/300	LIST
CYCLOBENZAPR CRE 20MG/GM	Bulk Ingredient
CYCLOBENZAPR CRE 5% KIT	Bulk Ingredient
CYCLOPAK PAK	Unapproved Drug
CYCLOPHENE CRE RAPIDPAQ	Unapproved Drug
CYCLOSPORINE EMU 0.1%	Unapproved Drug
CYFOLEX CAP	Vitamin/Mineral
CYSTO-CONRAY INJ II 17.2%	Diagnostic Agent
CYSTOGRAFIN INJ 30%	Diagnostic Agent
CYSTOGRAFIN- INJ DILUTE	Diagnostic Agent
CYSVIEW INJ 100MG	Diagnostic Agent
CYTRA K GRA CRYSTALS	Unapproved Drug
DANDELION INJ 1:20	LIST
DAP/NIAC/SPI GEL 6-2-5%	Unapproved Drug
DAP/NIAC/SPI GEL 8.5-2-5%	Unapproved Drug
DAPS/NIACINA GEL 6-4%	Unapproved Drug
DAPSO/NIACIN GEL 8.5-4%	Unapproved Drug
DATSCAN SOL	Diagnostic Agent
DAVITE TAB	Dietary Supplement
DAYAVITE TAB	Multi-vitamin
D-CARE 100X KIT	LIST
D-CARE BLOOD TES GLUCOSE	Diagnostic Agent
DEBACTEROL SOL 30-50%	Device
DECARA K CAP	Dietary Supplement
DEFINITY SUS 1.1MG/ML	Diagnostic Agent
DELFLEX-LC SOL 1.5% DEX	Dialysis covered by ESRD bundled payment
DELFLEX-LC/ SOL 2.5% DEX	Dialysis covered by ESRD bundled payment
DELFLEX-LC/ SOL 4.25 DEX	Dialysis covered by ESRD bundled payment
DELFLEX-SM/ SOL 1.5% DEX	Dialysis covered by ESRD bundled payment
DELFLEX-SM/ SOL 2.5% DEX	Dialysis covered by ESRD bundled payment
DELUO SPR	LIST
DENTA 5000 CRE PLUS	Unapproved Drug
DENTA 5000 CRE PLUS 2PK	Unapproved Drug
DENTAGEL GEL 1.1%	Unapproved Drug
DEOXIA GEL	Not properly listed with FDA
DEOXIA LOT	Not properly listed with FDA
DEPLIN 15 CAP	Medical Food
DEPLIN 7.5 CAP	Medical Food
DEPRIZINE SUS 22.4/ML	Unapproved Drug
DEPRIZINE SUS RAPIDPAQ	Unapproved Drug
DERMA SERUM CRE FREEDOM	Not properly listed with FDA
DERMABASE CRE	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
DERMACINRX CAP PROBITRA	Dietary Supplement
DERMACINRX KIT 4-2-5%	LIST
DERMACINRX KIT COMBOPAK	LIST
DERMACINRX KIT PHARMAPA	LIST
DERMACINRX KIT PRIZOPAK	LIST
DERMACINRX PAK LEXITRAL	Not properly listed with FDA
DERMACINRX PAK PHN	LIST
DERMACINRX PAK THERAZOL	LIST
DERMACINRX PAK ZRM	LIST
DERMACINRX TAB PRETRATE	Unapproved Drug
DERMACINRX TAB RIBOT-E	Vitamin/Mineral
DERMALID PAK	LIST
DERMASORB AF KIT 3-0.5%	DESI
DERMAZENE CRE 1-1%	Not properly listed with FDA
DERMELLE GEL	Device
DERMULCERA OIN	Device
DERPIXA GEL	Device
DESFLURANE SOL	General Anesthetic
DETECTNET INJ 1MCL/ML	Diagnostic Agent
DEX/MOX/KETO SOL	Unapproved Drug
DEXAM/MOXI SOL 1-5MG/ML	Unapproved Drug
DEXAMETH-BUP INJ	Not properly listed with FDA
DEXERYL CRE	Not properly listed with FDA
DEXIFOL TAB	Vitamin/Mineral
DEXLIDO KIT	LIST
DEXLIDO-M KIT	LIST
DEXONTO 0.4% SOL 20MG/5ML	Unapproved Drug
DFS DR/MS/ KIT MENT/CAP	LIST
DFS/MS/MENTH KIT /CAP PAK	LIST
DIAB GEL	Not properly listed with FDA
DIAB F.D.G. GEL	Not properly listed with FDA
DIABETIC CAP VITAMIN	Unapproved Drug
DIADIMAXIA GEL	Not properly listed with FDA
DIALYVITE TAB	Vitamin/Mineral
DIALYVITE TAB 3000	Vitamin/Mineral
DIALYVITE TAB 5000	Vitamin/Mineral
DIALYVITE TAB SUPREM D	Vitamin/Mineral
DIALYVITE/ TAB ZINC	Vitamin/Mineral
DIANEAL SOL LOW CALC	Dialysis covered by ESRD bundled payment
DIANEAL SOL LOW CALC	Dialysis covered by ESRD bundled payment
DIANEAL SOL LOW CALC	Dialysis covered by ESRD bundled payment
DIANEAL PD-2 SOL 1.5% DEX	Dialysis covered by ESRD bundled payment
DIANEAL PD-2 SOL 2.5% DEX	Dialysis covered by ESRD bundled payment
DIANEAL PD-2 SOL 4.25%DEX	Dialysis covered by ESRD bundled payment
DIAOXIA GEL	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
DIASDIMAXIA GEL	Not properly listed with FDA
DIASOXIA GEL	Not properly listed with FDA
DIC/HYAL/NIA GEL 3-2-4%	Unapproved Drug
DICLOFEX DC MIS	Not properly listed with FDA
DICLOFONO GEL 1.6%	Unapproved Drug
DICLOHEAL-60 MIS	LIST
DICLOPAK PAK	LIST
DICLOPR KIT 1-10-30%	LIST
DICLOSAICIN MIS	LIST
DICLOSTREAM PAK 1.5-10%	LIST
DICLOTREX PAK	LIST
DICLOVIX KIT	LIST
DICLOVIX DM PAK 1.5-8%	LIST
DICLOZOR MIS 1%	LIST
DICOPANOL SUS 5MG/ML	Unapproved Drug
DICOPANOL SUS RAPIDPAQ	Unapproved Drug
DIETHYLPROP TAB 25MG	Anorexic, Anti-obesity Agent
DIETHYLPROP TAB 75MG ER	Anorexic, Anti-obesity Agent
DIFIL-G FORT LIQ 100-100	Unapproved Drug
DIFMETIOXRIM SOL	Not properly listed with FDA
DIMENTHO PAK	LIST
DIMOXIA GEL	Not properly listed with FDA
DIOCHLOY SOL	Not properly listed with FDA
DIPENTOCAINE CRE 5-5-2%	Unapproved Drug
DIPRIVAN INJ	General Anesthetic
DIPRIVAN INJ 100/10ML	General Anesthetic
DIPRIVAN INJ 200/20ML	General Anesthetic
DIPRIVAN INJ 500/50ML	General Anesthetic
DIPYRIDAMOLE INJ 5MG/ML	Diagnostic Agent
DMSA KIT	Diagnostic Agent
DMT SUIK KIT 10MG/ML	LIST
DNA COLLECT KIT	Diagnostic Agent
DOG SOL EPITHELI	Non-standardized allergenic
DOG EPITHELI SOL 1:20	Non-standardized allergenic
DOG FENNEL SOL 1:20	Non-standardized allergenic
DONNATAL ELX	DESI
DONNATAL ELX GRAPE	Unapproved Drug
DONNATAL ELX MINT	Unapproved Drug
DONNATAL TAB 16.2MG	DESI
DOTAREM INJ 10MMOL	Diagnostic Agent
DOTAREM INJ 2.5MMOL	Diagnostic Agent
DOTAREM INJ 50MMOL	Diagnostic Agent
DOTAREM INJ 5MMOL	Diagnostic Agent
DOTAREM INJ 7.5MMOL	Diagnostic Agent
DOTATOC INJ GA 68	Diagnostic Agent

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
DOUBLE PM SOL	Not properly listed with FDA
DOUBLEDEX KIT	LIST
DRAIN SPONGE PAD 4"X4"	Not properly listed with FDA
DRAXACE SUS	Not properly listed with FDA
DRAXACE LOT SUS CLEANSER	Not properly listed with FDA
DRCAPS CLEAR CAP SIZE 00	Unapproved Drug
DRCAPS CLEAR CAP SIZE 1	Unapproved Drug
DRECHSLERA SOL 1:10	Non-standardized allergenic
DRECHSLERA SOL 1:20	Non-standardized allergenic
DRIHEP PLUS KIT 100UNIT	Diagnostic Agent
DRIHEP SYRNG KIT 100UNIT	Diagnostic Agent
DRISDOL CAP 50000UNT	Vitamin/Mineral
DRITHO-CREME CRE HP 1%	Unapproved Drug
DRIXECE SUS	Not properly listed with FDA
DRYSOL SOL 20%	Unapproved Drug
DUAL COMPLEX CRE 1 KIT	Not properly listed with FDA
DUET DHA MIS BALANCED	Vitamin/Mineral
DUET DHA MIS BALANCED	Vitamin/Mineral
DUET DHA MIS BALANCED	Vitamin/Mineral
DUET DHA MIS BALANCED	Vitamin/Mineral
DUET DHA 400 MIS 25-1-400	Vitamin/Mineral
DUET DHA 400 MIS 25-1-400	Vitamin/Mineral
DUODOTE INJ	LIST
DURABASE CRE	Not properly listed with FDA
DURABASE CRE ADVANCED	Not properly listed with FDA
DURACHOL CAP 1-3775IU	Unapproved Drug
DURAFIBER PAD 4X4-3/4"	Surgical Supply/Medical
DURAFIBER AG PAD 2"X2"	Surgical Supply/Medical
DURAFIBER AG PAD 3/4X18"	Surgical Supply/Medical
DURAFIBER AG PAD 4"X4"	Surgical Supply/Medical
DURAFIBER AG PAD 4X4-3/4"	Surgical Supply/Medical
DURAFIBER AG PAD 6"X6"	Surgical Supply/Medical
DURAFIBER AG PAD 8X11.75"	Surgical Supply/Medical
DURAXIN CAP	Unapproved Drug
D-XYLOSE POW	Diagnostic Agent
DYNABAC 5.0 MIS	LIST
DYNAMIC KIT	Diagnostic Agent
DYNAMIC PLUS KIT PAK	Diagnostic Agent
DYURAL-40 KIT	LIST
DYURAL-80 KIT	LIST
DYURAL-L KIT	LIST
DYURAL-LM KIT	LIST
EASTERN SOL COTTONWO	LIST
EASYGEL GEL 0.4%	Unapproved Drug
EASYGEL GEL 0.4%CHRY	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
EASYGEL GEL 0.4%CITR	Unapproved Drug
EASYGEL GEL 0.4%MINT	Unapproved Drug
ECEOXIA CRE	Not properly listed with FDA
ECONASIL KIT	LIST
ECONAZOLE CRE NIACIN	Unapproved Drug
ECOTEST KIT COVID-19	Diagnostic agent
EC-RX DHEA CRE 10%	Not properly listed with FDA
EC-RX DHEA CRE 4%	Not properly listed with FDA
EC-RX ESTRAD CRE 0.4%	Not properly listed with FDA
EC-RX ESTRAD CRE 0.6%	Not properly listed with FDA
EC-RX PROGES CRE 10%	Not properly listed with FDA
EC-RX PROGES CRE 20%	Not properly listed with FDA
EC-RX TESTOS CRE 0.2%	Not properly listed with FDA
EC-RX TESTOS CRE 0.4%	Not properly listed with FDA
EC-RX TESTOS CRE 10%	Not properly listed with FDA
EC-RX TESTOS CRE 20%	Not properly listed with FDA
ECZEMOL TAB	Unapproved Drug
EDETATE DISO INJ 150MG/ML	Unapproved Drug
EDEX KIT 10MCG	Erectile Dysfunction
EDEX KIT 20MCG	Erectile Dysfunction
EDEX KIT 40MCG	Erectile Dysfunction
ED-SPAZ TAB 0.125MG	Unapproved Drug
EEMT TAB 1.25-2.5	DESI
EEMT HS TAB	DESI
EFFER-K TAB 10MEQ	Unapproved Drug
EFFER-K TAB 20MEQ	Unapproved Drug
EFFER-K TAB 25MEQ EF	Unapproved Drug
EGG WHITE INJ EXTRACT	Diagnostic Agent
EHA LOT 4%	Unapproved Drug
ELETONE CRE	Not properly listed with FDA
ELETONE CRE TWINPACK	Not properly listed with FDA
ELFOLATE TAB 15MG	Vitamin/Mineral
ELFOLATE TAB 7.5MG	Vitamin/Mineral
ELFOLATE PLU TAB 3-35-2MG	Vitamin/Mineral
ELITE-OB TAB	Vitamin/Mineral
ELLZIA PAK PAK 0.1%/5%	LIST
ELOCTATE INJ 1000UNIT	Blood Component
ELOCTATE INJ 1500UNIT	Blood Component
ELOCTATE INJ 2000UNIT	Blood Component
ELOCTATE INJ 250UNIT	Blood Component
ELOCTATE INJ 3000UNIT	Blood Component
ELOCTATE INJ 4000UNIT	Blood Component
ELOCTATE INJ 5000UNIT	Blood Component
ELOCTATE INJ 500UNIT	Blood Component
ELOCTATE INJ 6000UNIT	Blood Component

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
ELOCTATE INJ 750UNIT	Blood Component
EMOLIVAN CRE	Not properly listed with FDA
EMOLLIENT CRE	Not properly listed with FDA
EMPRICAINE KIT 2.5-2.5%	LIST
EMPRICAINE KIT II	LIST
EMPTY CAPSUL CAP SIZE 0	Unapproved Drug
EMPTY CAPSUL CAP SIZE 00	Unapproved Drug
EMPTY CAPSUL CAP SIZE 1	Unapproved Drug
EMPTY CAPSUL CAP SIZE 1	Unapproved Drug
EMPTY CAPSUL CAP SIZE 2	Unapproved Drug
EMPTY CAPSUL CAP SIZE 3	Unapproved Drug
EMPTY CAPSUL CAP SIZE 4	Unapproved Drug
EMPTY CAPSUL CAP SIZE 5	Unapproved Drug
EMPTY CAPSUL CAP SIZE 7	Unapproved Drug
EMULSION SB EMU	Not properly listed with FDA
ENBRACE HR CAP	Vitamin/Mineral
ENDEAVORRX MIS	LIST
ENDOMETRIN SUP 100MG	Fertility Agent
ENGLISH SOL PLANTAIN	Non-standardized allergenic
ENGYSTOL INJ	Unapproved Drug
ENLYTE CAP	Unapproved Drug
ENOVARX CRE 2.5%	Not properly listed with FDA
ENTERAGAM POW 5GM	Not properly listed with FDA
ENTERO VU SUS 24%	Diagnostic Agent
ENTTY EMU SPRAY	Not properly listed with FDA
ENU PRO3 POW PLUS	Not properly listed with FDA
ENZADYNE CAP	Not properly listed with FDA
ENZNONUTY OIN	Not properly listed with FDA
ENZOCLEAR AER 9.8%	Unapproved Drug
EOVIST INJ	Diagnostic Agent
EPHEDRIN SUL INJ 25MG/5ML	Unapproved Drug
EPHEDRINE INJ 25MG/5ML	Not properly listed with FDA
EPHEDRINE INJ 50/10ML	Not properly listed with FDA
EPHEDRINE INJ 50MG/5ML	Not properly listed with FDA
EPHEDRINE SU INJ 50MG/ML	Unapproved Drug
EPICERAM EMU	LIST
EPICOCC NIGR INJ 1:10	Non-standardized allergenic
EPICOCCUM INJ 1:20	Non-standardized allergenic
EPICOCCUM EX SOL 1:10	Non-standardized allergenic
EPICYN SPR	Not properly listed with FDA
EPIFOAM AER 1%	Unapproved Drug
EPINEPHR PRO KIT 1MG/ML	LIST
EPINEPHRINE INJ 0.1MG/ML	Unapproved Drug
EPINEPHRINE INJ 1MG/10ML	Unapproved Drug
EPINEPHRINE KIT 1MG/ML	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
EPINPHEPHRIN KIT SNAP-V	Not properly listed with FDA
EPIQUIN MICR CRE 4%	Cosmetic
EPISNAP KIT	LIST
EQUACARE JR POW CHOCO	Dietary Supplement
EQUACARE JR POW UNFLAVOR	Dietary Supplement
EQUACARE JR POW VANILLA	Dietary Supplement
ERECAID KIT CLASSIC	Erectile Dysfunction
ERECAID KIT ESTEEM	Erectile Dysfunction
ERGOCAL CAP 2500UNIT	Vitamin/Mineral
ESCAVITE CHW	Vitamin/Mineral
ESCAVITE D CHW	Vitamin/Mineral
ESCAVITE LQ DRO 0.25-6MG	Vitamin/Mineral
ESOMEPE-EZS KIT 20MG	LIST
ESPEROCT INJ 1000UNIT	Blood Component
ESPEROCT INJ 1500UNIT	Blood Component
ESPEROCT INJ 2000UNIT	Blood Component
ESPEROCT INJ 3000UNIT	Blood Component
ESPEROCT INJ 500UNIT	Blood Component
ESPUMIL AER	Bulk Ingredient
ESSENTIAL POW CARE JR	Dietary Supplement
ESSENTRA MIS 9X9"	Not properly listed with FDA
EST ESTROGEN TAB MTEST HS	DESI
ESTRIOL-PROG CRE	Not properly listed with FDA
ESTROG/MTEST TAB 1.25-2.5	DESI
ETHOXIA CRE	Unapproved Drug
ETHYL CHLOR AER FINE PIN	Not properly listed with FDA
ETHYL CHLOR AER FN STRM	Not properly listed with FDA
ETHYL CHLOR AER MED JET	Not properly listed with FDA
ETHYL CHLOR AER MED STRM	Not properly listed with FDA
ETHYL CHLOR AER MIST	Not properly listed with FDA
ETHYL CHLOR AER SPRAY	Not properly listed with FDA
ETOMIDATE INJ 20/10ML	General Anesthetic
ETOMIDATE INJ 2MG/ML	General Anesthetic
ETOMIDATE INJ 40/20ML	General Anesthetic
ETOPOSIDE CAP 50MG	Oral drug for cancer; infusion available under Part B
EVICEL KIT 2ML	Not properly listed with FDA
EVICEL KIT 5ML	Not properly listed with FDA
EXEM MIS	Diagnostic agent
EXODERM LOT 25-1%	Unapproved Drug
EXOTIC-HC DRO OTIC	DESI
EXTRANEAL SOL	Dialysis covered by ESRD bundled payment
EXYDERM PAD	Not properly listed with FDA
E-Z-DISK TAB 700MG	Diagnostic Agent
E-Z-HD SUS 98%	Diagnostic Agent
E-Z-PAQUE SUS 60%	Diagnostic Agent

