

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

full-benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit - Part D.

Lipase inhibitors subject to Prior Authorization.

Prescription Cough & Cold symptomatic relief.

Legend Therapeutic Vitamins which include:

- Injectable Vitamin B12;
- Vitamin K and analogues;
- Legend folic acid;
- Oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients; and
- Legend Vitamin D and analogues.

Nonlegend Products which include:

- Insulin;
- Permethrin; and
- Other non-legend drug products are covered when the Director of the Department of Health and Welfare determines they should be covered based upon appropriate criteria including the following: safety, effectiveness, clinical outcomes of the drug in comparison with other therapeutically interchangeable alternative drugs, cost, and the recommendation of the Pharmacy and Therapeutics Committee.

Barbiturates (Exception to Medicaid coverage - Effective January 1, 2013, for dual eligible individuals, when used in the treatment of epilepsy, cancer or a chronic mental health disorder because Part D will cover these indications)

Benzodiazepines (Exception to Medicaid coverage - Effective January 1, 2013, for dual eligible individuals, Part D will cover all indications)

**Additional Covered Drug Products.** Additional drug products will be covered as follows:

- Legend Pediatric vitamin-fluoride preparations;
- Legend prenatal vitamins for pregnant or lactating women;