

Long Term Care Providers:

The accompanying document provides further guidance to assist long-term care providers in understanding Medicare drug coverage determinations, and makes recommendations on how providers can assist in streamlining the prescription fulfillment process and reduce call-backs.

In three common drug classifications,

- Drugs administered through Part B durable medical equipment (DME) (i.e., nebulizer or pump);
- Certain Infusion and Injectible Drugs; and
- Certain Oral and Immunosuppressive Drugs,

a simple provider notation on the written order/prescription can help identify the long-term care setting in which the drug is being prescribed, and provide guidance to the plan and/or pharmacist so that prescriptions can be properly billed under the correct, applicable Medicare Part B or Part D. This simple process can facilitate the plan's initial coverage determination, and greatly reduce time-consuming call-backs to providers for clarification.

Thank you for support of people with Medicare. We trust that you will find this information useful in providing services to your Medicare patients.

In order to simplify access to the Part D drug benefit in the long term care (LTC) setting, we are recommending that certain steps be taken by providers to clearly differentiate those drugs which may qualify as Part B drugs and those which may qualify as Part D drugs. These drugs include:

I. Drugs administered through a Part B covered item of durable medical equipment (DME) such as a nebulizer or pump.

Medicare Part B only covers the above categories of drugs when used in conjunction with durable medical equipment in the patient's home. For those long term care facilities that do not qualify as a patient's home, we recommend for the above categories of drugs including in the written order both the diagnosis and indication for the drug, as well as a statement of status such as "Nursing Home Part D." See the website listed at the end of this document for more information regarding the definition of a home.

II. Certain Infusion and Injectable Drugs

In addition, Medicare Part B covers injectible and infusible drugs that are not usually self-administered and that are furnished incident to a physician's service. If a long term care facility, rather than a physician, furnishes and administers these drugs to a non-Part A patient, we recommend including a statement of status such as "Administered by Facility, Nursing Home Part D."

III. Certain Oral and Immunosuppressive Drugs

In addition, at this time, Part B covers three categories of drugs: oral anti-cancer, oral anti-emetic, and immunosuppressive drugs listed below under certain circumstances. This does not represent an exhaustive list of Part B covered drugs. It is possible for the list of drugs covered by Part B to change over time.

A. Immunosuppressive drugs for transplants paid for by Medicare

- Cyclophosphamide – Oral
- Cyclosporine – Oral
- Cyclosporine – Parenteral
- Daclizumab – Parenteral
- Lymphocyte Immune Globulin, Antithymocyte Globulin – Parenteral
- Methotrexate – Oral
- Methylprednisolone – Oral
- Methylprednisolone Sodium Succinate – Injection
- Muromonab-Cd3 – Parenteral
- Mycophenolate Acid – Oral
- Mycophenolate Mofetil – Oral
- Oral Azathioprine

- Parenteral Azathioprine
- Prednisolone – Oral
- Prednisone – Oral
- Sirolimus – Oral
- Tacrolimus – Oral
- Tacrolimus – Parenteral

B. Oral Anticancer drugs

- Busulfan Capecitabine
- Cyclophosphamide
- Etoposide
- Melphalan
- Methotrexate
- Temozolomide

C. Oral anti-emetics prescribed for use within 48 hours of chemotherapy except as noted below:

- 3 Oral Drug Combination of: (1) Aprepitant; (2) A 5-HT3 Antagonist (Q0166, Q0179, Q0180); and (3) Dexamethasone
- Chlorpromazine Hydrochloride
- Diphenhydramine Hydrochloride
- Dolasetron Mesylate (Q0180) (Within 24 Hours)
- Dronabinol
- Granisetron Hydrochloride (Q0166) (Within 24 Hours)
- Hydroxyzine Pamoate
- Ondansetron Hydrochloride (Q0179)
- Perphenazine
- Prochlorperazine Maleate – Oral
- Promethazine Hydrochloride
- Thiethylperazine Maleate
- Trimethobenzamide Hydrochloride

For these categories of drugs we recommend including in the written prescription both the diagnosis and the indication as well as the statement of status as “Part B” (for above indications) or for “Part D” (for all other indications). As an example, Methotrexate for rheumatoid arthritis should have the diagnosis specified, and the designation “Part D” added to the prescription.

While this guidance does not have guarantee payment or coverage, following the process may help pharmacists respond more readily to additional information to support Part D or Part B coverage, and facilitate appropriate processing by the plan. We also note that this correspondence does not supersede any existing guidance concerning documentation for Part B prescriptions.

For more detailed information on Part B versus Part D coverage, see the following website:

http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf

Sincerely,

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