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
E-Z-PAQUE SUS 96%	Diagnostic Agent
E-Z-PASTE CRE 60%	Diagnostic Agent
FA-B6-B12 TAB	Vitamin/Mineral
FABB TAB 2.2-25-1	Vitamin/Mineral
FAGRON LS CRE PLUS	Not properly listed with FDA
FALESSA KIT	Unapproved Drug
FANATREX SUS 25MG/ML	Unapproved Drug
FASTEP KIT COVID-19	Diagnostic agent
FBL KIT CRE 15-4-5%	Bulk Ingredient
FEIBA INJ	Blood Component
FEM PH GEL	Not properly listed with FDA
FEMCAP MIS 22MM	Device
FEMCAP MIS 26MM	Device
FEMCAP MIS 30MM	Device
FENTANYL INJ 50MCG/ML	General Anesthetic
FENTANYL CIT INJ	General Anesthetic
FENTANYL CIT INJ	General Anesthetic
FENTANYL CIT INJ 0.05MG/1	General Anesthetic
FENTANYL CIT INJ 100/2ML	General Anesthetic
FENTANYL CIT INJ 1000/20	General Anesthetic
FENTANYL CIT INJ 1000MCG	General Anesthetic
FENTANYL CIT INJ 100MCG	General Anesthetic
FENTANYL CIT INJ 1250MCG	General Anesthetic
FENTANYL CIT INJ 1500/30	General Anesthetic
FENTANYL CIT INJ 1500MCG	General Anesthetic
FENTANYL CIT INJ 250/5ML	General Anesthetic
FENTANYL CIT INJ 2500/50	General Anesthetic
FENTANYL CIT INJ 2500MCG	General Anesthetic
FENTANYL CIT INJ 250MCG	General Anesthetic
FENTANYL CIT INJ 2750MCG	General Anesthetic
FENTANYL CIT INJ 500MCG	General Anesthetic
FENTANYL CIT INJ 50MCG/ML	General Anesthetic
FENTANYL CIT SOL 2500/50	General Anesthetic
FENTANYL CIT SOL 2500MCG	General Anesthetic
FENT-BUP-NAC INJ	Not properly listed with FDA
FERAHEME INJ 510/17ML	LIST
FEROCON CAP	Vitamin/Mineral
FEROTRINSIC CAP	Vitamin/Mineral
FERRIC GLUCO INJ 12.5/ML	Vitamin/Mineral
FERRLECIT INJ 12.5MG/M	Vitamin/Mineral
FERRO-PLEX TAB	Vitamin/Mineral
FERUMOXYTOL INJ 510/17ML	LIST
FIBERSOUR HN LIQ	Not properly listed with FDA
FIBRIK CAP	Vitamin/Mineral
FIBRYGA INJ 1GM	Blood Component

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
FIBRYGA INJ 1MG	Blood Component
FINAPOD SOL 0.1-7%	Not properly listed with FDA
FINASTERIDE SOL MINOXIDI	Unapproved Drug
FINASTERIDE TAB 1MG	Cosmetic
FIRE ANT INJ 1:10	Non-standardized allergenic
FIRE ANT EXT INJ 1:20	Non-standardized allergenic
FIRST-ATENOL SOL 10MG/ML	Not properly listed with FDA
FIRST-ATENOL SOL 2MG/ML	Not properly listed with FDA
FIRST-BACLOF SUS 1	Not properly listed with FDA
FIRST-BACLOF SUS 5 KIT	Not properly listed with FDA
FIRST-METO SOL 10MG/ML	Not properly listed with FDA
FIRST-METRON SUS 100MG/ML	Not properly listed with FDA
FIRST-METRON SUS 50MG/ML	Not properly listed with FDA
FIRST-MOUTHW SUS BLM	Unapproved Drug
FIRST-OMEPRASUS 2MG/ML	Bulk Ingredient
FIRST-VANC SOL 25MG/ML	Not properly listed with FDA
FIRST-VANC SOL 50MG/ML	Not properly listed with FDA
FITALITE CRE BASE	Not properly listed with FDA
FLAVOR BLEND SUS	Unapproved Drug
FLAVOR PLUS LIQ	Unapproved Drug
FLAVOR SWEET SYP	Unapproved Drug
FLEXBUMIN INJ 25%	Blood Component
FLEXBUMIN INJ 5%	Blood Component
FLEXIN PAD	OTC
FLEXIPAK PAK 75-0.025	LIST
FLEXIZOL PAK COMBIPAK	Not properly listed with FDA
FLORIVA CHW 0.25MG	Vitamin/Mineral
FLORIVA CHW 0.5MG	Vitamin/Mineral
FLORIVA CHW 1MG	Vitamin/Mineral
FLORIVA DRO 0.25MG	Unapproved Drug
FLORIVA DRO PLUS	Vitamin/Mineral
FLUAD INJ 2019-20	Influenza Vaccine
FLUAD INJ 2020-21	Influenza Vaccine
FLUAD QUADRI INJ 0.5ML	Influenza Vaccine
FLUAD QUADRI INJ 2021-22	Influenza vaccine
FLUARIX QUAD INJ 2019-20	Influenza Vaccine
FLUARIX QUAD INJ 2020-21	Influenza Vaccine
FLUARIX QUAD INJ 2021-22	Influenza vaccine
FLUBLOK QUAD INJ 2019-20	Influenza Vaccine
FLUBLOK QUAD INJ 2020-21	Influenza Vaccine
FLUBLOK QUAD INJ 2021-22	Influenza vaccine
FLUCAINE SOL 0.25-0.5	Diagnostic Agent
FLUCLVX QUAD INJ 2019-20	Influenza Vaccine
FLUCLVX QUAD INJ 2020-21	Influenza Vaccine
FLUCLVX QUAD INJ 2021-22	Influenza vaccine

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
FLUCLVX QUAD INJ 2021-22	Influenza vaccine
FLUCON/IBU SOL ITRATER	Unapproved Drug
FLUDEOXYGLUC SOL 20-300	Diagnostic Agent
FLUDEOXYGLUC SOL 20-500	Diagnostic Agent
FLULAVAL QUA INJ 2019-20	Influenza Vaccine
FLULAVAL QUA INJ 2020-21	Influenza Vaccine
FLULAVAL QUA INJ 2021-22	Influenza vaccine
FLUMIST QUAD SUS 2019-20	Influenza Vaccine
FLUMIST QUAD SUS 2020-21	Influenza Vaccine
FLUMIST QUAD SUS 2021-22	Influenza vaccine
FLUOCINOLONE CRE NIACIN	Unapproved Drug
FLUOCINOLONE CRE NIACIN	Unapproved Drug
FLUOPAR KIT	LIST
FLURABON DRO	Unapproved Drug
FLUORE/BENOX SOL 0.3-0.4%	Diagnostic Agent
FLUORE-BENOX SOL 0.25-0.4	Diagnostic Agent
FLUORESCEIN/ SOL PROPARAC	Diagnostic Agent
FLUORESCITE INJ 10% OP	Diagnostic Agent
FLUORID SENS PST 1.1-5%	Not properly listed with FDA
FLUORIDE CHW 0.25MG F	Unapproved Drug
FLUORIDE CHW 0.5MG F	Unapproved Drug
FLUORIDE CHW 1MG F	Unapproved Drug
FLUORIDEX CON DLY REN	Not properly listed with FDA
FLUORIDEX PST 1.1%	Unapproved Drug
FLUOR-I-STRI TES 1MG OP	Diagnostic Agent
FLUORITAB DRO 0.125MG	Unapproved Drug
FLUOVIX PAK 0.1%	LIST
FLUOVIX PLUS PAK 0.1%	LIST
FLURA-DROPS DRO 0.25MG F	Unapproved Drug
FLURA-SAFE SOL	Diagnostic Agent
FLUROX SOL OP	Diagnostic Agent
FLUSH SYRING INJ 0.9%	Not properly listed with FDA
FLUZONE INJ 2021-22	Influenza vaccine
FLUZONE HD INJ PF 19-20	Influenza Vaccine
FLUZONE HD INJ PF 20-21	Influenza vaccine
FLUZONE QUAD INJ 2019-20	Influenza Vaccine
FLUZONE QUAD INJ 2020-21	Influenza Vaccine
FLUZONE QUAD INJ 2021-22	Influenza vaccine
FLUZONE QUAD INJ 2021-22	Influenza vaccine
FLUZONE QUAD INJ 2021-22	Influenza vaccine
FOAMIL LIQ	Not properly listed with FDA
FOLBEE TAB	Vitamin/Mineral
FOLBEE PLUS TAB	Vitamin/Mineral
FOLBEE PLUS TAB CZ	Vitamin/Mineral
FOLBIC RF TAB	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
FOLDITAM TAB	Unapproved Drug
FOLET DHA PAK	Vitamin/Mineral
FOLET ONE CAP 38-1-225	Vitamin/Mineral
FOLGARD OS TAB	Vitamin/Mineral
FOLGARD RX TAB	Vitamin/Mineral
FOLIC ACID INJ 50/10ML	Vitamin/mineral
FOLIC ACID INJ 5MG/ML	Vitamin/Mineral
FOLIC ACID TAB 1000MCG	Vitamin/Mineral
FOLIC ACID TAB 1MG	Vitamin/Mineral
FOLIC D3 CAP	Vitamin/mineral
FOLICA-V CAP	Vitamin/Mineral
FOLIC-K CAP	Vitamin/Mineral
FOLI-D TAB	Vitamin/Mineral
FOLIKA-D TAB 1-5000	Vitamin/Mineral
FOLITE TAB	Dietary Supplement
FOLITIN-Z TAB	Multi-vitamin
FOLIVANE-F CAP	Vitamin/Mineral
FOLIVANE-OB CAP	Vitamin/Mineral
FOLIXAPURE TAB 1-5000	Vitamin/Mineral
FOLLISTIM AQ INJ 300UNIT	Fertility Agent
FOLLISTIM AQ INJ 600UNIT	Fertility Agent
FOLLISTIM AQ INJ 900UNIT	Fertility Agent
FOLPLEX 2.2 TAB	Vitamin/Mineral
FOLTANX TAB	Vitamin/Mineral
FOLTANX RF CAP	Vitamin/Mineral
FOLTRATE TAB	Vitamin/Mineral
FOLTREXYL TAB	Unapproved Drug
FOLTRIN CAP	Vitamin/Mineral
FOLTX TAB	Vitamin/Mineral
FOLVIK-D TAB	Vitamin/mineral
FOLVITE-D TAB	Dietary Supplement
FOOD COLOR LIQ BLUE	Not properly listed with FDA
FORANE SOL	General Anesthetic
FORAXA EMU	Surgical Supply/Medical
FORMALDEHYDE SOL 10%	Unapproved Drug
FORMALDEHYDE SOL 37%	Unapproved Drug
FORTAVIT CAP	Vitamin/Mineral
FOSTEUM CAP	Medical Food
FOSTEUM PLUS CAP	Medical Food
FREEDOM CRE DERMA-D	Not properly listed with FDA
FREEDOM CRE DERMA-N	Not properly listed with FDA
FROTEK CRE 10%	Not properly listed with FDA
FUL-GLO TES 0.6MG OP	Diagnostic Agent
FUL-GLO TES 1MG OP	Diagnostic Agent
FUSARIUM INJ 1:10	Non-standardized allergenic

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
FUSARIUM EXT SOL 1:20	Non-standardized allergenic
FUSION PAK SPRINKLE	Vitamin/Mineral
GABA/NAPROX CRE M-P TRAN	Not properly listed with FDA
GABACAINE PAK	LIST
GABADONE CAP	Medical Food
GABAPAL PAK	LIST
GADAVIST INJ 1MMOL/ML	Diagnostic Agent
GALAXTRA POW	Not properly listed with FDA
GALLIUM 67 SOL 13.2MCI	Diagnostic Agent
GALLIUM 67 SOL 19.8MCI	Diagnostic Agent
GALLIUM 67 SOL 6.6MCI	Diagnostic Agent
GALLIUM 67 SOL 8.8MCI	Diagnostic Agent
GALLIUM GA68 INJ PSMA-11	Diagnostic Agent
GALZIN CAP 25MG	Vitamin/Mineral
GALZIN CAP 50MG	Vitamin/Mineral
GANIRELIX AC INJ 250/0.5	Fertility Agent
GAPEAUM CRE BUDIBAC	Bulk Ingredient
GASTROGRAFIN SOL 66-10%	Diagnostic Agent
GATIFL-DEXAM SOL 0.5-0.1%	Unapproved Drug
GAUZE SPONGE PAD 4X4 12PL	Not properly listed with FDA
GEBAUERS SPR AER /STRETCH	Not properly listed with FDA
GELCLAIR GEL	Device
GELFILM MIS OP	Not properly listed with FDA
GEL-FLOW KIT	Not properly listed with FDA
GELFOAM-JMI KIT POWDER	Not properly listed with FDA
GELFOAM-JMI KIT SPONGE	Not properly listed with FDA
GELX GEL	Surgical Supply/Medical
GEN7T LOT 3.5%	Unapproved Drug
GEN7T PAD 3.5%	Unapproved Drug
GEN7T PLUS LOT 3.5-7%	Unapproved Drug
GEN7T PLUS PAD 3.5-7%	Unapproved Drug
GENADUR KIT	Not properly listed with FDA
GENADUR LIQ	Not properly listed with FDA
GENICIN TAB VITA-D	Dietary Supplement
GENICIN TAB VITA-Q	Vitamin/Mineral
GENICIN TAB VITA-S	Vitamin/Mineral
GERMAN INJ COCKROAC	Non-standardized allergenic
GIALAX KIT	LIST
GILPHEX TR TAB 10-388MG	Unapproved Drug
GILTUSS TR TAB	Cough/Cold
GILTUSS TR TAB	Cough/Cold
GLEOLAN SOL 1500MG	Diagnostic Agent
GLOFIL-125 INJ 0.1%	Diagnostic Agent
GLOSTRIPS MIS 1MG OP	Diagnostic Agent
GLUCAGEN INJ 1MG	Diagnostic Agent

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
GLUCAGON INJ 1MG	Diagnostic Agent
GLUTATHIONE INJ 200MG/ML	Unapproved Drug
GLUTATHIONE INJ 6GM/30ML	Unapproved Drug
GLYCINE INJ 50MG/ML	Unapproved Drug
GLYCINE SOL 1.5% IRR	Not properly listed with FDA
GLYCOPYRROLA INJ 0.6/3ML	Unapproved Drug
GLYCOPYRROLA INJ 1MG/5ML	Unapproved Drug
GLYTAC COMPL BAR 10PE	Not properly listed with FDA
GLYTACTIN LIQ RES/LITE	Not properly listed with FDA
GLYTACTIN LIQ RESTORE	Not properly listed with FDA
GLYTACTIN LIQ RTD 10	Not properly listed with FDA
GLYTACTIN LIQ RTD 15	Not properly listed with FDA
GLYTACTIN PAK SWIRL 15	Not properly listed with FDA
GLYTACTIN POW APPLE	Dietary Supplement
GLYTACTIN POW BD 20/20	Not properly listed with FDA
GLYTACTIN POW BLD 10PE	Not properly listed with FDA
GLYTACTIN POW BLD PKU	Not properly listed with FDA
GLYTACTIN POW PUNCH	Dietary Supplement
GLYTACTIN POW RESTOR 5	Not properly listed with FDA
GLYTACTIN POW RESTOR10	Not properly listed with FDA
GLYTACTIN POW TROPICAL	Dietary Supplement
GLYTACTIN 15 LIQ RTD LITE	Not properly listed with FDA
GOLDENROD SOL 1:20	Non-standardized allergenic
GONAL-F INJ 1050UNIT	Fertility Agent
GONAL-F INJ 450UNIT	Fertility Agent
GONAL-F RFF INJ 300/0.5	Fertility Agent
GONAL-F RFF INJ 450/0.75	Fertility Agent
GONAL-F RFF INJ 75UNIT	Fertility Agent
GONAL-F RFF INJ 900/1.5	Fertility Agent
GPL PAK PAK	LIST
GRAFCO SILVR MIS NIT APPL	Unapproved Drug
GRASS POLLEN SOL MIX/KORT	LIST
GREEN GLO MIS 1.5MG	Diagnostic Agent
GUANENDRUX CRE 10-5-40%	Not properly listed with FDA
HACKBERRY EX SOL 1:20	Non-standardized allergenic
HALUCORT GEL	Device
HAPRODERM GEL	Device
HAXCHLO SHA	Not properly listed with FDA
HC PRAMOXINE CRE 1-1%	Unapproved Drug
HC PRAMOXINE CRE 2.5-1%	DESI
HC/IODOQUIN CRE KETOCON	Unapproved Drug
HC/PRAMOXINE CRE 1-2.35%	DESI
HC-LIDOCAINE CRE 1-1%	Not properly listed with FDA
HCU EASY TAB	Not properly listed with FDA
HEALON INJ 10MG/ML	Device

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
HEALON DUET INJ PRO	Not properly listed with FDA
HEALON GV INJ 14MG/ML	Device
HEALON GV INJ 18MG PRO	Not properly listed with FDA
HEALON PRO INJ 10MG/ML	Not properly listed with FDA
HEALON5 INJ 23MG/ML	Device
HEALON5 PRO INJ 23MG/ML	Not properly listed with FDA
HELIXATE FS INJ 500UNIT	Blood Component
HEMATINIC/FA TAB	Vitamin/Mineral
HEMATRON-AF TAB	Vitamin/Mineral
HEMLIBRA INJ 105/0.7	Blood Component
HEMLIBRA INJ 150/ML	Blood Component
HEMLIBRA INJ 30MG/ML	Blood Component
HEMLIBRA INJ 60/0.4	Blood Component
HEMMOREX-HC SUP 25MG	Unapproved Drug
HEMMOREX-HC SUP 30MG	Unapproved Drug
HEMMOREX-HC SUP 30MG	DESI
HEMOCYTE-F TAB	Vitamin/Mineral
HEMOFIL M INJ 1000UNIT	Blood Component
HEMOFIL M INJ 1700UNIT	Blood Component
HEMOFIL M INJ 250UNIT	Blood Component
HEMOFIL M INJ 500UNIT	Blood Component
HEPAGAM B INJ	Hepatitis B Vaccine
HEPARIN LOCK INJ 100/ML	Not properly listed with FDA
HEPARIN LOCK INJ 10UNT/ML	Not properly listed with FDA
HEPARIN LOCK INJ 1UNIT/ML	Not properly listed with FDA
HEPARIN LOCK KIT 100/ML	Not properly listed with FDA
HEPATOLITE KIT 99M	Diagnostic Agent
HEPMED KIT	Not properly listed with FDA
HISTATROL INJ 0.275/ML	Diagnostic Agent
HISTATROL INJ 2.75/ML	Diagnostic Agent
HOMACTIN AA LIQ PLUS	Not properly listed with FDA
HOMACTIN AA POW PLUS	Not properly listed with FDA
HOMATROPAIRE SOL 5% OP	Unapproved Drug
HOMATROPINE SOL 5% OP	Unapproved Drug
HOME PAP KIT	Diagnostic Agent
HONEY BEE INJ 1100MCG	Non-standardized allergenic
HONEY BEE INJ 120MCG	Non-standardized allergenic
HORMEL ALLERGY ANTIGEN	Not properly listed with FDA
HORMONE BASE CRE NIOSOMES	Not properly listed with FDA
HORMONE HEAV CRE NIOSOMES	Not properly listed with FDA
HORNET VENOM INJ 1300MCG	Non-standardized allergenic
HORNET VENOM INJ 550MCG	Non-standardized allergenic
HORSE EPITHE INJ 1:10	Non-standardized allergenic
HORSE EPITHE INJ 1:20	Non-standardized allergenic
HPR AER	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
HPR PLUS AER	LIST
HPR PLUS CRE	LIST
HPR PLUS KIT	Device
HPR PLUS MB KIT HYDROGEL	LIST
HUMATE-P SOL 2400UNIT	Blood Component
HUMATE-P SOL 250-600	Blood Component
HUMATE-P SOL 500-1200	Blood Component
HYALGAN INJ 20MG/2ML	Surgical Supply/Medical
HYALU/NIACIN CRE TACROLIM	Unapproved Drug
HYALU/NIACIN CRE TRETIN	Unapproved Drug
HYALU/NIACIN CRE TRETIN	Unapproved Drug
HYALU/NIACIN CRE TRETIN	Unapproved Drug
HYALUCIL-4 CRE 2-4%	Not properly listed with FDA
HYALURONIC EMU HYDROQUI	Cosmetic
HYCANTIN CAP 0.25MG	Oral drug for cancer; infusion available under Part B
HYCANTIN CAP 1MG	Oral drug for cancer; infusion available under Part B
HYCLODEX SOL 0.012%	Not properly listed with FDA
HYCODAN SYP 5-1.5/5	LIST
HYD POL/CPM SUS 10-8/5ML	Cough/Cold
HYDR/CPM/PSE LIQ 5-4-60MG	Cough/Cold
HYDRFRA BLUE PAD RDY 2.5"	Not properly listed with FDA
HYDRFRA BLUE PAD RDY 4X5"	Not properly listed with FDA
HYDRFRA BLUE PAD RDY 8X8"	Not properly listed with FDA
HYDRFRA MRF PAD 2"X2.75"	Not properly listed with FDA
HYDRO 35 AER	Unapproved Drug
HYDRO 40 AER FOAM	Unapproved Drug
HYDRO/HC/TRE EMU	Cosmetic
HYDRO/HC/TRE EMU	Cosmetic
HYDRO/HC/TRE EMU	Cosmetic
HYDRO/HC/TRE EMU	Cosmetic
HYDRO/HC/TRE EMU	Cosmetic
HYDRO/HC/TRE EMU	Cosmetic
HYDROC IODO CRE 1%	Unapproved Drug
HYDROC IODO CRE 1-1%	Unapproved Drug
HYDROC/HOMAT TAB 5-1.5MG	Cough/Cold
HYDROCOD/HOM SYP 5-1.5/5	Cough/Cold
HYDROCORT CRE IODOQUIN	DESI
HYDROCORT CRE KETOCON	Unapproved Drug
HYDROCORT AC SUP 25MG	DESI
HYDROCORT AC SUP 30MG	DESI
HYDROCORT/ CRE IODOQUIN	DESI
HYDROFERA PAD 4"X4"	Not properly listed with FDA
HYDROFERA PAD BLUE 2X2	Not properly listed with FDA
HYDROFERA PAD BLUE 4X4	Not properly listed with FDA
HYDROFERA PAD BLUE 6X6	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
HYDROFERA PAD BLUE 9MM	Not properly listed with FDA
HYDROFERA PAD MRF 2.5"	Not properly listed with FDA
HYDROFERA PAD MRF4"X4"	Not properly listed with FDA
HYDROFRA MRF PAD 2-1/4X8"	Not properly listed with FDA
HYDROG WOUND MIS 3" DISK	Not properly listed with FDA
HYDROG WOUND MIS 4-3/4"	Not properly listed with FDA
HYDROGEL GEL	Not properly listed with FDA
HYDROGEL DRE PAD 2"X3"	Surgical Supply/Medical
HYDROGEL DRE PAD 4"X5"	Surgical Supply/Medical
HYDROGEL GAU PAD 2"X2"	Not properly listed with FDA
HYDROGEL GAU PAD 4"X4"	Not properly listed with FDA
HYDROGEL GAU PAD 4"X8"	Not properly listed with FDA
HYDROGEN PER SOL 30%	Not properly listed with FDA
HYDROMET SYP 5-1.5/5	Cough/Cold
HYDROMO/NACL INJ 20/100ML	OTC
HYDROMORPHON SUP 3MG	Not properly listed with FDA
HYDROQUIN/HC EMU 6-0.5%	Cosmetic
HYDROQUINONE CRE 4%	Cosmetic
HYDROQUINONE CRE 4% TR	Cosmetic
HYDROQUINONE EMU 4%	Cosmetic
HYDROQUINONE EMU 6%	Cosmetic
HYDROQUINONE EMU 8%	Cosmetic
HYDROXOCOBAL INJ 1000MCG	Not properly listed with FDA
HYGEL GEL 2.5%	Surgical Supply/Medical
HYLAFEM SUP	Unapproved Drug
HYLAGUARD CRE	Not properly listed with FDA
HYLATOPIC AER PLUS	Device
HYLATOPIC CRE PLUS	Device
HYLATOPIC LOT PLUS	Not properly listed with FDA
HYLAVITE TAB	Vitamin/Mineral
HYLAZINC TAB	Vitamin/Mineral
HYLENEX INJ 150 UNIT	LIST
HYLINATE LOT 0.1%	Unapproved Drug
HYOLEV MB TAB 81MG	Unapproved Drug
HYOPHEN TAB	Unapproved Drug
HYOSCYAMINE DRO 0.125/ML	Unapproved Drug
HYOSCYAMINE ELX 0.125/5	Unapproved Drug
HYOSCYAMINE INJ 0.5MG/ML	Unapproved Drug
HYOSCYAMINE SUB 0.125MG	Unapproved Drug
HYOSCYAMINE TAB 0.125MG	Unapproved Drug
HYOSCYAMINE TAB 0.125MG	Unapproved Drug
HYOSCYAMINE TAB 0.375 ER	Unapproved Drug
HYOSCYAMINE TAB 0.375 SR	Unapproved Drug
HYOSYNE DRO 0.125/ML	Unapproved Drug
HYOSYNE ELX 0.125/5	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
HYPERHEP B INJ	LIST
HYPERSAL NEB 3.5%	Not properly listed with FDA
HYPERSAL NEB 7%	Not properly listed with FDA
HYPER-SAL NEB 7%	Not properly listed with FDA
HYPERTENSA CAP	Medical Food
HYPOCYN SPR	LIST
HYRONAN KIT	Unapproved Drug
IBU 600-EZS KIT 600MG	LIST
IBU/MINREX PAK	Not properly listed with FDA
IBUPAK KIT	LIST
IBUPROFEN CRE 10%	Bulk Ingredient
IC GREEN INJ 25MG	Diagnostic Agent
ID NOW KIT COVID-19	Diagnostic Agent
ID NOW CONTR KIT COVID-19	Diagnostic Agent
ID NOW INFL KIT CONTROL	Diagnostic Agent
ID NOW INFLU KIT A & B 2	Diagnostic Agent
ID NOW RSV KIT	Diagnostic agent
ID NOW RSV KIT CONTROL	Diagnostic agent
ID NOW STREP KIT A2	Diagnostic agent
ID NOW STREP KIT A2 CNTRL	Diagnostic agent
IDELVION SOL 1000UNIT	Blood Component
IDELVION SOL 2000UNIT	Blood Component
IDELVION SOL 250UNIT	Blood Component
IDELVION SOL 3500UNIT	Blood Component
IDELVION SOL 500UNIT	Blood Component
ILIDERM SPR	Not properly listed with FDA
IMCIVREE INJ 10MG/ML	Anorexic, Anti-obesity Agent
IMIOXIA CRE	Not properly listed with FDA
IMIQ/LEV/NIA GEL 5-1-2%	Unapproved Drug
IMIQ/LEVOCET GEL TRETINO	Unapproved Drug
INATAL GT TAB	Vitamin/Mineral
INAVIX PAK 75-0.025	LIST
INDIGO CARMi INJ 8MG/ML	Diagnostic Agent
INDIOMIN MB CAP 120MG	Unapproved Drug
INDIUM IN111 INJ DTPA	Diagnostic Agent
INDIUM IN111 INJ OXYQUINO	Diagnostic Agent
INDOCYANINE INJ 25MG	Diagnostic Agent
INFED INJ 50MG/ML	Vitamin/Mineral
INFLAMMACIN MIS 75-0.025	LIST
INFLAMMATION PAK REDUCTIO	LIST
INFLATHERM PAK	LIST
INFUVITE INJ	Vitamin/Mineral
INFUVITE INJ ADULT	Vitamin/Mineral
INFUVITE INJ PEDIATRI	Vitamin/Mineral
INJECTAFER INJ 750/15ML	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
INOVA KIT 4%	Not properly listed with FDA
INTEGRA F CAP	Vitamin/Mineral
INULIN INJ 100MG/ML	Diagnostic Agent
IODINE SOL STRONG	Not properly listed with FDA
IODINE TIN 2%	Not properly listed with FDA
IODOFLEX PAD PAD	Surgical Supply/Medical
IODOFORM STR MIS 1/2"X15'	Not properly listed with FDA
IODOFORM STR MIS 1/4"X15'	Not properly listed with FDA
IODOFORM STR MIS 2"X15'	Not properly listed with FDA
IDOQU/HC GEL ALOE	Unapproved Drug
IDOQU/HC/ GEL ALOE	Not properly listed with FDA
IDOQU-HC GEL ALOE	Unapproved Drug
IDOQUIMEZ CRE 1-1.9%	Not properly listed with FDA
IODOSORB GEL	Not properly listed with FDA
IODOSORB GEL 0.9%	Not properly listed with FDA
IOHEXOL SOL 240MG/ML	Diagnostic Agent
IOHEXOL SOL 300MG/ML	Diagnostic Agent
ISOFLURANE SOL	General Anesthetic
ISOMETH/CAFF TAB /APAP	DESI
ISOMETH/CAFF TAB /APAP	DESI
ISOP ALCOHOL SOL 70%	Not properly listed with FDA
ISOPROPANOL SOL 70%	LIST
ISOSULFAN INJ BLUE 1%	Diagnostic Agent
ISOVACTIN AA LIQ PLUS	Not properly listed with FDA
ISOVACTIN AA POW PLUS	Not properly listed with FDA
ISOVUE-200 INJ 41%	Diagnostic Agent
ISOVUE-250 INJ 51%	Diagnostic Agent
ISOVUE-250 INJ 51%MLTPK	Diagnostic Agent
ISOVUE-300 INJ 61%	Diagnostic Agent
ISOVUE-300 INJ 61%MLTPK	Diagnostic Agent
ISOVUE-370 INJ 76%	Diagnostic Agent
ISOVUE-370 INJ 76%MLTPK	Diagnostic Agent
ISOVUE-M 200 INJ 41%	Diagnostic Agent
ISOVUE-M 300 INJ 61%	Diagnostic Agent
ISOXSUPRINE TAB 10MG	DESI
ISOXSUPRINE TAB HCL 20MG	DESI
ITHOXIA CRE	Not properly listed with FDA
IVER/METR/NI GEL 1-1-4%	Unapproved Drug
IXINITY INJ 1000UNIT	Blood Component
IXINITY INJ 1500UNIT	Blood Component
IXINITY INJ 2000UNIT	Blood Component
IXINITY INJ 250UNIT	Blood Component
IXINITY INJ 3000UNIT	Blood Component
IXINITY INJ 500UNIT	Blood Component
JANSSEN VACC INJ COVID-19	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
JENLIVA CAP	Multi-vitamin w/ iron
JIVI INJ 1000UNIT	Blood Component
JIVI INJ 2000UNIT	Blood Component
JIVI INJ 3000UNIT	Blood Component
JIVI INJ 500 UNIT	Blood Component
JNT/TUNNEL/ KIT TRIGGER	LIST
JOHNSON SOL GRASS	Non-standardized allergenic
JTT PHYSICNS KIT	LIST
JUNE GRASS SOL POLLEN	Non-standardized allergenic
K CITRATE SOL CITR ACD	Unapproved Drug
K.B.G.L IN CRE TERODERM	Bulk Ingredient
K/NA CITRATE SOL CITR ACD	Unapproved Drug
KAMDOY EMU	Device
KAPOK SOL 1:20	Non-standardized allergenic
KAPZIN DC MIS	LIST
KATARYA EMU	Cosmetic
KATARYAXN EMU	Cosmetic
KATE FARMS LIQ 1.4	Not properly listed with FDA
KATE FARMS LIQ 1.5	Not properly listed with FDA
KAXM EMU	Cosmetic
KCENTRA KIT 1000UNIT	Blood Component
KCENTRA KIT 500UNIT	Blood Component
KEDBUMIN INJ 25%	Blood Component
KEIDO EMU	Cosmetic
KELARX GEL	Device
KERAGEL GEL WOUND	Device
KERAGELT GEL	Device
KERALAC CRE 47%	Unapproved Drug
KERALYT GEL 6%	Unapproved Drug
KERALYT KIT SCALP 6%	Unapproved Drug
KERALYT SHA 6%	Unapproved Drug
KERAMATRIX MIS 10X10CM	Device
KERAMATRIX MIS 5X5CM	Device
KERLIX AMD MIS BANDAGE	Not properly listed with FDA
KETALAR INJ 100MG/ML	General Anesthetic
KETALAR INJ 10MG/ML	General Anesthetic
KETALAR INJ 50MG/ML	General Anesthetic
KETAMIN/NACL INJ 10MG/ML	General Anesthetic
KETAMIN/NACL INJ 20MG/2ML	General Anesthetic
KETAMIN/NACL INJ 50MG/5ML	General Anesthetic
KETAMIN/NACL SOL 100/10ML	General Anesthetic
KETAMIN/NACL SOL 20MG/2ML	General Anesthetic
KETAMINE INJ 100MG/ML	General Anesthetic
KETAMINE INJ 10MG/ML	General Anesthetic
KETAMINE INJ 50MG/ML	General Anesthetic

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
KETAMINE HCL INJ 0.6MG/ML	gENeral Anesthetic
KETAMINE HCL INJ 100/2ML	General Anesthetic
KETAMINE HCL INJ 1MG/ML	General Anesthetic
KETAMINE HCL INJ 30MG/3ML	General Anesthetic
KETAMINE HCL INJ 50MG/5ML	General Anesthetic
KETAMINE HCL SOL	General Anesthetic
KETAMINE HCL SOL 20MG/2ML	General Anesthetic
KETAMINE HCL SOL 50MG/ML	General Anesthetic
KETAMINE HCL TRO 100MG	General Anesthetic
KETARYA EMU	Cosmetic
KETODAN KIT 2%	LIST
KETOPHENE CRE RAPIDPAQ	Unapproved Drug
KETOPROFEN CRE 5% KIT	Not properly listed with FDA
KETOROCAINE KIT -L	LIST
KETOROCAINE KIT -LM	LIST
KETOROLAC GEL 2%	Not properly listed with FDA
KETOVIE LIQ	Not properly listed with FDA
KETOVIE LIQ CHOCOLAT	Not properly listed with FDA
KETOVIE LIQ PEPTIDE	Not properly listed with FDA
KETOVIE LIQ UNFLAVOR	Not properly listed with FDA
KETOVIE LIQ VANILLA	Not properly listed with FDA
KEVARYA EMU	Cosmetic
KEXM EMU	Cosmetic
KEYA EMU	Cosmetic
KINEVAC INJ 5MCG	Diagnostic Agent
KIVIK EMU	Device
KLOR-CON/EF TAB 25MEQ FR	Unapproved Drug
KOATE INJ 1000UNIT	Blood Component
KOATE INJ 250UNIT	Blood Component
KOATE INJ 500 UNIT	Blood Component
KOATE-DVI INJ 1000UNIT	Blood Component
KOATE-DVI INJ 500UNIT	Blood Component
KOCHIA EXTRA INJ 1:20	Non-standardized allergenic
KOGENATE FS INJ 1000UNIT	Blood Component
KOGENATE FS INJ 2000UNIT	Blood Component
KOGENATE FS INJ 250UNIT	Blood Component
KOGENATE FS INJ 3000UNIT	Blood Component
KOGENATE FS INJ 500UNIT	Blood Component
KOSHR PRENAT TAB 30-1MG	Vitamin/Mineral
KOVALTRY INJ 1000UNIT	Blood Component
KOVALTRY INJ 2000UNIT	Blood Component
KOVALTRY INJ 250UNIT	Blood Component
KOVALTRY INJ 3000UNIT	Blood Component
KOVALTRY INJ 500UNIT	Blood Component
K-PHOS TAB	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
K-PHOS TAB NEUTRAL	Unapproved Drug
K-PHOS TAB NO 2	Unapproved Drug
K-PRIME TAB 25MEQ EF	Unapproved Drug
KRISGEL 100 GEL	Not properly listed with FDA
KUTARYAXM EMU	Cosmetic
KUTARYAXMPA EMU	Cosmetic
KUTEA EMU	Cosmetic
KUVARYA EMU	Cosmetic
KUVARYE EMU	Cosmetic
KUXM EMU	Cosmetic
KYBELLA INJ	Cosmetic
KYMRIAH SUS	Covered under Part B; Blood Component
L.E.T. GEL	Not properly listed with FDA
LACTEROL CAP	Dietary Supplement
LACTIC ACID CRE E	Unapproved Drug
LACTIC ACID CRE NIACIN	Unapproved Drug
LACTIC ACID LOT 10%	Unapproved Drug
LACTOJEN CAP	Dietary Supplement
LAMBS SOL QUARTERS	Non-standardized allergenic
LANOLIN OIN	Unapproved Drug
LANOLIN ANHY OIN	Not properly listed with FDA
LANSOPRAZOLE SUS 3MG/ML	Bulk Ingredient
L-ARGININE INJ 200MG/ML	Unapproved Drug
LATISSE SOL 0.03%	Cosmetic
LAVARE WOUND GEL WASH	Not properly listed with FDA
L-CARNITINE INJ 500MG/ML	Unapproved Drug
LDL CARE POW	Not properly listed with FDA
LDO PLUS GEL 4%	LIST
LECITHIN GEL	Not properly listed with FDA
LECITHIN GRA	Not properly listed with FDA
LENSCALE INJ 1:20	Non-standardized allergenic
LETS KIT	Unapproved Drug
LEVA SET KIT 2.5-2.5%	LIST
LEVATIO PAD 0.3-5%	Unapproved Drug
LEVBID TAB 0.375 ER	Unapproved Drug
LEVICYN GEL	Not properly listed with FDA
LEVICYN SOL DERMAL	Not properly listed with FDA
LEVITRA TAB 10MG	Erectile Dysfunction
LEVITRA TAB 20MG	Erectile Dysfunction
LEVO/LIOTHYR TAB 120MG	Unapproved Drug
LEVO/LIOTHYR TAB 15MG	Unapproved Drug
LEVO/LIOTHYR TAB 30MG	Unapproved Drug
LEVO/LIOTHYR TAB 60MG	Unapproved Drug
LEVO/LIOTHYR TAB 90MG	Unapproved Drug
LEVOMEFOLATE CAP ALGAL 15-90.314 MG	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
LEVOMEFOLATE CAP ALGAL 7.5-90.314 MG	Not properly listed with FDA
LEVOMEFOLATE CAP DHA	Vitamin/Mineral
LEVSIN INJ 0.5MG/ML	Unapproved Drug
LEVSIN TAB 0.125MG	Unapproved Drug
LEVSIN/SL SUB 0.125MG	Unapproved Drug
LEXISCAN INJ 0.4MG	Diagnostic Agent
LIDO BDK KIT	Not properly listed with FDA
LIDO GB-300 PAK	LIST
LIDO/EPI INJ 0.5%	Not properly listed with FDA
LIDO/EPI INJ 1.5%	Not properly listed with FDA
LIDO/EPI INJ 2%	Not properly listed with FDA
LIDO/EPI INJ 2%	Not properly listed with FDA
LIDO/EPI 1%- INJ 1:100000	Not properly listed with FDA
LIDO/PRILOCN KIT 2.5-2.5%	Not properly listed with FDA
LIDO/TETRA CRE 23-7%	Unapproved Drug
LIDOCAINE/EPI INJ 2%	LIST
LIDOCAINE CRE 10%	Bulk Ingredient
LIDOCAINE CRE 3%	Unapproved Drug
LIDOCAINE CRE 5%	Bulk Ingredient
LIDOCAINE LOT 3%	Unapproved Drug
LIDOCAINE SUP 50MG	Unapproved Drug
LIDOCAINE HC CRE 4.12%	Unapproved Drug
LIDOCAINE/HC CRE 3%-0.5%	Unapproved Drug
LIDOCAINE/HC KIT 2-2%	Unapproved Drug
LIDOCAINE/HC KIT 3%-0.5%	Unapproved Drug
LIDOCAINE/HC KIT 3%-1%	Unapproved Drug
LIDOCAINE/HC KIT 3-2.5%	Unapproved Drug
LIDOCAINE/PH SOL 1-1.5%	Unapproved Drug
LIDOCANNA PAD 4%	Unapproved Drug
LIDOCORT CRE 3-0.5%	Unapproved Drug
LIDO-EP-TETR SOL	Unapproved Drug
LIDOGEL GEL 2.8%	LIST
LIDO-HYDRO GEL 2.8-0.55	Unapproved Drug
LIDOLOG KIT	LIST
LIDOMAR INJ	Not properly listed with FDA
LIDOMARK 1/5 KIT	LIST
LIDOMARK 2/5 KIT	LIST
LIDOPAC KIT 5%	Not properly listed with FDA
LIDO-PHENYL INJ 1-1.5%	Unapproved Drug
LIDOPIN CRE 3%	Unapproved Drug
LIDOPIN CRE 3.25%	Unapproved Drug
LIDOPRIL KIT 2.5-2.5%	LIST
LIDOPRIL XR KIT 2.5-2.5%	LIST
LIDO-PRILO KIT 2.5-2.5%	LIST
LIDOPURE KIT 5%	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
LIDORX GEL 3%	Not properly listed with FDA
LIDO-SORB LOT 3%	Unapproved Drug
LIDOSTREAM KIT 5% & 10%	LIST
LIDOTHOL GEL 4.5-5%	Not properly listed with FDA
LIDOTHOL PAD 4.5-5%	Unapproved Drug
LIDOTIN PAK	LIST
LIDOTRAL CRE 3.88%	Unapproved Drug
LIDOTREX GEL 2%	Not properly listed with FDA
LIDOVEX CRE 3.75%	Unapproved Drug
LIDOVIX KIT 75MG-5%	Unapproved Drug
LIDOVIX L KIT 5%	LIST
LIDOZION LOT 3%	Unapproved Drug
LIDTOPIC MAX CRE 10%	Not properly listed with FDA
LIFEMS NALOX INJ 2MG/2ML	LIST
LIMBREL CAP 250MG	Medical Food
LIMBREL CAP 500MG	Medical Food
LIMBREL250 CAP 250-50MG	Medical Food
LIMBREL500 CAP 500-50MG	Medical Food
LIPICHOL 540 CAP	Not properly listed with FDA
LIPIODOL INJ	Diagnostic Agent
LIPO INJ 50-50-25	Unapproved Drug
LIPO CREAM CRE BASE	Not properly listed with FDA
LIPO-B INJ	Vitamin/Mineral
LIPO-C INJ	Unapproved Drug
LIPOCREAM CRE BASE	Not properly listed with FDA
LIPOFOAM RX AER	Not properly listed with FDA
LIPOLAYER CRE	Not properly listed with FDA
LIOPEN ABSO CRE ENHANCNG	Not properly listed with FDA
LIOPEN ULTR CRE BASE	Not properly listed with FDA
LIPOSOMAL CRE HEAVY	Not properly listed with FDA
LIPOSOMAL CRE REGULAR	Not properly listed with FDA
LIPOZYME CRE	Not properly listed with FDA
LIPRITIN PAK	LIST
LIPRITIN II PAK	LIST
LIQUIHEP KIT 500UNIT	Diagnostic Agent
LIQUIHEP II KIT 500UNIT	Diagnostic Agent
LIQUILIFT KIT TRACE	Not properly listed with FDA
LIQUIVIDA KIT HYDRATIO	LIST
LISSAMINE GR TES 1.5MG	Diagnostic Agent
LISTER-V CAP	Not properly listed with FDA
LITH HEPARIN KIT 100UNIT	Diagnostic Agent
LITH HEPARIN KIT 500UNIT	Diagnostic Agent
LITH HEPARIN KIT 70UNIT	Diagnostic Agent
LIVIXIL PAK KIT 2.5-2.5%	LIST
L-LYSINE HCL INJ 100MG/ML	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
L-METHYL- TAB B6-B12	Vitamin/Mineral
L-METHYLFOLA CAP ALGAL	Not properly listed with FDA
L-METHYLFOLA CAP FORM 15	Not properly listed with FDA
L-METHYLFOLA CAP FORM 7.5	Not properly listed with FDA
L-METHYLFOLA CAP FORTE	Not properly listed with FDA
L-METHYLFOLA CAP FORTE 15	Not properly listed with FDA
L-METHYLFOLA TAB 15MG	Medical Food
L-METHYLFOLA TAB 7.5MG	Medical Food
L-METHYL-MC TAB	Vitamin/Mineral
L-METHYL-MC TAB NAC	Unapproved Drug
LMR PLUS KIT	LIST
LMTHF/B6/B12 TAB	Vitamin/Mineral
LOMAIRA TAB 8MG	Anorexic, Anti-obesity Agent
LOPROX KIT 0.77%	LIST
LORID TAB	Vitamin/Mineral
LORMATE CAP	Dietary Supplement
LORVATUS KIT PHARMAPA	LIST
LOUTREX CRE	LIST
LOYON SOL	Not properly listed with FDA
LP LITE PAK KIT 2.5-2.5%	Unapproved Drug
LUCIRA KIT COVID-19	Diagnostic Agent
LUGOLS SOL IODINE	Unapproved Drug
LUGOLS SOL STRONG	Unapproved Drug
LUKAID GLA EMU 1GM/ML	Unapproved Drug
LUMASON INJ 60.7-25	Diagnostic Agent
LURADROX GEL 0.1%	Surgical Supply/Medical
LUVIRA CAP	Unapproved Drug
LUXAMEND CRE	Not properly listed with FDA
LYDEXA CRE 4.12%	Unapproved Drug
LYMPHOMYSOT INJ X	Not properly listed with FDA
LYRA DIRECT KIT COV-2	Diagnostic Agent
LYRA SARS KIT COV-2	Diagnostic Agent
LYSIPLEX TAB PLUS	Vitamin/Mineral
M.V.I PEDIAT INJ	Vitamin/Mineral
M.V.I. ADULT INJ	Vitamin/Mineral
MACRILEN PAK 60MG	Diagnostic Agent
MAGNESIUM CL INJ 20%	Unapproved Drug
MAGNESIUM SULFATE INJ 1000 MG/1.6ML	Unapproved Drug
MAGNESIUM SULFATE INJ 2000 MG/3.2ML	Unapproved Drug
MAGNESIUM SULFATE INJ 3000 MG/4.8ML	Unapproved Drug
MAGNESIUM SULFATE INJ 4000 MG/6.4ML	Unapproved Drug
MAHANA IBS MIS	LIST
MANGANESE SU INJ 0.1MG/ML	Unapproved Drug
MARBETA-25 KIT	LIST
MARBETA-L KIT	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
MARCAINE INJ SPINAL	Not properly listed with FDA
MARCAINE/EPI INJ 0.25%	LIST
MARCAINE/EPI INJ 0.25%	Not properly listed with FDA
MARCAINE/EPI INJ 0.5%	LIST
MARCAINE/EPI INJ 0.5%	Not properly listed with FDA
MARDEX-25 KIT	LIST
MARLIDO KIT	LIST
MARLIDO-25 KIT	LIST
MARNATAL-F CAP	Vitamin/Mineral
MARSH ELDER INJ 1:20	Non-standardized allergenic
MARVONA KIT 0.5%	LIST
MAS CARE-PAK KIT 10MG/ML	LIST
MB HYDROGEL KIT	Unapproved Drug
MD-76 R INJ	Diagnostic Agent
MD-GASTROVIE SOL 66-10%	Diagnostic Agent
ME/NAPHOS/MB TAB HYO 1	Unapproved Drug
MEADOW FESCU INJ 100000BA	Non-standardized allergenic
MEBOLIC TAB	Vitamin/Mineral
MEBROFENIN KIT 99M	Diagnostic Agent
MEDACTIV TAB	Anorexic, Anti-obesity Agent
MEDCATED DNA KIT COLLECT	Diagnostic Agent
MEDCATED DNA KIT COLLECT2	Diagnostic Agent
MEDIDERM CRE	Not properly listed with FDA
MEDI-DERM CRE -RX	Unapproved Drug
MEDI-DERM/L- CRE RX	Unapproved Drug
MEDIHOL BASE GEL	Not properly listed with FDA
MEDIHONEY GEL WOUND	Not properly listed with FDA
MEDIHONEY PAD 2"X2"	Not properly listed with FDA
MEDIHONEY PAD 3/4"X12"	Not properly listed with FDA
MEDIHONEY PAD 4"X5"	Not properly listed with FDA
MEDIHONEY PST WOUND	Not properly listed with FDA
MEDI-PATCH PAD RX	Not properly listed with FDA
MEDROLOAN KIT 40MG/ML	LIST
MEDROLOAN II KIT 40MG/ML	LIST
MEDRONATE KIT 99M	Diagnostic Agent
MEDROX-RX OIN	OTC Product
MELALEUCA INJ 1:20	Non-standardized allergenic
MELPHALAN TAB 2MG	Oral drug for cancer; infusion available under Part B
MENOPUR INJ 75UNIT	Fertility Agent
MEPHYTON TAB 5MG	Vitamin/Mineral
MESQUITE SOL EXTRACT	Non-standardized allergenic
MET/KET/OND TRO 3-25-2MG	General Anesthetic
METAFOBIC TAB	Vitamin/Mineral
METAFOBIC TAB PLUS	Vitamin/Mineral
METAFOBIC TAB PLUS RF	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
METANX CAP	Vitamin/Mineral
METAXALL CP KIT 0.025%	Not properly listed with FDA
METHACHOLINE KIT CHLORIDE	Diagnostic Agent
METHAVER CAP	Unapproved Drug
METHAZEL CAP	Unapproved Drug
METHENAM MAN TAB 1000MG	Unapproved Drug
METHENAM MAN TAB 1GM	Unapproved Drug
METHENAM MAN TAB 500MG	Unapproved Drug
METHIO/INOS/ INJ CHOL/B12	Vitamin/Mineral
METHOHEX SOD INJ 100/10ML	General Anesthetic
METHYL SALIC LIQ	Not properly listed with FDA
METHYLCOBALA INJ 10000MCG	Unapproved Drug
METHYLCOBALA INJ 10MG/ML	Vitamin/Mineral
METHYLCOBALA INJ 1MG/ML	Vitamin/Mineral
METHYLCOBALA INJ 50000MCG	Unapproved Drug
METHYLCOBALA INJ 5MG/ML	Vitamin/Mineral
METHYLFOL/CA TAB ME-CBL	Vitamin/Mineral
METHYLFOL/ME CAP CBL/P5P	Vitamin/Mineral
METOPIRONE CAP 250MG	Diagnostic Agent
METRONIDAZOL SUS 50MG/ML	LIST
MICROCYN GEL	Not properly listed with FDA
MICROCYN GEL SKIN/WOU	Not properly listed with FDA
MICROCYN LIQ	Not properly listed with FDA
MICROPLEGIA INJ MSA/MSG	Not properly listed with FDA
MICROVIX LP PAK 2.5-2.5%	Unapproved Drug
MIDAZO/NACL INJ 100/100	General Anesthetic
MIDAZOL NACL SOL 30/30ML	General Anesthetic
MIDAZOL/NACL INJ 50/50ML	General anesthetic
MIDAZOL/NACL INJ 60/30ML	General Anesthetic
MIDAZOL/NACL SOL 100/100	General Anesthetic
MIDAZOL/NACL SOL 100/100	General Anesthetic
MIDAZOL/NACL SOL 2MG/2ML	General Anesthetic
MIDAZOL/NACL SOL 50/100ML	General Anesthetic
MIDAZOL/NACL SOL 50/50ML	General Anesthetic
MIDAZOL/NACL SOL 55/55ML	General Anesthetic
MIDAZOL/NACL SOL 5MG/5ML	General Anesthetic
MIDAZOLAM INJ 10/10ML	General Anesthetic
MIDAZOLAM INJ 10MG/2ML	General Anesthetic
MIDAZOLAM INJ 1MG/ML	General Anesthetic
MIDAZOLAM INJ 25MG/5ML	General Anesthetic
MIDAZOLAM INJ 2MG/2ML	General Anesthetic
MIDAZOLAM INJ 30MG/30ML	General Anesthetic
MIDAZOLAM INJ 50/10ML	General Anesthetic
MIDAZOLAM INJ 50/50ML	General Anesthetic
MIDAZOLAM INJ 50MG/10	General Anesthetic

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
MIDAZOLAM INJ 5MG/5ML	General Anesthetic
MIDAZOLAM INJ 5MG/ML	General Anesthetic
MIDAZOLAM INJ 5MG/ML	General Anesthetic
MIDAZOLAM INJ 5MG/ML	General Anesthetic
MIDAZOLAM INJ NACL	General Anesthetic
MIDAZOLAM SOL /NACL	General Anesthetic
MIDAZOLAM SOL 100MG	General Anesthetic
MIDAZOLAM SOL 2MG/2ML	General Anesthetic
MIDAZOLAM SOL 50/50	General Anesthetic
MIDAZOLAM SOL NACL	General Anesthetic
MIDAZOLAM SUS 1MG/ML	General Anesthetic
MIDAZOLAM SYP 2MG/ML	General Anesthetic
MIDAZOL-NACL INJ	General anesthetic
MIGRAINE MIS PACK	LIST
MIGRANOW PAK	LIST
MIMYX CRE	Not properly listed with FDA
MINERAL OIL HEAVY	Not properly listed with FDA
MINOX/PROGES SOL TRETIN	Unapproved Drug
MINOXIDIL SOL PROGEST	Unapproved Drug
MITE SOL D.FARINA	LIST
MITE SOL D.PTERON	LIST
MITE SOL EXTRACT	Non-standardized allergenic
MITE SOL EXTRACT	Non-standardized allergenic
MITOMYCIN SOL 20MG	Unapproved Drug
MIXED SOL FEATHERS	Non-standardized allergenic
MIXED SOL RAGWEED	Non-standardized allergenic
MIXED ASPERG SOL 20000PNU	Non-standardized allergenic
MIXED VESPID INJ 1650MCG	Non-standardized allergenic
MIXED VESPID INJ 3900MCG	Non-standardized allergenic
MIXED VESPID INJ VENOM PR	Non-standardized allergenic
MIXED VESPID INJ VENOM PR	Non-standardized allergenic
MKO MELT PK TRO 3-25-2MG	General Anesthetic
MLK F1 KIT	LIST
MLK F2 KIT	LIST
MLK F3 KIT	LIST
MLK F4 KIT	LIST
MLP A-2 KIT	LIST
M-NATAL PLUS TAB	Vitamin/Mineral
MODERNA VAC INJ COVID-19	Unapproved Drug
MONOFERRIC INJ 1000/10	LIST
MONONINE INJ 1000UNIT	Blood Component
MONSELS FERR SOL SUBSULF	Unapproved Drug
MORCIN CRE	Unapproved Drug
MORGIDOX KIT 1X100MG	LIST
MORGIDOX KIT 1X50MG	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
MORGIDOX KIT 2X100MG	LIST
MORPHINE SUL INJ 1MG/ML	Unapproved Drug
MORPHINE SUL INJ 5MG/5ML	Not properly listed with FDA
MORPHINE SUL SUP 10MG	Not properly listed with FDA
MORPHINE SUL SUP 20MG	Not properly listed with FDA
MORPHINE SUL SUP 30MG	Not properly listed with FDA
MORPHINE SUL SUP 5MG	Not properly listed with FDA
MOSQUITO INJ 1:100	Non-standardized allergenic
MOUNTAIN SOL CEDAR	Non-standardized allergenic
MOUSE EPITHE INJ 1:20	Non-standardized allergenic
MOXIFLOXACIN INJ 0.3MG	Unapproved Drug
MOXIFLOXACIN INJ 1MG/ML	Not properly listed with FDA
MOXIFLOXACIN SOL 1MG/ML	Not properly listed with FDA
MOXIFLOXACIN SOL 5MG/ML	Unapproved Drug
MSUD EASY TAB	Not properly listed with FDA
MUCOR INJ 1:20	LIST
MUCOR EXT INJ 1:10	Non-standardized allergenic
MUCOR EXT INJ 1:20	Non-standardized allergenic
MUCOSITISRX POW	Not properly listed with FDA
MUGWORT SOL EXTRACT	Non-standardized allergenic
MULTI- KIT SPECIALT	LIST
MULTI VIT/FL CHW 0.25MG	Vitamin/Mineral
MULTIBASE CRE	Not properly listed with FDA
MULTIHANCE SOL	Diagnostic Agent
MULTIPRO CAP	Multi-vitamin
MULTITRACE-4 INJ	Unapproved Drug
MULTITRACE-4 INJ CONC	Unapproved Drug
MULTITRACE-4 INJ NEONATAL	Unapproved Drug
MULTITRACE-4 INJ PED	Unapproved Drug
MULTITRACE-5 INJ	Unapproved Drug
MULTITRACE-5 INJ CONC	Unapproved Drug
MULTITRACE-5 INJ REGULAR	Unapproved Drug
MULTIV/FLUOR CHW 0.25-0.3	Vitamin/Mineral
MULTIV/FLUOR CHW 0.5-0.3	Vitamin/Mineral
MULTIV/FLUOR CHW 1-0.3MG	Vitamin/Mineral
MULTIVIT/FL CHW 0.25MG	Vitamin/Mineral
MULTIVIT/FL CHW 0.5MG	Vitamin/Mineral
MULTIVIT/FL CHW 1MG	Vitamin/Mineral
MULTI-VIT/FL DRO /FE 0.25	Vitamin/Mineral
MULTI-VIT/FL DRO 0.25MG	Vitamin/Mineral
MULTI-VIT/FL DRO 0.5MG/ML	Vitamin/Mineral
MULTRYS INJ	LIST
MUSE SUP 1000MCG	Erectile Dysfunction
MUSE SUP 125MCG	Erectile Dysfunction
MUSE SUP 250MCG	Erectile Dysfunction

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
MUSE SUP 500MCG	Erectile Dysfunction
MYDRIACYL SOL 1% OP	Diagnostic Agent
MYLERAN TAB 2MG	LIST
MYNATAL CAP	Vitamin/Mineral
MYNATAL TAB	Vitamin/Mineral
MYNATAL TAB ADVANCE	Vitamin/Mineral
MYNATAL PLUS TAB	Vitamin/Mineral
MYNATAL-Z TAB	Vitamin/Mineral
MYNATE 90 TAB PLUS	Vitamin/Mineral
MYNEPHROCAPS CAP	Vitamin/Mineral
MYNEPHRON CAP	Vitamin/Mineral
MYOVIEW KIT 30ML	Diagnostic Agent
NA HYDROXIDE SOL 10%	Unapproved Drug
NABI-HB INJ	Hepatitis B Vaccine
NACL/BACT INJ 0.9%BENZ	LIST
NAFRINSE CHW 1MG F	Unapproved Drug
NAFRINSE DRO 0.125MG	Unapproved Drug
NAFRINSE SOL DAILY	Unapproved Drug
NAFRINSE DLY SOL /NEUTRAL	Unapproved Drug
NAFRINSE WK SOL 0.2%	Unapproved Drug
NALTREXONE IMP	Unapproved Drug
NAND DEC/TES INJ CYP/EN	Unapproved Drug
NAPRO CRE 15%	Not properly listed with FDA
NAPROXEN CRE	Bulk Ingredient
NAPROXEN CRE 10%	Bulk Ingredient
NAPROXEN KIT COMFORT	LIST
NASCOBAL SPR 500MCG	Vitamin/Mineral
NATACHEW CHW	Vitamin/Mineral
NATACREAM CRE	Not properly listed with FDA
NATALVIT TAB 75-1MG	Vitamin/Mineral
NATELLE ONE CAP	Vitamin/Mineral
NATURAL CRE	Not properly listed with FDA
NATURE THROI TAB 162.5MG	Unapproved Drug
NATURE-THROI TAB 113.75MG	Unapproved Drug
NATURE-THROI TAB 130MG	Unapproved Drug
NATURE-THROI TAB 146.25MG	Unapproved Drug
NATURE-THROI TAB 16.25MG	Unapproved Drug
NATURE-THROI TAB 195MG	Unapproved Drug
NATURE-THROI TAB 260MG	Unapproved Drug
NATURE-THROI TAB 32.5MG	Unapproved Drug
NATURE-THROI TAB 325MG	Unapproved Drug
NATURE-THROI TAB 48.75MG	Unapproved Drug
NATURE-THROI TAB 65MG	Unapproved Drug
NATURE-THROI TAB 81.25MG	Unapproved Drug
NATURE-THROI TAB 97.5MG	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
NEBUSAL NEB 3%	Device
NEBUSAL NEB 6%	Device
NEEVO DHA CAP 27-1.13	Vitamin/Mineral
NEOCERA CRE	Not properly listed with FDA
NEOKE BHB POW	Not properly listed with FDA
NEONATAL TAB COMPLTE	Vitamin/Mineral
NEONATAL 19 TAB	Multi-vitamin
NEONATAL FE TAB	Multi-vitamin w/ iron
NEONATAL PLS TAB 27-1MG	Vitamin/Mineral
NEONATAL/DHA MIS	Multi-vitamin
NEOSALUS AER	Device
NEOSALUS CRE	Device
NEOSALUS LOT	Device
NEOSALUS CP CRE	Device
NEOSTIG METH INJ 2MG/2ML	Not properly listed with FDA
NEOSTIG METH INJ 4MG/4ML	Not properly listed with FDA
NEOSTIG METH INJ 5MG/5ML	Not properly listed with FDA
NEO-SYNALAR KIT	LIST
NEOTUSS PLUS LIQ	Cough/Cold
NEPHPLEX RX TAB	Vitamin/Mineral
NEPHRONEX TAB	Vitamin/Mineral
NEPHRO-VITE TAB RX	Vitamin/Mineral
NESTABS TAB	Vitamin/Mineral
NESTABS DHA PAK	Vitamin/Mineral
NESTABS ONE CAP	Vitamin/Mineral
NETSPOT KIT	Diagnostic Agent
NEUAC KIT 1.2-5%	LIST
NEULUMEX SUS 0.1%	Diagnostic Agent
NEURACEQ INJ 1.4-135	Diagnostic Agent
NEURALGO INJ RHEUM	Unapproved Drug
NEURAPTINE CRE 10%	Not properly listed with FDA
NEUREPA CAP	Not properly listed with FDA
NEURIN-SL SUB	Vitamin/Mineral
NEUTRASAL POW	Not properly listed with FDA
NEXA PLUS CAP	Vitamin/Mineral
NEXAVIR INJ	Unapproved Drug
NIACIN/SPIRO GEL TRETINO	Unapproved Drug
NIACIN/SPIRO GEL TRETINOI	Unapproved Drug
NIACINAMIDE CRE SULFACET	Unapproved Drug
NIACINAMIDE CRE TAZAROTE	Unapproved Drug
NIACINAMIDE CRE TAZAROTE	Unapproved Drug
NIACINAMIDE CRE TRETINOI	Unapproved Drug
NIACINAMIDE CRE TRETINOI	Unapproved Drug
NIACINAMIDE CRE TRIAMCIN	Unapproved Drug
NIACINAMIDE GEL SPIRONOL	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
NIACINAMIDE GEL TRETINOI	Unapproved Drug
NIACINAMIDE GEL TRETINOI	Unapproved Drug
NIACINAMIDE OIN TACROLIM	Unapproved Drug
NICADAN TAB	Vitamin/Mineral
NICAPRIN TAB	Vitamin/Mineral
NICAZEL TAB	Vitamin/Mineral
NICAZEL TAB FORTE	Vitamin/Mineral
NICAZYME TAB	Dietary Supplement
NICOMIDE TAB	Vitamin/Mineral
NICOMIDE TAB	Vitamin/Mineral
NICOTINAMIDE TAB	Multi-vitamin
NIMBEX INJ 10MG/ML	LIST
NIMBEX INJ 2MG/ML	LIST
NIMBEX INJ 2MG/ML	LIST
NITRO-TIME CAP 2.5MG CR	Unapproved Drug
NITRO-TIME CAP 6.5MG CR	Unapproved Drug
NITRO-TIME CAP 9MG CR	Unapproved Drug
NIVA-FOL TAB	Vitamin/Mineral
NIVA-PLUS TAB	Vitamin/Mineral
NIVATOPIC CRE PLUS	LIST
NOCLOT-50 SOL ACD-A	Not properly listed with FDA
NOPIOID-LMC MIS KIT	LIST
NOPIOID-TC MIS KIT	LIST
NOREPIN/NAACL INJ 4/250ML	Not properly listed with FDA
NOREPIN/NAACL INJ 8/250ML	Not properly listed with FDA
NORMAL SALIN INJ 0.9%	Not properly listed with FDA
NORML SALINE INJ IV FLUSH	Not properly listed with FDA
NORMLGEL AG GEL	Device
NOURILITE CRE	Not properly listed with FDA
NOURISH LIQ	Not properly listed with FDA
NOURIVAN CRE ANTIOX	Not properly listed with FDA
NOVACORT GEL	DESI
NOVAVAX VAC INJ COVID-19	Unapproved Drug
NOVOEIGHT INJ 1000UNIT	Blood Component
NOVOEIGHT INJ 1500UNIT	Blood Component
NOVOEIGHT INJ 2000UNIT	Blood Component
NOVOEIGHT INJ 250UNIT	Blood Component
NOVOEIGHT INJ 3000UNIT	Blood Component
NOVOEIGHT INJ 500UNIT	Blood Component
NOVOSEVEN RT INJ 1MG	Blood Component
NOVOSEVEN RT INJ 2MG	Blood Component
NOVOSEVEN RT INJ 5MG	Blood Component
NOVOSEVEN RT INJ 8MG	Blood Component
NP #2 DRUG CRE PREP KIT	Not properly listed with FDA
NP THYROID TAB 120MG	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
NP THYROID TAB 15MG	Unapproved Drug
NP THYROID TAB 30MG	Unapproved Drug
NP THYROID TAB 60MG	Unapproved Drug
NP THYROID TAB 90MG	Unapproved Drug
NUCARACLINPA KIT	LIST
NUCARARXPAK KIT	LIST
NUDERMRXPAK PAK 120	LIST
NUDERMRXPAK PAK 60	LIST
NUDICLO PAK SOLUPAK	LIST
NUDICLO PAK TABPAK	LIST
NUDROXIPAK KIT DSDR-50	LIST
NUDROXIPAK KIT DSDR-75	LIST
NUDROXIPAK KIT E-400	LIST
NUDROXIPAK KIT I-800	LIST
NUDROXIPAK KIT M-15	LIST
NUDROXIPAK KIT N-500	LIST
NUDROXIPAK PAK	LIST
NUFOL TAB	Vitamin/Mineral
NULEV TAB 0.125MG	Unapproved Drug
NUMOISYN LIQ	Unapproved Drug
NUMOISYN LOZ	Unapproved Drug
NUSURGEPAK KIT SURGICAL	LIST
NUTRASEB CRE	Not properly listed with FDA
NUTRIARX KIT CREAMPAK	LIST
NUTRICAP TAB	Vitamin/Mineral
NUTRIFAC ZX TAB	Vitamin/Mineral
NUTRIVIT LIQ 800-15-1	Vitamin/Mineral
NUVAIL SOL 16%	Device
NUVAKAAN KIT 2.5-2.5%	LIST
NUVAKAAN II KIT	LIST
NUWIQ INJ 1000UNIT	Blood Component
NUWIQ INJ 2000UNIT	Blood Component
NUWIQ INJ 2500UNIT	Blood Component
NUWIQ INJ 250UNIT	Blood Component
NUWIQ INJ 3000UNIT	Blood Component
NUWIQ INJ 4000UNIT	Blood Component
NUWIQ INJ 500UNIT	Blood Component
NUWIQ KIT 1000UNIT	Blood Component
NUWIQ KIT 2000UNIT	Blood Component
NUWIQ KIT 2500UNIT	Blood Component
NUWIQ KIT 250UNIT	Blood Component
NUWIQ KIT 3000UNIT	Blood Component
NUWIQ KIT 4000UNIT	Blood Component
NUWIQ KIT 500UNIT	Blood Component
OAT GRAIN INJ EXTRACT	Diagnostic Agent

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
OB COMPLETE CAP ONE	Vitamin/Mineral
OB COMPLETE CAP PETITE	Vitamin/Mineral
OB COMPLETE TAB	Vitamin/Mineral
OB COMPLETE TAB PREMIER	Vitamin/Mineral
OB COMPLETE/ CAP DHA	Vitamin/Mineral
OBIZUR INJ 500 UNIT	Blood Component
OBSTETRIX PAK DHA	Vitamin/Mineral
OBSTETRIX EC TAB	Vitamin/Mineral
OBSTETRIX ONE CAP 38-1-225	Vitamin/Mineral
O-CAL TAB PRENATAL	Vitamin/Mineral
O-CAL FA TAB	Vitamin/Mineral
OCCLUVAN OIN	Not properly listed with FDA
OCTAPLAS INJ GROUP A	Blood Component
OCTAPLAS INJ GROUP AB	Blood Component
OCTAPLAS INJ GROUP B	Blood Component
OCTAPLAS INJ GROUP O	Blood Component
OCUVEL CAP 0.5MG	Vitamin/Mineral
OLIVE TREE INJ 1:20	Non-standardized allergenic
OMEGA-3 RX PAK COMPLETE	LIST
OMEGA-3/D-3 KIT WELLNESS	LIST
OMEPRAZOLE + SUS SYRSPEND	Not properly listed with FDA
OMNIBASE CRE	Not properly listed with FDA
OMNIFLEX DPR	Device
OMNIPAQUE INJ 140MG/ML	Diagnostic Agent
OMNIPAQUE INJ 180MG/ML	Diagnostic Agent
OMNIPAQUE INJ 240MG/ML	Diagnostic Agent
OMNIPAQUE INJ 300MG/ML	Diagnostic Agent
OMNIPAQUE INJ 350MG/ML	Diagnostic Agent
OMNIPAQUE SOL 12MG/ML	Diagnostic Agent
OMNIPAQUE SOL 300MG/ML	Diagnostic Agent
OMNIPAQUE SOL 9MG/ML	Diagnostic Agent
OMNISCAN INJ 287MG/ML	Diagnostic Agent
OMNISCAN INJ 287MG/ML	Diagnostic Agent
OMNIVEX TAB	Dietary Supplement
ONE VITE TAB 1MG PLUS	Multi-vitamin w/ iron
ONEVITE TAB	Vitamin/Mineral
ONYCHO-MED KIT 250MG-2%	Unapproved Drug
ONZDEOXIA GEL 1-5-4%	Not properly listed with FDA
OPIUM TIN 10MG/ML	Unapproved Drug
OPTIRAY 240 INJ 51%	Diagnostic Agent
OPTIRAY 300 INJ 64%	Diagnostic Agent
OPTIRAY 320 INJ 68%	Diagnostic Agent
OPTIRAY 350 INJ 74%	Diagnostic Agent
OPTISON INJ	Diagnostic Agent
ORA-BLEND SUS	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
ORA-BLEND SF SUS	Not properly listed with FDA
ORABLOC INJ 4%-1:100000	LIST
ORABLOC INJ 4%-1:200000	LIST
ORACIT SOL	Unapproved Drug
ORAFATE PST 10%	Not properly listed with FDA
ORAGENOMIC KIT MEDICATE	Diagnostic Agent
ORANGE INJ EXTRACT	Diagnostic Agent
ORAPEUTIC GEL	Surgical Supply/Medical
ORA-PLUS LIQ	Not properly listed with FDA
ORA-SWEET SYP	Not properly listed with FDA
ORA-SWEET SF SYP	Not properly listed with FDA
ORCHARD GRAS INJ 100000BA	Non-standardized allergenic
ORMECA KIT	Not properly listed with FDA
ORTHO DF CAP 1-3775IU	Dietary Supplement
OSCIMIN SUB 0.125MG	Unapproved Drug
OSCIMIN TAB 0.125MG	Unapproved Drug
OSCIMIN TAB 0.125MG	Unapproved Drug
OSCIMIN SR TAB 0.375MG	Unapproved Drug
OTICIN HC DRO	DESI
OVACE PLUS AER 9.8%	Unapproved Drug
OVACE PLUS CRE 10%	Unapproved Drug
OVACE PLUS GEL 10% WASH	Unapproved Drug
OVACE PLUS LIQ 10% WASH	Unapproved Drug
OVACE PLUS LOT 9.8%	Unapproved Drug
OVACE PLUS SHA 10%	Unapproved Drug
OVACE WASH LIQ 10%	Unapproved Drug
OVEEZA CAP	Multi-vitamin
OVIDREL INJ	Fertility Agent
OXIANUJO OIN 4-0.1%	Not properly listed with FDA
OXIATAR CRE 4-0.025%	Not properly listed with FDA
OXIAVARRY CRE 4-0.05%	Not properly listed with FDA
OXIAZAR CRE 4-0.1%	Not properly listed with FDA
OXYTOCIN INJ 10UNT/ML	LIST
PAIN EASE AER MD STRM	Not properly listed with FDA
PAIN EASE AER MIST	Not properly listed with FDA
PAINGO KFT KIT	LIST
PANATUSS DXP LIQ	Cough/Cold
PANCURONIUM INJ 1MG/ML	Not properly listed with FDA
PANHEMATIN INJ 350MG	Blood Component
PAPAVERINE SOL 30MG/ML	Unapproved Drug
PAPAVERINE SOL 60MG/2ML	Unapproved Drug
PAREGORIC TIN 2MG/5ML	Unapproved Drug
PAREMYD SOL 1-0.25%	Diagnostic Agent
PB/BELLA ALK TAB 16.2MG	Unapproved Drug
PB/HYOSCY ELX ATR/SCOP	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PB/HYOSCY TAB ATR/SCOP	Unapproved Drug
P-CARE 100MX INJ 1%/0.5%	LIST
P-CARE D40 KIT 40MG/ML	LIST
P-CARE D40G KIT 40MG/ML	LIST
P-CARE D40MX KIT 40MG/ML	LIST
P-CARE D80 KIT 40MG/ML	LIST
P-CARE D80G KIT 40MG/ML	LIST
P-CARE D80MX KIT	LIST
P-CARE K40 KIT 40MG/ML	LIST
P-CARE K40G KIT 40MG/ML	LIST
P-CARE K40MX KIT	LIST
P-CARE K80 KIT 40MG/ML	LIST
P-CARE K80G KIT 40MG/ML	LIST
P-CARE K80MX KIT	LIST
P-CARE M KIT 0.5%	LIST
P-CARE MG KIT 0.5%	LIST
P-CARE X KIT 1%	LIST
PCCA ALADERM CRE BASE	Not properly listed with FDA
PCCA COBASE OIN #1	Not properly listed with FDA
PCCA COSMETI CRE HRT BASE	Not properly listed with FDA
PCCA CUSTOM CRE LIPO-MAX	Not properly listed with FDA
PCCA ELLAGE CRE VAGINAL	Not properly listed with FDA
PCCA LIPODER CRE BASE	Not properly listed with FDA
PCCA LIPOSOM CRE DRY	Not properly listed with FDA
PCCA LIPOSOM CRE NORMAL	Not properly listed with FDA
PCCA LIPOSOM CRE OILY	Not properly listed with FDA
PCCA LIPOSOM CRE SENSITIV	Not properly listed with FDA
PCCA MVC CRE BASE	Not properly listed with FDA
PCCA SWEET SYP -SF	Not properly listed with FDA
PCCA SYRUP SYP VEHICLE	Not properly listed with FDA
PCCA VANISH CRE BASE	Not properly listed with FDA
PCCA VANISHI CRE LIGHT	Not properly listed with FDA
PCCA VANPEN CRE BASE	Not properly listed with FDA
PCCA-PLUS SUS	Not properly listed with FDA
PCP 100 KIT	LIST
PE/GUAIFENES DRO 1.5-20MG	Cough/Cold
PEANUT INJ EXTRACT	Diagnostic Agent
PECAN NUT INJ EXTRACT	Diagnostic Agent
PECAN POLLEN SOL EXTRACT	Non-standardized allergenic
PEDIZOLPAK PAK 2%-2%	Not properly listed with FDA
PEG BASE OIN	Not properly listed with FDA
PENCREAM CRE	Not properly listed with FDA
PENDERM CRE	Not properly listed with FDA
PENICILLIUM INJ 1:20	Non-standardized allergenic
PENICILLIUM INJ NOTATUM	Non-standardized allergenic

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PENLEN EMU SPRAY	Device
PENSOMAL CRE	Not properly listed with FDA
PENTAPHENE CRE	Bulk Ingredient
PENTICAN PAK	LIST
PERCURA CAP	Not properly listed with FDA
PERENNIAL INJ RYE GRAS	Non-standardized allergenic
PERFORMAX CRE SALT SUP	Not properly listed with FDA
PETROLATUM OIN WHITE	Not properly listed with FDA
PFIZER VACC INJ COVID-19	Unapproved Drug
PH 12 STERIL SOL FLOLAN	Not properly listed with FDA
PH STRIPS TES PH 0-14	Diagnostic Agent
PHARMABASE CRE COSMETIC	Not properly listed with FDA
PHARMABASE CRE HEAVY	Not properly listed with FDA
PHENACTIN AA LIQ PLUS	Not properly listed with FDA
PHENAZO TAB 200MG	Unapproved Drug
PHENAZOPYRID TAB 100MG	Unapproved Drug
PHENAZOPYRID TAB 200MG	Unapproved Drug
PHENDIMETRAZ CAP 105MG ER	Anorexic, Anti-obesity Agent
PHENDIMETRAZ TAB 35MG	Anorexic, Anti-obesity Agent
PHENO/BELLA ELX ALKALOID	Unapproved Drug
PHENOHYTRO ELX	Unapproved Drug
PHENOHYTRO TAB	Unapproved Drug
PHENOL INJ 6%	Not properly listed with FDA
PHENTERMINE CAP 15MG	Anorexic, Anti-obesity Agent
PHENTERMINE CAP 30MG	Anorexic, Anti-obesity Agent
PHENTERMINE CAP 37.5MG	Anorexic, Anti-obesity Agent
PHENTERMINE TAB 37.5MG	Anorexic, Anti-obesity Agent
PHENYLEP HCL INJ 0.8/10ML	Unapproved Drug
PHENYLEP HCL INJ 1MG/10ML	Unapproved Drug
PHENYLEPHRIN INJ 0.4/10ML	Unapproved Drug
PHENYLEPHRIN INJ 0.5/5ML	Not properly listed with FDA
PHENYLEPHRIN INJ 1MG/1ML	Erectile Dysfunction
PHEODOYO CRE	Not properly listed with FDA
PHEXXI GEL	Contraceptives
PHEYO CRE	Not properly listed with FDA
PHLAG SPR	Not properly listed with FDA
PHOMA EXTRAC INJ 20000PNU	Non-standardized allergenic
PHOSPHA 250 TAB NEUTRAL	Unapproved Drug
PHOSPHASAL TAB	Unapproved Drug
PHOSPHOROUS TAB	Not properly listed with FDA
PHOSPHO-TRIN TAB 250 NEUT	Medical Food
PHYS EZ USE KIT M-PRED	LIST
PHYTOBASE CRE	Bulk Ingredient
PHYTONADIONE INJ 10MG/ML	Vitamin/Mineral
PHYTONADIONE INJ 1MG/0.5	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PHYTONADIONE TAB 5MG	Vitamin/Mineral
PISTACHIO INJ EXTRACT	Diagnostic Agent
PITOCIN INJ 10UNT/ML	LIST
PKU EASY TAB	Not properly listed with FDA
PKU EASY TAB MICROTAB	Not properly listed with FDA
PKU GO POW	Not properly listed with FDA
PLASBUMIN-25 INJ 25%	Blood Component
PLASBUMIN-5 INJ 5%	Blood Component
PLEGISOL SOL	Not properly listed with FDA
PLENITY CAP	Not properly listed with FDA
PLENITY CAP WELCOME	Not properly listed with FDA
PLEXION CRE 9.8-4.8%	Unapproved Drug
PLEXION LIQ 9.8-4.8%	Unapproved Drug
PLEXION LOT 9.8-4.8%	Unapproved Drug
PLEXION CLTH PAD 9.8-4.8%	Unapproved Drug
PLIAGLIS KIT 7-7%	LIST
PLO GEL MEDIFLO	Not properly listed with FDA
PLO MEDIFLO GEL 30	Not properly listed with FDA
PLO MEDIFLO KIT KIT	Not properly listed with FDA
PLO TRANSDER CRE	Not properly listed with FDA
PLO20 GEL FLOWABLE	Not properly listed with FDA
PLO20 GEL NON-FLOW	Not properly listed with FDA
PLO20 BASE GEL	Not properly listed with FDA
PNEUMOVAX 23 INJ 25/0.5	Pneumococcal Vaccine
PNV TAB 20-1 TAB	Multi-vitamin w/ iron
PNV TABS TAB 29-1MG	Vitamin/Mineral
PNV-DHA CAP	Vitamin/Mineral
PNV-DHA CAP DOCUSATE	Vitamin/Mineral
PNV-OMEGA CAP	Vitamin/Mineral
PNV-SELECT TAB	Vitamin/Mineral
POD-CARE 100 KIT 30MG/5ML	Not properly listed with FDA
POD-CARE 100 KIT 40MG/ML	Not properly listed with FDA
POD-CARE 100 KIT 40MG/ML	Not properly listed with FDA
POD-CARE 100 KIT CMX	Not properly listed with FDA
POD-CARE 100 KIT KMX	Not properly listed with FDA
POD-CARE100C INJ 30MG/5ML	Not properly listed with FDA
PODIAPN CAP	Vitamin/Mineral
PODOCON SOL 25%	Unapproved Drug
PODPROG SOL 7-0.1%	Not properly listed with FDA
POINT OF KIT CARE KM	LIST
POINT OF KIT CARE L.2	LIST
POINT OF KIT CARE L.5	LIST
POINT OF CAR KIT LM DEP 2	LIST
POINT OF CAR KIT LM-2.2	LIST
POINT OF CAR KIT LM-2.5	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
POLIBAR PLUS SUS 105%	Diagnostic Agent
POLYOX LAURY INJ 5%	Not properly listed with FDA
POLYPEG OIN BASE	Not properly listed with FDA
POLY-VI-FLOR CHW 0.25MG	Vitamin/Mineral
POLY-VI-FLOR CHW 0.5MG	Vitamin/Mineral
POLY-VI-FLOR CHW 1MG	Vitamin/Mineral
POLY-VI-FLOR CHW W/IRON	Vitamin/Mineral
POLY-VI-FLOR MIS FS	Vitamin/Mineral
POLY-VI-FLOR MIS FS 0.25	Vitamin/Mineral
POLY-VI-FLOR MIS FS 0.5MG	Vitamin/Mineral
POLY-VI-FLOR SUS /IRON	Vitamin/Mineral
POLY-VI-FLOR SUS 0.25/ML	Vitamin/Mineral
PORK EXTRACT INJ 1:10	Diagnostic Agent
POT CITRATE- PAK CIT ACID	Unapproved Drug
POT HYDROXID SOL 5%	Unapproved Drug
POTABA CAP 500MG	DESI
PR BENZOYL LIQ 7% WASH	Unapproved Drug
PR CREAM KIT	Unapproved Drug
PR NATAL 400 PAK	Vitamin/Mineral
PR NATAL 400 PAK EC	Vitamin/Mineral
PR NATAL 430 PAK	Vitamin/Mineral
PR NATAL 430 PAK EC	Vitamin/Mineral
PRACASIL TM- CRE PLUS	Not properly listed with FDA
PRALIDOXIME INJ 600/2ML	Not properly listed with FDA
PRAMOSONE CRE 1-1%	LIST
PRAMOSONE LOT 1%	LIST
PRAMOSONE LOT 2.5%	LIST
PRAMOSONE OIN 1%	DESI
PRAMOSONE OIN 2.5%	DESI
PRAMOSONE E CRE 1-2.5%	DESI
PRAMOTIC DRO 1-0.1%	Unapproved Drug
PRAMOX GEL 1%	Not properly listed with FDA
PRASTERA KIT	Unapproved Drug
PRE & POST MIS SX POUCH	LIST
PRED-GAT-BRO INJ	Unapproved Drug
PRED-GATI SUS 1-0.5%	Unapproved Drug
PRED-GATIFL- SUS BROMFENA	Unapproved Drug
PREDN GATI SOL 1-0.5%	Unapproved Drug
PREDNIS/BROM SUS 1-0.075%	Unapproved Drug
PRE-FOLIC TAB 1-100MG	Vitamin/Mineral
PREGEN DHA CAP	Multi-vitamin w/ iron
PREGENNA TAB	Vitamin/Mineral
PREMESISRX TAB	Vitamin/Mineral
PRENA 1 TRUE MIS	Vitamin/Mineral
PRENA1 CHW	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PRENA1 PEARL CAP	Vitamin/Mineral
PRENAISSANCE CAP	Vitamin/Mineral
PRENAISSANCE CAP PLUS	Vitamin/Mineral
PRENARA CAP PRENATAL	Vitamin/Mineral
PRENATABS RX TAB	Vitamin/Mineral
PRENATAL TAB 27-1MG	Vitamin/Mineral
PRENATAL 19 CHW 29-1MG	Vitamin/Mineral
PRENATAL 19 CHW TAB	Vitamin/Mineral
PRENATAL 19 TAB 29-1MG	Vitamin/Mineral
PRENATAL DHA PAK 27-1-250	Vitamin/Mineral
PRENATAL VIT TAB LOW IRON	Vitamin/Mineral
PRENATAL+FE TAB 29-1MG	Vitamin/Mineral
PRENATAL-U CAP 106.5-1	Vitamin/Mineral
PRENATE CAP ENHANCE	Vitamin/Mineral
PRENATE CAP ESSENT	Vitamin/Mineral
PRENATE CAP ESSENTIA	Vitamin/Mineral
PRENATE CAP PIXIE	Vitamin/Mineral
PRENATE CAP RESTORE	Vitamin/Mineral
PRENATE CHW 0.6-0.4	Vitamin/Mineral
PRENATE TAB ELITE	Vitamin/Mineral
PRENATE TAB ELITE	Vitamin/Mineral
PRENATE AM TAB 1MG	Vitamin/Mineral
PRENATE DHA CAP	Vitamin/Mineral
PRENATE DHA CAP	Vitamin/Mineral
PRENATE MINI CAP	Vitamin/Mineral
PRENATE MINI CAP	Vitamin/Mineral
PRENATRIX TAB	Vitamin/Mineral
PRENATRYL TAB	Multi-vitamin w/ iron
PRENATVITE TAB COMPLETE	Vitamin/Mineral
PRENATVITE TAB PLUS	Vitamin/Mineral
PRENATVITE TAB RX	Vitamin/Mineral
PRENIS-BROMF SOL 1-0.075%	Unapproved Drug
PRE-PEN INJ	Diagnostic Agent
PREPIV SUPPL KIT	Not properly listed with FDA
PREPLUS TAB 27-1MG	Vitamin/Mineral
PRESERA AER	Not properly listed with FDA
PRETAB TAB 29-1MG	Vitamin/Mineral
PREVDNT 5000 PST 1.1%	Unapproved Drug
PREVDNT 5000 PST 1.1-5%	Unapproved Drug
PREVIDENT CRE 5000 PLS	Unapproved Drug
PREVIDENT GEL 1.1%	Unapproved Drug
PREVIDENT GEL 1.1% BER	Unapproved Drug
PREVIDENT GEL 1.1% MIN	Unapproved Drug
PREVIDENT PST 1.1%	Not properly listed with FDA
PREVIDENT SOL 0.2%	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PREVIDOLRX PAK ANALGESI	LIST
PREVIDOLRX PAK PLUS	LIST
PREVNAR 13 INJ	Pneumococcal Vaccine
PREVNAR 20 INJ	Pneumococcal vaccine
PRILO PATCH KIT	LIST
PRILO PATCH KIT II	LIST
PRILOHEAL KIT 2.5-2.5%	Unapproved Drug
PRILOLID KIT 2.5-2.5%	LIST
PRILOPENTIN MIS	LIST
PRILOVIX KIT 2.5-2.5%	Unapproved Drug
PRILOVIX LIT KIT 2.5-2.5%	Unapproved Drug
PRILOVIXIL KIT	Unapproved Drug
PRILOXX LP KIT 2.5-2.5%	Not properly listed with FDA
PRIMACARE CAP	Vitamin/Mineral
PRIVET EXT INJ 1:20	Non-standardized allergenic
PRIZOPAK II KIT 2.5-2.5%	LIST
PRIZOTRAL KIT	LIST
PRIZOTRAL II KIT	LIST
PRO DNA KIT KIT	Diagnostic Agent
PRO HERS RX CAP	Multi-vitamin
PRO HIS RX CAP	Multi-vitamin
PRO PCOS RX CAP	Multi-vitamin
PROBICHEW CHW	Dietary Supplement
PRO-C-DURE 5 KIT 40MG/ML	LIST
PRO-C-DURE 6 KIT 40MG/ML	LIST
PROCORT CRE	Unapproved Drug
PRO-CRITIC POW	Not properly listed with FDA
PROCTOCORT SUP 30MG	DESI
PROCTOFOAM AER HC 1%	Unapproved Drug
PRODIGEN CAP	Dietary Supplement
PRODRIN TAB	DESI
PRODRIN TAB	DESI
PROFILNINE INJ 1000UNIT	Blood Component
PROFILNINE INJ 1500UNIT	Blood Component
PROFILNINE INJ 500UNIT	Blood Component
PROFOLA TAB	Vitamin/Mineral
PROGESTERONE CRE	Not properly listed with FDA
PROGESTERONE CRE 10% KIT	Bulk Ingredient
PROGESTERONE SUP VGS 100	Not properly listed with FDA
PROGESTERONE SUP VGS 200	Not properly listed with FDA
PROHANCE INJ 279.3/ML	Diagnostic Agent
PROLEEVA CAP	Not properly listed with FDA
PROLEVA TAB	Not properly listed with FDA
PROMACTIN AA SUS PLUS	Not properly listed with FDA
PROMELLA CAP PREBIOTI	Dietary Supplement

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
PROMETH VC/ SYP CODEINE	Not properly listed with FDA
PROMETH/COD SOL 6.25-10	Cough/Cold
PROMETH/COD SYP 6.25-10	Cough/Cold
PROMETH/PE/ SYP CODEINE	Cough/Cold
PROMETHAZINE SOL DM	Cough/Cold
PROMETHAZINE SYP DM	Cough/Cold
PROMISEB CRE	Unapproved Drug
PROPECIA TAB 1MG	Cosmetic
PROPOFOL INJ	General Anesthetic
PROPOFOL INJ 1000MG	General Anesthetic
PROPOFOL INJ 200/20ML	General Anesthetic
PROPOFOL INJ 500/50ML	General Anesthetic
PROPOVEN EMU 2%	General anesthetic
PROPOVEN INJ	General Anesthetic
PROPOVEN INJ 200/20ML	General Anesthetic
PROPOVEN INJ 500/50ML	General Anesthetic
PROSILK GEL	Device
PROSTIN VR INJ 500MCG	Not properly listed with FDA
PROTEOLIN TAB	Not properly listed with FDA
PROTEXA CRE 42%	Unapproved Drug
PROTHELIAL PST 10%	Not properly listed with FDA
PROTYL AG GEL	Device
PROVAD CAP	Dietary Supplement
PROVENGE INJ	LIST
PROVIDA OB CAP	Vitamin/Mineral
PROVISC INJ 1%	Device
PROVOCHOLINE SOL 100MG	Diagnostic Agent
PRUCLAIR CRE	LIST
PRUMYX CRE	LIST
PRUTECT EMU	Surgical Supply/Medical
P-SILOXAN DS CRE	Not properly listed with FDA
PSORIZIDE TAB FORTE	Unapproved Drug
PSORIZIDE TAB ULTRA	Unapproved Drug
PUDEND/LOCAL KIT 1% LIDO	Not properly listed with FDA
PULMONA CAP	Medical Food
PULMOSAL NEB 7%	Device
PUREFOLIX TAB 1-5000	Unapproved Drug
PURIFIED LIQ WATER	OTC Product
PYLARIFY INJ	Diagnostic agent
PYRIDIDIUM TAB 100MG	Unapproved Drug
PYRIDIDIUM TAB 200MG	Unapproved Drug
PYRIDOXAL-5- INJ PHOSPHAT	Vitamin/Mineral
PYRIDOXINE INJ 100MG/ML	Vitamin/Mineral
PYROPHOSPHAT KIT 99M	Diagnostic Agent
QBREXZA PAD 2.4%	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
QSYMIA CAP 11.25-69	Anorexic, Anti-obesity Agent
QSYMIA CAP 15-92MG	Anorexic, Anti-obesity Agent
QSYMIA CAP 3.75-23	Anorexic, Anti-obesity Agent
QSYMIA CAP 7.5-46MG	Anorexic, Anti-obesity Agent
QUAD-MIX INJ	Erectile Dysfunction
QUEEN PALM SOL EXTRACT	Non-standardized allergenic
QUELICIN INJ 20MG/ML	LIST
QUFLORA CHW	Vitamin/Mineral
QUFLORA FE CHW	Vitamin/Mineral
QUFLORA FE DRO 0.25-9.5	Vitamin/Mineral
QUFLORA PED CHW 0.25MG	Vitamin/Mineral
QUFLORA PED CHW 0.5MG	Vitamin/Mineral
QUFLORA PED CHW 1MG	Vitamin/Mineral
QUFLORA PED DRO 0.25MG	Vitamin/Mineral
QUFLORA PED DRO 0.5MG/ML	Vitamin/Mineral
QUICKVUE KIT SARS ANT	Diagnostic Agent
QUICKVUE KIT STREP A	Diagnostic Agent
QUICKVUE + KIT STREP A	Diagnostic Agent
QUICKVUE A+B KIT INFLUENZ	Diagnostic Agent
QUICKVUE INL KIT STREP A	Diagnostic Agent
QUIHOXVAR GEL	Not properly listed with FDA
QUINIXIL PAK 0.1%-5%	LIST
QUINJA GEL 1.25-1%	Unapproved Drug
RABBIT INJ EPITHELI	Non-standardized allergenic
RABBIT EPITH INJ 1:20	Non-standardized allergenic
RADIAGEL GEL	Not properly listed with FDA
RADIAPLEXRX GEL	Not properly listed with FDA
RADIAURA CRE 3-0.5%	Unapproved Drug
RAPID GEL RX GEL	Unapproved Drug
RAPPORT RLS KIT	Erectile Dysfunction
RAPPORT VTD KIT	Erectile Dysfunction
RASPBERRY SYP	Bulk Ingredient
REA LO 39 CRE 39%	Unapproved Drug
READI-CAT 2 SUS	Diagnostic Agent
READI-CAT 2 SUS BANANA	Diagnostic Agent
READI-CAT 2 SUS BERRY	Diagnostic Agent
READI-CAT 2 SUS MOCHACCI	Diagnostic Agent
READI-CAT 2 SUS ORANGE	Diagnostic Agent
READI-CAT 2 SUS VANILLA	Diagnostic Agent
READY BETAME KIT 30MG/5ML	LIST
READY DEXAME KIT 10MG/ML	LIST
READY KETORO KIT 15MG/ML	LIST
READY LIDOCA KIT 1%	LIST
READYSHARP + KIT BETAMETH	LIST
READYSHARP + KIT DEXAMETH	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
READYSHARP + KIT KETOROLA	LIST
READYSHARP + KIT METHYLPR	LIST
READYSHARP-A KIT 1%/0.5%	LIST
REAL HEAL-I KIT 2.5-2.5%	Unapproved Drug
REBINYN SOL 1000UNIT	Blood Component
REBINYN SOL 2000UNIT	Blood Component
REBINYN SOL 500UNIT	Blood Component
RECEDO GEL	Not properly listed with FDA
RECOMBINATE INJ	Blood Component
RECOMBINATE INJ	Blood Component
RECOMBINATE INJ 220-400	Blood Component
RECOMBINATE INJ 401-800	Blood Component
RECOMBINATE INJ 801-1240	Blood Component
RED BIRCH SOL EXTRACT	Non-standardized allergenic
RED CEDAR SOL EXTRACT	Non-standardized allergenic
RED MAPLE INJ 1:20	Non-standardized allergenic
RED MULBERRY INJ 1:20	Non-standardized allergenic
RED TOP GRAS INJ 100000BA	Non-standardized allergenic
REDICHEW RX CHW	Vitamin/Mineral
REFISSA CRE 0.05%	Cosmetic
REGENECARE GEL	OTC Product
REGIOCIT SOL	Unapproved Drug
RELADOR PAK KIT 2.5-2.5%	LIST
RELADOR PAK KIT PLUS	LIST
RELNATE DHA CAP	Vitamin/Mineral
REMEDIENT CAP	Vitamin/Mineral
REMERGENT HQ CRE 4%	Cosmetic
REMIGEN CREA CRE	Not properly listed with FDA
RENAL CAP	Vitamin/Mineral
RENATABS MIS IRON	Vitamin/Mineral
RENATABS TAB	Vitamin/Mineral
RENO CAP	Vitamin/Mineral
RENOVA CRE 0.02%	Cosmetic
RENOVA PUMP CRE 0.02%	Cosmetic
RENOVO PAD 0.0375-5	Unapproved Drug
REQ 49+ TAB	Vitamin/Mineral
RESECTISOL SOL 5%	Diagnostic Agent
RESET MIS IOS APP	Not properly listed with FDA
RESET APP MIS ANDROID	Not properly listed with FDA
RESET APP MIS IOS/ANDR	Not properly listed with FDA
RESET-O MIS IOS APP	Not properly listed with FDA
RESET-O MIS IOS/ANDR	Not properly listed with FDA
RESET-O APP MIS ANDROID	Not properly listed with FDA
RESTORA RX CAP 60-1.25	Not properly listed with FDA
RESTORE SILV PAD 2"X2"	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
RESTORE SILV PAD 4"X4"	Not properly listed with FDA
RESTORE SILV PAD 4"X4.75"	Not properly listed with FDA
RESTORE SILV PAD 4"X5"	Not properly listed with FDA
RESTORE SILV PAD 6"X8"	Not properly listed with FDA
REVESTA CAP 1MG-5750	Not properly listed with FDA
REXASIL KIT	Not properly listed with FDA
R-GENE 10 INJ 10%	Diagnostic Agent
RGH PIGWEED SOL EXTRACT	Non-standardized allergenic
RHEOSPRAY LIQ	Not properly listed with FDA
RHEUMATE CAP	Medical Food
RHIZOPUS INJ 1:10	Non-standardized allergenic
RIASTAP SOL 1GM	Blood Component
RIBOZEL CAP	Not properly listed with FDA
RICE EXTRACT INJ 1:10	Diagnostic Agent
RIFAMPIN SUS 25MG/ML	Not properly listed with FDA
RIXUBIS INJ 1000UNIT	Blood Component
RIXUBIS INJ 2000UNIT	Blood Component
RIXUBIS INJ 250 UNIT	Blood Component
RIXUBIS INJ 3000UNIT	Blood Component
RIXUBIS INJ 500UNIT	Blood Component
R-NATAL OB CAP 20-1-320	Vitamin/Mineral
ROCURON BROM INJ 50MG/5ML	Not properly listed with FDA
ROCURONIUM INJ 100/10ML	LIST
ROCURONIUM INJ 100MG/10	LIST
ROCURONIUM INJ 10MG/ML	LIST
ROCURONIUM INJ 10MG/ML	LIST
ROCURONIUM INJ 50MG/5ML	LIST
ROP-CLON-KET INJ 15/50ML	Not properly listed with FDA
ROPIDEX KIT	Unapproved Drug
ROPIVAC/NACL INJ 0.2-0.9%	Not properly listed with FDA
ROPIVAC/NACL INJ 2MG/ML	Not properly listed with FDA
ROPIVACAINE INJ	Unapproved Drug
ROSADAN KIT 0.75%	LIST
ROSADAN KIT 0.75%	LIST
ROSE GLO TES 1.5MG	Diagnostic Agent
RUSS THISTLE SOL EXTRACT	Non-standardized allergenic
RX-SPECIMEN KIT COLLECTI	Diagnostic Agent
SA3 DERM CRE	Not properly listed with FDA
SACCHARIN POW SODIUM	Bulk Ingredient
SACCHAROMYCE INJ 1:20	Diagnostic Agent
SACCHAROMYCE INJ CEREVISI	Non-standardized allergenic
SAGEBRUSH SOL EXTRACT	Non-standardized allergenic
SALEX SHA 6%	Unapproved Drug
SALEX CREAM KIT 6%	Unapproved Drug
SALEX LOTION KIT 6%	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
SALICYLIC AER 6%	Unapproved Drug
SALICYLIC SUS SULFACET	Unapproved Drug
SALICYLIC SUS SULFACET	Unapproved Drug
SALICYLIC AC CRE 6%	Unapproved Drug
SALICYLIC AC GEL 6%	Unapproved Drug
SALICYLIC AC KIT 6%	Unapproved Drug
SALICYLIC AC KIT 6% CREAM	Unapproved Drug
SALICYLIC AC KIT 6% LOTN	Unapproved Drug
SALICYLIC AC LIQ 27.5%	Unapproved Drug
SALICYLIC AC LOT 6%	Unapproved Drug
SALICYLIC AC SHA 6%	Unapproved Drug
SALICYLIC AC SOL 26%	Unapproved Drug
SALICYLIC AC SOL 28.5% ER	Unapproved Drug
SALIMEZ CRE 6%	Not properly listed with FDA
SALIMEZ FORT CRE 10%	Not properly listed with FDA
SALINE FLUSH INJ 0.9%	Not properly listed with FDA
SALINE FLUSH INJ ZR 0.9%	Not properly listed with FDA
SALINE/PHENO SOL	LIST
SALIVAMAX POW	LIST
SALSALATE TAB 500MG	Unapproved Drug
SALSALATE TAB 750MG	Unapproved Drug
SALT DURABLE CRE	Not properly listed with FDA
SALT STABLE CRE LS ADV	Not properly listed with FDA
SALTSTABLE CRE	Not properly listed with FDA
SALVAX AER 6%	Unapproved Drug
SALVAX DUO KIT PLUS	Unapproved Drug
SANADERMRX KIT SKIN REP	LIST
SANARE CRE ADVANCED	Not properly listed with FDA
SANARE SCAR CRE THERAPY	Not properly listed with FDA
SASH KIT 100/ML	Not properly listed with FDA
SAXENDA INJ 18MG/3ML	Anorexic, Anti-obesity Agent
SCAR MANAGE GEL	Not properly listed with FDA
SCAR PATCH PAD PREMIUM	Unapproved Drug
SCARCARE KIT LARGE	Not properly listed with FDA
SCARCIN GEL	Device
SCARCIN LIQ ROLL-ON	Device
SCARSILK GEL	Device
SCARZEN SKIN KIT REPAIR	LIST
SCLEROSOL AER INTRAPLE	LIST
SEBUDERM GEL	Not properly listed with FDA
SECREFLO INJ 16MCG	Diagnostic Agent
SELECT-OB CHW	Vitamin/Mineral
SELECT-OB CHW	Vitamin/Mineral
SELECT-OB+ PAK DHA	Vitamin/Mineral
SELENIUM SUL SHA 2.25%	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
SELENIUM SUL SHA 2.3%	Unapproved Drug
SELRX SHA 2.3%	Unapproved Drug
SE-NATAL 19 CHW	Vitamin/Mineral
SE-NATAL 19 TAB	Vitamin/Mineral
SENSORCAINE INJ -MPF/EPI	LIST
SENSORCAINE INJ -MPF/EPI	LIST
SENSORCAINE INJ -MPF/EPI	LIST
SENSORCAINE/ INJ EPI 0.25	LIST
SENSORCAINE/ INJ EPI 0.5%	LIST
SENTRA AM CAP	Medical Food
SENTRA PM CAP	Medical Food
SERAQUA LIQ	Not properly listed with FDA
SESAME SEED INJ EXTRACT	Diagnostic Agent
SESTAMIBI KIT TC99M	Diagnostic Agent
SEVENFACT INJ 1MG	Blood Component
SEVENFACT INJ 5MG	Blood Component
SEVOFLURANE SOL	General Anesthetic
SF GEL 1.1%	Unapproved Drug
SF 5000 PLUS CRE 1.1%	Unapproved Drug
SHAGBARK HCK SOL EXTRACT	Non-standardized allergenic
SHEEP SORREL INJ 1:20	Non-standardized allergenic
SHELLGEL SOL	Device
SHORT RAGWEE INJ 1:20	Non-standardized allergenic
SHRIMP INJ EXTRACT	Diagnostic Agent
SIDEROL TAB	Vitamin/Mineral
SILA III PAK	LIST
SILATRIX GEL 10%	LIST
SILDENAFIL TAB 100MG	Sexual Dysfunction Agent
SILDENAFIL TAB 25MG	Sexual Dysfunction Agent
SILDENAFIL TAB 50MG	Sexual Dysfunction Agent
SILIPAC KIT	Device
SILPROTEX CRE PLUS	Not properly listed with FDA
SILVASORB GEL	Not properly listed with FDA
SILVER NITRA SOL 0.5%	Unapproved Drug
SILVER NITRA SOL 10%	Unapproved Drug
SILVER NITRA SOL 25%	Unapproved Drug
SILVER NITRA SOL 50%	Unapproved Drug
SILVRSTAT GEL DRESSING	Surgical Supply/Medical
SIMPLE SYP	Bulk Ingredient
SINOGRAPHIN INJ	Diagnostic Agent
SITZMARKS CAP	Diagnostic Agent
SITZMARKS CAP COMBO PACKAGE	Diagnostic Agent
SKIN BLEACH CRE 4%	Cosmetic
SKIN BLEACH CRE SUNSCREE	Cosmetic
SKYADERM-LP KIT	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
SKYY DERM CRE	Not properly listed with FDA
SOD BICARB SOL D5W	Unapproved Drug
SOD CHLORIDE INJ 0.9%	LIST
SOD CHLORIDE INJ 0.9%	LIST
SOD CHLORIDE INJ 0.9%BACT	LIST
SOD CHLORIDE NEB 0.9%	Not properly listed with FDA
SOD CIT-GENT INJ 4%-320	Unapproved Drug
SOD CITRATE SOL CITR ACD	Unapproved Drug
SOD FLUORIDE CHW 0.25MG F	Unapproved Drug
SOD FLUORIDE CHW 0.5MG F	Unapproved Drug
SOD FLUORIDE CHW 1.1MG	Unapproved Drug
SOD FLUORIDE CHW 1MG F	Unapproved Drug
SOD FLUORIDE CHW 2.2MG	Unapproved Drug
SOD FLUORIDE DRO 0.5MG/ML	Unapproved Drug
SOD FLUORIDE PST 1.1%	Unapproved Drug
SOD FLUORIDE PST 1.1%	Unapproved Drug
SOD FLUORIDE PST 1.1-5%	Unapproved Drug
SOD FLUORIDE SOL 0.2%MINT	Unapproved Drug
SOD FLUORIDE TAB 0.5MG F	Unapproved Drug
SOD FLUORIDE TAB 1MG F	Unapproved Drug
SOD NITRITE INJ 30MG/ML	LIST
SOD SACCHARI GRA	Not properly listed with FDA
SOD SUL/SULF CRE 10-2%	Unapproved Drug
SOD SUL/SULF CRE 10-5%	Unapproved Drug
SOD SUL/SULF CRE 9.8-4.8%	Unapproved Drug
SOD SUL/SULF EMU 10-5%	Unapproved Drug
SOD SUL/SULF EMU 10-5%	Unapproved Drug
SOD SUL/SULF KIT	Unapproved Drug
SOD SUL/SULF LIQ 10-2%	Unapproved Drug
SOD SUL/SULF LIQ 9.8-4.8%	Unapproved Drug
SOD SUL/SULF LIQ 9-4.5%	Unapproved Drug
SOD SUL/SULF LIQ WASH	Unapproved Drug
SOD SUL/SULF LOT 10-5%	Unapproved Drug
SOD SUL/SULF LOT 9.8-4.8%	Unapproved Drug
SOD SUL/SULF PAD 10-4%	Unapproved Drug
SOD SUL/SULF SUS 10-5%	Unapproved Drug
SOD SUL/SULF SUS 8-4%	Unapproved Drug
SOD SULF/SUL EMU 10-5%	Unapproved Drug
SOD SULFACET GEL 10%	Unapproved Drug
SOD SULFACET SHA 10%	Unapproved Drug
SOD THIOSULF INJ 25%	Unapproved Drug
SODIUM POW BICARBON	Bulk Ingredient
SODIUM BICAR SOL 8.4%	Not properly listed with FDA
SODIUM CHLOR NEB 10%	Unapproved Drug
SODIUM CHLOR NEB 3%	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
SODIUM CHLOR NEB 7%	Unapproved Drug
SODIUM CITRA SOL 4%	Not properly listed with FDA
SODIUM FLUOR CRE 1.1	Unapproved Drug
SODIUM FLUOR CRE 5000 PLS	Unapproved Drug
SODIUM FLUOR CRE 5000 PPM	Unapproved Drug
SODIUM FLUOR GEL 1.1%	Unapproved Drug
SODIUM IODID CAP I-123	Diagnostic Agent
SODIUM IODID CAP I-123	Diagnostic Agent
SODIUM SULFA LIQ 10% WASH	Unapproved Drug
SOFIA KIT STREP A	Diagnostic Agent
SOFIA KIT STREP A+	Diagnostic Agent
SOFIA 2 SARS KIT ANTIGEN	Diagnostic Agent
SOFIA A+B KIT INFLUENZ	Diagnostic Agent
SOFIA SARS KIT ANTIGEN	Diagnostic Agent
SOFIA2 FLU/ KIT SARS FIA	Diagnostic Agent
SOLARAVIX PAK 3%	Unapproved Drug
SOLOX GEL	Device
SOLYDRA LIQ	Not properly listed with FDA
SOMRYST MIS	LIST
SONAFINE EMU	Surgical Supply/Medical
SOOTHEE PAD	Unapproved Drug
SORBITOL SOL 3% IRR	LIST
SORBITOL SOL 3.3% IRR	LIST
SORBITOL-MAN SOL	LIST
SORREL/DOCK INJ EXTRACT	Non-standardized allergenic
SOYBEAN INJ EXTRACT	Diagnostic Agent
SPASCUPREEL INJ	Unapproved Drug
SPECTRAGEL GEL	Not properly listed with FDA
SPEEDGEL RX GEL	Unapproved Drug
SPHERUSOL INJ	Diagnostic Agent
SPINAL/EPIDU KIT CL CATH	Not properly listed with FDA
SPINAL/EPIDU KIT OPN CATH	Not properly listed with FDA
SPINY SOL PIGWEED	Non-standardized allergenic
SSKI SOL 1GM/ML	Vitamin/Mineral
SSS CRE 10%-5%	Unapproved Drug
SSS 10-5 AER 10-5%	Unapproved Drug
STANDARDIZED SOL MITE	Non-standardized allergenic
STANDARDIZED SOL MITE MIX	LIST
STAXYN TAB 10MG	Erectile Dysfunction
STEMPHYLIUM SOL 20000PNU	Non-standardized allergenic
STENDRA TAB 100MG	Erectile Dysfunction
STENDRA TAB 200MG	Erectile Dysfunction
STENDRA TAB 50MG	Erectile Dysfunction
STERA BASE CRE	Not properly listed with FDA
STERIL TALC SUS 5GM	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
STERIL WATER INJ	LIST
STERIL WATER INJ	LIST
STERILE INJ WATER	Not properly listed with FDA
STERILE DILU SOL EPOPROS	LIST
STERILE DILU SOL FLOLAN	LIST
STERILE DILU SOL TREPROST	LIST
STERILE TOPI GEL L.E.T.	Not properly listed with FDA
STRATA CTX GEL	Device
STRATA GRT GEL	Device
STRATA MARK GEL	Device
STRATA TRIZ GEL	Device
STRATA XRT GEL	Device
STRAWBERRY INJ EXTRACT	Diagnostic Agent
STROVITE FOR SYP	Vitamin/Mineral
STROVITE FOR TAB	Vitamin/Mineral
STROVITE ONE TAB	Vitamin/Mineral
SUCCINYL CHO INJ 100/5ML	Not properly listed with FDA
SUCCINYL CHO INJ 140/7ML	Not properly listed with FDA
SUCCINYL CHO INJ 200/10ML	Not properly listed with FDA
SUCCINYLCHOL INJ 100/5ML	Not properly listed with FDA
SUCCINYLCHOL INJ 140/7ML	Not properly listed with FDA
SUCCINYLCHOL INJ 200/10ML	Not properly listed with FDA
SUCCINYLCHOL INJ 20MG/ML	Not properly listed with FDA
SUFENTANIL INJ 100/2ML	General Anesthetic
SUFENTANIL INJ 250/5ML	General Anesthetic
SUFENTANIL INJ 50MCG/ML	General Anesthetic
SUL SOD/SULF PAD 10-4%	Unapproved Drug
SULFAC SULFR PAD 9.8-4.8%	Unapproved Drug
SULFACLEANSE SUS 8-4%	Unapproved Drug
SULFAMEZ EMU 10-1%	Not properly listed with FDA
SULFUR COLLO KIT 99M	Diagnostic Agent
SULFUR/RESOR LOT 5-2%	Not properly listed with FDA
SUMADAN KIT	Unapproved Drug
SUMADAN WASH LIQ 9-4.5%	Unapproved Drug
SUMADAN XLT KIT 9-4.5%	Unapproved Drug
SUMANSETRON PAK	Unapproved Drug
SUMAXIN PAD 10-4%	Unapproved Drug
SUMAXIN CP KIT	Unapproved Drug
SUMAXIN WASH LIQ 9-4%	Unapproved Drug
SUPER INJ QUAD-MIX	Erectile Dysfunction
SUPER INJ TRI-MIX	Erectile Dysfunction
SUPER BI-MIX INJ 150-10MG	Erectile Dysfunction
SUPERVITE LIQ	Vitamin/Mineral
SUPPORT LIQ	Vitamin/Mineral
SUPPORT-500 CAP	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
SUPRANE INH	General Anesthetic
SUPRANE SOL	General Anesthetic
SUPREME CRE	Not properly listed with FDA
SURE RESULT KIT O3D3 SYS	LIST
SURE RESULT MIS DSS PACK	LIST
SUSPENDRX SUS SWEET	Not properly listed with FDA
SUSPENDRX SUS UNSWEET	Not properly listed with FDA
SUSPENSION SUS VEHICLE	Not properly listed with FDA
SUVICORT EMU	Device
SWABFLUSH INJ 0.9%	Not properly listed with FDA
SWEET CORN INJ EXTRACT	Diagnostic Agent
SWEET GUM INJ 1:20	Non-standardized allergenic
SWEET VERNAL INJ GRASS PO	Non-standardized allergenic
SX1 POST-OP KIT MEDICATE	LIST
SYMAX DUOTAB TAB	Unapproved Drug
SYMAX-SL SUB 0.125MG	Unapproved Drug
SYMAX-SR TAB 0.375MG	Unapproved Drug
SYNALAR KIT 0.025%	LIST
SYNALAR KIT 0.025%	LIST
SYNALAR TS KIT 0.01%	LIST
SYNAPRYN SUS 10MG/ML	Unapproved Drug
SYNERDERM EMU	Not properly listed with FDA
SYNVEXIA TC CRE 4-1%	Unapproved Drug
SYNVISC INJ 8MG/ML	Surgical Supply/Medical
SYNVISC ONE INJ 8MG/ML	Surgical Supply/Medical
SYRPALTA SYP	Not properly listed with FDA
SYRPALTA SYP CLEAR	Not properly listed with FDA
SYRSPEND SF LIQ	Bulk Ingredient
SYRUP SYP VEHICLE	Not properly listed with FDA
SYRUP SF SYP VEHICLE	Not properly listed with FDA
T.R.U.E. TES TEST	Diagnostic agent
TABRADOL SUS 1MG/ML	Unapproved Drug
TABRADOL SUS RAPIDPAQ	Unapproved Drug
TACROLIMUS CRE MONOHYDR	Unapproved Drug
TADALAFIL TAB 10MG	Erectile Dysfunction
TADALAFIL TAB 2.5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.]	Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)]
TADALAFIL TAB 20MG* [Coverable for Pulmonary Arterial Hypertension (PAH) diagnosis only.]	Erectile Dysfunction [only coverable for diagnosis of Pulmonary Arterial Hypertension (PAH)]
TADALAFIL TAB 5MG* [Coverable for Benign Prostatic Hyperplasia (BPH) diagnosis only.]	Erectile Dysfunction [only coverable for diagnosis of Benign Prostatic Hyperplasia (BPH)]
TAGITOL V SUS 40%	Diagnostic Agent
TALIVA CAP	Vitamin/Mineral
TALL RAGWEED SOL 1:20	Non-standardized allergenic
TARDEOXIA CRE	Not properly listed with FDA
TARDIMAXIA GEL	Not properly listed with FDA
TARON GRA CRYSTALS	Unapproved Drug
TARON-BC MIS	Vitamin/Mineral

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
TARON-C DHA CAP	Vitamin/Mineral
TARON-PREX CAP	Vitamin/Mineral
TAROXIA CRE	Not properly listed with FDA
TAROXIA GEL	Not properly listed with FDA
TASOPROL KIT	LIST
TAURINE INJ 50MG/ML	Unapproved Drug
TDC MAX CRE	Not properly listed with FDA
TDM SOLUTION SOL	Not properly listed with FDA
TECARTUS SUS	LIST
TECHNELITE KIT HEU	Diagnostic Agent
TECHNELITE KIT LEU	Diagnostic Agent
TEGADERM AG PAD 2"X2"	Not properly listed with FDA
TEGADERM AG PAD 4"X5"	Not properly listed with FDA
TEGADERM AG PAD 4"X8"	Not properly listed with FDA
TEGADERM AG PAD 8"X8"	Not properly listed with FDA
TELFA ISLAND PAD 4"X5"	Not properly listed with FDA
TELFA ISLAND PAD 4"X8"	Not properly listed with FDA
TEMODAR CAP 100MG	Oral drug for cancer; infusion available under Part B
TEMODAR CAP 140MG	Oral drug for cancer; infusion available under Part B
TEMODAR CAP 180MG	Oral drug for cancer; infusion available under Part B
TEMODAR CAP 20MG	Oral drug for cancer; infusion available under Part B
TEMODAR CAP 250MG	Oral drug for cancer; infusion available under Part B
TEMODAR CAP 5MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 100MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 140MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 180MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 20MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 250MG	Oral drug for cancer; infusion available under Part B
TEMOZOLOMIDE CAP 5MG	Oral drug for cancer; infusion available under Part B
TERODERM CRE	Not properly listed with FDA
TERODERM CRE PLUS	Not properly listed with FDA
TERRELL SOL	General Anesthetic
TESSALON PER CAP 100MG	Cough/Cold
TESTONE CIK KIT 200MG/ML	LIST
TESTOST CYP INJ 200MG/ML	Not properly listed with FDA
TESTOSTERONE CRE	Not properly listed with FDA
TESTOSTERONE INJ 100MG/ML (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ 150MG/ML (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ 200MG/ML (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ CYP/PROP (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE INJ CYPIONAT (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE MIS 100MG (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE MIS 200MG (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
TESTOSTERONE MIS 25MG (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TESTOSTERONE MIS 50MG (MANUFACTURED BY EMPOWER PHARMACY)	Unapproved Drug
TETRACAINE INJ 1%	Unapproved Drug
TETRIX CRE	Not properly listed with FDA
TEXAVITE LQ LIQ	Vitamin/Mineral
THALLOUS INJ TL 201	Diagnostic Agent
THALLOUS CL INJ TL 201	Diagnostic Agent
THERAHOONEY GEL	Not properly listed with FDA
THERAHOONEY MIS 4"X5"	Not properly listed with FDA
THERAMINE CAP	Medical Food
THERAMINE POW PLUS	Medical Food
THIAMINE HCL INJ 100MG/ML	Vitamin/Mineral
THIAMINE HCL INJ 200/2ML	LIST
THRIVACIN LIQ DETOX	Vitamin/Mineral
THRIVACIN 30 LIQ	Vitamin/Mineral
THRIVITE 19 TAB	Vitamin/Mineral
THRIVITE RX TAB 29-1MG	Vitamin/Mineral
THROMBIN KIT 5000UNIT	Blood Component
THROMBIN-JMI KIT 20000UNT	Blood Component
THROMBIN-JMI KIT 5000UNIT	Blood Component
THROMBIN-JMI SOL 20000UNT	Blood Component
THROMBIN-JMI SOL 5000UNIT	Blood Component
TICANASE PAK 50-2.7	LIST
TIGHTENING CRE BASE	Not properly listed with FDA
TIMOTHY SOL GRASS	Non-standardized allergenic
TIMOTHY GRAS INJ 10000BAU	Non-standardized allergenic
TIMOTHY GRAS SOL POLLEN	LIST
TISSEEL KIT 2ML	Not properly listed with FDA
TIZANIDINE KIT COMFORT	LIST
TL FOLATE TAB	Vitamin/Mineral
TL GARD RX TAB	Vitamin/Mineral
TL G-FOL OS TAB	Vitamin/Mineral
TL HYDROQUIN CRE 4%	Cosmetic
TL ICON CAP	Vitamin/Mineral
TL-CARE DHA CAP 27-1-500	Vitamin/Mineral
TL-FLUORIVIT CHW	Vitamin/Mineral
TL-HEM 150 TAB	Vitamin/Mineral
TL-ICARE CAP	Medical Food
TL-SELECT CAP	Vitamin/Mineral
TOBAIKIENT CAP	Dietary Supplement
TOMATO INJ EXTRACT	Diagnostic Agent
TOPEX TOPCAL AER ANESTHET	Unapproved Drug
TOPIDEX KIT 10MG/1ML	LIST
TORONOVA KIT 30MG/ML	LIST
TORONOVA II KIT 30MG/ML	LIST

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
TOVET KIT KIT 0.05%	LIST
TOXICOL SALV KIT COLLECT	Diagnostic Agent
TOXICOLOGY KIT MEDICATE	Diagnostic Agent
TRACE ELEM 4 INJ PED	Unapproved Drug
TRALEMENT INJ	LIST
TRAMADOL CRE 5%	Bulk Ingredient
TRAMADOL CRE 8% KIT	Bulk Ingredient
TRANSDERMAL CRE PAIN BAS	Not properly listed with FDA
TRANZGEL GEL	Unapproved Drug
TRAUMEEL INJ	Unapproved Drug
TRAUMEEL OIN	Unapproved Drug
TRAUMEEL TAB	Unapproved Drug
TREPADONE CAP	Unapproved Drug
TRETINOIN EM CRE 0.05%	Cosmetic
TRETTEN INJ	Blood Component
TRIADIME-80 KIT 0.1-5%	Unapproved Drug
TRIAM/MOXI SUS 15-1	Unapproved Drug
TRI-AMINO INJ	Unapproved Drug
TRIAMSil PAK COMBIPAK	Not properly listed with FDA
TRIAMSil PAK MULTIPAK	Not properly listed with FDA
TRICARE TAB PRENATAL	Vitamin/Mineral
TRICARE PRE CAP 27-1-500	Vitamin/Mineral
TRI-CHLOR LIQ 80%	Unapproved Drug
TRICHOPHYTON INJ 1:200	Diagnostic Agent
TRICHOPHYTON SOL 20000PNU	Non-standardized allergenic
TRICITRASOL CON	LIST
TRICITRATES SOL	Unapproved Drug
TRICON CAP	Vitamin/Mineral
TRICOPHYTON SOL MENTAGRO	LIST
TRIFERIC POW 272MG	Vitamin/Mineral
TRIFERIC SOL 27.2/5ML	LIST
TRIHEAL-80 KIT 0.1-5%	Unapproved Drug
TRILOAN II KIT 40MG/ML	LIST
TRILOAN SUIK KIT 40MG/ML	LIST
TRIOLOCICLO KIT 0.1-8%	Unapproved Drug
TRI-LUMA CRE	Cosmetic
TRI-MIX INJ	Erectile Dysfunction
TRIMO-SAN GEL	Unapproved Drug
TRINATAL RX TAB 1	Vitamin/Mineral
TRINATE TAB	Vitamin/Mineral
TRINAZ TAB 12-1MG	Vitamin/Mineral
TRIPHROCAPS CAP	Vitamin/Mineral
TRIPLE COMPL CRE 3 KIT	Not properly listed with FDA
TRIPLE PMB SOL	Not properly listed with FDA
TRIPLE PMK SOL	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
TRISTART CAP FREE	Multi-vitamin w/ iron
TRISTART DHA CAP	Vitamin/Mineral
TRISTART ONE CAP 35-1-215	Vitamin/Mineral
TRI-TABS DHA MIS	Vitamin/Mineral
TRIVEEN-DUO PAK DHA	Vitamin/Mineral
TRI-VI-FLOR SUS 0.25/ML	Vitamin/Mineral
TRI-VI-FLOR SUS 0.5MG/ML	Vitamin/Mineral
TRI-VI-FLORO SUS 0.25/ML	Vitamin/Mineral
TRI-VI-FLORO SUS 0.5MG/ML	Vitamin/Mineral
TRI-VIT/FLUO DRO 0.25MG	Vitamin/Mineral
TRI-VIT/FLUO DRO 0.5MG	Vitamin/Mineral
TRIVIX KIT	Unapproved Drug
TRONVITE TAB	Vitamin/Mineral
TROP-CYC-PE DRO 1-1-2.5	Unapproved Drug
TROPICAMIDE SOL 0.5% OP	Diagnostic Agent
TROPICAMIDE SOL 1% OP	Diagnostic Agent
TROP-PROP-PE DRO KETO	Unapproved Drug
T-SUPPORT CAP MAX	Medical Food
TUBERSOL INJ 5/0.1ML	Diagnostic Agent
TUSSICAPS CAP 10-8MG	Cough/Cold
TUXARIN ER TAB 54.3-8MG	LIST
TUZISTRA XR SUS	Cough/Cold
TYLACTIN LIQ REST 10	Not properly listed with FDA
TYLACTIN LIQ RTD 15	Not properly listed with FDA
TYLACTIN POW BLD 20PE	Not properly listed with FDA
TYLACTIN POW RESTOR5	Not properly listed with FDA
TYLACTIN COM BAR 15 PE	Not properly listed with FDA
TYR EASY TAB	Not properly listed with FDA
UDAMIN SP TAB	Vitamin/Mineral
ULTANE SOL	General Anesthetic
ULTIMATECARE CAP ONE	Vitamin/Mineral
ULTRA HERS CAP RX	Dietary Supplement
ULTRA HIS CAP	Dietary Supplement
ULTRA PCOS CAP	Dietary Supplement
ULTRABAG/ SOL DIANEAL	Dialysis covered by ESRD bundled payment
ULTRABAG/ SOL DIANEAL	Dialysis covered by ESRD bundled payment
ULTRABAG/PD2 SOL DIANEAL	Dialysis covered by ESRD bundled payment
ULTRABAG/PD2 SOL DIANEAL	Dialysis covered by ESRD bundled payment
ULTRABAG/PD2 SOL DIANEAL	Dialysis covered by ESRD bundled payment
ULTRADERM CRE	Not properly listed with FDA
ULTRASAL-ER SOL 28.5%	Unapproved Drug
ULTRAVIST INJ 240MG/ML	Diagnostic Agent
ULTRAVIST INJ 300MG/ML	Diagnostic Agent
ULTRAVIST INJ 370MG/ML	Diagnostic Agent
UMECTA MOUSS AER 40%	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
U-MILD SHA	Not properly listed with FDA
UNISPEND ANH SUS SWEETENE	Not properly listed with FDA
UNIVERSAL GEL WATER	Not properly listed with FDA
URAMAXIN GEL 45%	Unapproved Drug
URAMIT MB CAP 118MG	Unapproved Drug
UREA AER 35%	Not properly listed with FDA
UREA CRE 39%	Unapproved Drug
UREA CRE 40%	Unapproved Drug
UREA CRE 41%	Unapproved Drug
UREA CRE 45%	Unapproved Drug
UREA CRE 47%	Unapproved Drug
UREA EMU 50%	Unapproved Drug
UREA GEL 40%	Unapproved Drug
UREA LOT 40%	Unapproved Drug
UREA LOT 45%	Unapproved Drug
UREA HYDRATI AER 35%	Unapproved Drug
UREA NAIL GEL 45%	Unapproved Drug
UREA TOPICAL SUS 40%	Unapproved Drug
UREA-C40 LOT 40%	Unapproved Drug
UREDEB CRE 39%	Not properly listed with FDA
URELLE TAB	Unapproved Drug
UREMEZ-40 CRE 40%	Not properly listed with FDA
URESOL CRE 42.5%	Not properly listed with FDA
URETRON D/S TAB	Unapproved Drug
URETRON D/S TAB	Unapproved Drug
UREVAZ CRE 44%	Unapproved Drug
URIBEL CAP 118MG	Unapproved Drug
URIMAR-T TAB	Unapproved Drug
URIN D/S TAB	Unapproved Drug
URO-458 TAB	Unapproved Drug
UROGESIC- TAB BLUE	Unapproved Drug
URO-MP CAP 118MG	Unapproved Drug
UROPHEN MB TAB 81.6MG	Unapproved Drug
UROSEX TAB	Vitamin/Mineral
URSODIOL SUS 30MG/ML	Not properly listed with FDA
URYL TAB	Unapproved Drug
USTELL CAP	Unapproved Drug
UTIRA-C TAB	Unapproved Drug
UTOPIC CRE 41%	Unapproved Drug
VANCOMYC/D5W INJ 1.25/250	Not properly listed with FDA
VANCOMYC/D5W INJ 1.5/250	Not properly listed with FDA
VANCOMYCIN SUS +SYRSPEN	Not properly listed with FDA
VANCOMYCIN HCL IV SOLN 1000 MG/10ML	Unapproved Drug
VANCOMYCIN HCL IV SOLN 1250 MG/12.5ML	Unapproved Drug
VANCOMYCIN HCL IV SOLN 1500 MG/15ML	Unapproved Drug

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
VANCOMYCIN HCL IV SOLN 1750 MG/17.5ML	Unapproved Drug
VANCOMYCIN HCL IV SOLN 2000 MG/20ML	Unapproved Drug
VANCOMYCIN HCL IV SOLN 750 MG/7.5ML	Unapproved Drug
VANIQA CRE 13.9%	Cosmetic
VANISHING CRE	Not properly listed with FDA
VANISHING CRE BOTANCAL	Not properly listed with FDA
VANISH-PEN CRE	Not properly listed with FDA
VANOXIDE-HC LOT 5-0.5%	Unapproved Drug
VARDENAFIL TAB 10MG	Erectile Dysfunction
VARDENAFIL TAB 10MG ODT	Erectile Dysfunction
VARDENAFIL TAB 2.5MG	Erectile Dysfunction
VARDENAFIL TAB 20MG	Erectile Dysfunction
VARDENAFIL TAB 5MG	Erectile Dysfunction
VARDIMAXIA GEL	Not properly listed with FDA
VARIBAR PST PUDDING	Diagnostic Agent
VARIBAR HONE SUS 40%	Diagnostic Agent
VARIBAR NECT SUS 40%	Diagnostic Agent
VARIBAR THIN SUS HONEY	Diagnostic Agent
VARIBAR THIN SUS LIQUID	Diagnostic Agent
VARIBER SUS NECTAR	Diagnostic agent
VARITHENA AER 10MG/ML	LIST
VAROPHEN KIT 1.5%	LIST
VAROXIA CRE	Not properly listed with FDA
VAROXIA GEL	Not properly listed with FDA
VASCAZEN CAP 1GM	Not properly listed with FDA
VASCULERA TAB	Medical Food
VASHE CLEANS SOL	Not properly listed with FDA
VAXNEUVANCE INJ	Pneumococcal vaccine
VB6 P5P POW	Not properly listed with FDA
V-C FORTE CAP	Vitamin/Mineral
VECURONIUM INJ 10MG	LIST
VECURONIUM INJ 20MG	LIST
VECURONIUM POW	Not properly listed with FDA
VEG CAPSULE CAP #0 WHITE	Unapproved Drug
VEG CAPSULE CAP #00 WHIT	Unapproved Drug
VEG CAPSULE CAP #1 GREEN	Unapproved Drug
VEG CAPSULE CAP #1 WHITE	Unapproved Drug
VEG CAPSULE CAP #2 WHITE	Unapproved Drug
VEG CAPSULE CAP #3 WHITE	Unapproved Drug
VEG CAPSULE CAP #4 WHITE	Unapproved Drug
VENA-BAL MIS DHA	Vitamin/Mineral
VELEX OIN	Device
VENEXA TAB	Multi-vitamin
VENEXA FE TAB	Multi-vitamin
VENIPUNCTURE KIT PHLEBOTO	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
VENNGEL ONE KIT 1%	LIST
VENOFER INJ 20MG/ML	Vitamin/Mineral
VENOMIL KIT HONEYBEE	Non-standardized allergenic
VENOMIL KIT HONEYBEE	Non-standardized allergenic
VENOMIL KIT WASP	Non-standardized allergenic
VENOMIL KIT WASP	Non-standardized allergenic
VENOMIL KIT WHT HORN	Non-standardized allergenic
VENOMIL KIT WHT HORN	Non-standardized allergenic
VENOMIL KIT YEL HORN	Non-standardized allergenic
VENOMIL KIT YEL HORN	Non-standardized allergenic
VENOMIL KIT YEL JACK	Non-standardized allergenic
VENOMIL KIT YEL JACK	Non-standardized allergenic
VENOMIL MIX INJ VESPID	Non-standardized allergenic
VENTRIXYL TAB	Multi-vitamin
VENTRIXYL FE TAB	Vitamin/Mineral
VERSAFREE SYP	Not properly listed with FDA
VERSAPLUS SYP	Not properly listed with FDA
VERSAPRO AER	Not properly listed with FDA
VERSAPRO CRE	Bulk Ingredient
VERSAPRO SHA	Not properly listed with FDA
VERSATILE CRE BASE	Bulk Ingredient
VERSATILE CRE RICH BSE	Bulk Ingredient
VEXASYN GEL	Not properly listed with FDA
VEXATROL KIT 2.5-2.5%	Not properly listed with FDA
VIAGRA TAB 100MG	Erectile Dysfunction
VIAGRA TAB 25MG	Erectile Dysfunction
VIAGRA TAB 50MG	Erectile Dysfunction
VIC-FORTE CAP	Vitamin/Mineral
VILACTIN AA LIQ PLUS	Not properly listed with FDA
VILACTIN AA POW PLUS	Not properly listed with FDA
VILAMIT MB CAP 118MG	Unapproved Drug
VILEVEV MB TAB 81MG	Unapproved Drug
VINATE DHA CAP 27-1.13	Vitamin/Mineral
VINATE II TAB	Vitamin/Mineral
VINATE ONE TAB	Vitamin/Mineral
VIRASAL LIQ 27.5%	Unapproved Drug
VIRGINIA INJ LIVE OAK	Non-standardized allergenic
VIRT-C DHA CAP	Vitamin/Mineral
VIRT-CAPS CAP	Vitamin/Mineral
VIRT-GARD TAB 2.2-25-1	Vitamin/Mineral
VIRT-NATE CAP DHA	Vitamin/Mineral
VIRT-PHOS TAB 250 NEUT	Vitamin/Mineral
VIRT-PN DHA CAP	Vitamin/Mineral
VIRT-PN PLUS CAP	Vitamin/Mineral
VISBIOME PAK	Not properly listed with FDA

MEDICARE PART D EXCLUDED DRUGS LIST 2021_updated October 2021

Reason: LIST = multiple reasons it's excluded; "not covered under Part D law"

Reason: Not properly listed with FDA = CMS considers it best practice for Part D sponsors to consider the proper listing of a drug product with the FDA as a prerequisite for making a Part D drug coverage determination. The FDA is unable to provide regulatory status determinations through their regular processes if a drug product is not properly listed. Therefore, Part D sponsors should begin the drug coverage determination process by confirming that a prescription drug product national drug code (NDC) is properly listed with the FDA.

Reason: DESI = Less Than Effective (LTE) drug for ALL indications

Label Name	Reason
VISIPAQUE INJ 270MG/ML	Diagnostic Agent
VISIPAQUE INJ 320MG/ML	Diagnostic Agent
VIT A/C/D/FL DRO 0.25MG	Vitamin/Mineral
VITA S FORTE TAB	Vitamin/Mineral
VITACEL TAB	Vitamin/Mineral
VITAFOL CAP ULTRA	Vitamin/Mineral
VITAFOL CHW GUMMIES	Vitamin/Mineral
VITAFOL TAB	Vitamin/Mineral
VITAFOL FE+ CAP	Vitamin/Mineral
VITAFOL STRP MIS 1MG	Vitamin/Mineral
VITAFOL-NANO TAB	Vitamin/Mineral
VITAFOL-OB PAK +DHA	Vitamin/Mineral
VITAFOL-OB TAB 65-1MG	Vitamin/Mineral
VITAFOL-ONE CAP	Vitamin/Mineral
VITAL-D RX TAB	Vitamin/Mineral
VITAMAX PED DRO	Vitamin/Mineral
VITAMEDMD CAP ONE RX	Vitamin/Mineral
VITAMEZ CAP	Vitamin/Mineral
VITAMIN KIT SYS-B12	LIST
VITAMIN D CAP 1.25MG	LIST
VITAMIN D CAP 50000	Vitamin/Mineral
VITAMIN D CAP 50000UNT	Vitamin/Mineral
VITAMIN K1 INJ 10MG/ML	Vitamin/Mineral
VITAMIN K1 INJ 1MG/0.5	Vitamin/Mineral
VITAPEARL CAP	Vitamin/Mineral
VITA-PREN TAB	Vitamin/Mineral
VITAROCA PLU TAB	Vitamin/Mineral
VITASURE TAB	Vitamin/Mineral
VITATHELY TAB	Vitamin/Mineral
VITATRUE MIS	Vitamin/Mineral
VITAXYME TAB	Vitamin/Mineral
VITRAMYN TAB	Vitamin/Mineral
VITRANOL TAB	Multi-vitamin
VITRANOL FE TAB	Multi-vitamin
VITREXATE TAB	Multi-vitamin
VITREXATE FE TAB	Multi-vitamin
VITREXYL TAB	Multi-vitamin
VITREXYL TAB IRON	Multi-vitamin
VIVA DHA CAP	Vitamin/Mineral
VIZAMYL INJ	Diagnostic Agent
VOL-CARE RX TAB	Vitamin/Mineral