

Medicare Part B Covered Medications

- This table provides a reference guide for the most frequent Part B/D coverage determination scenarios facing Part D plans and Part D pharmacy providers. It does not address all potential situations. For more extensive discussion, please refer to the Medicare Part B vs. Part D Coverage Issues document available at: http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf

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Coverage of most of these drugs is federally mandated by CMS under Part B benefits for a specific patient diagnosis. Many of these medications require prior approval in order to verify the specified patient diagnosis listed below with each Part B covered class of medications. If a member does not meet the criteria for Part B coverage (all other covered uses), the medication will then be covered under the member's Part D (or employer group, whichever is applicable) prescription drug benefit if the drug is on the formulary or if the non-formulary drug is prior approved for coverage. These drugs are referred to as Part D Crossover drugs in this document.

Category & Coverage Criteria	Medications/Products	Additional Coverage Information
<p>Anti-Cancer, Oral</p> <p>Part B Coverage Criteria: Oral drugs used for cancer treatment that contain the same active ingredient and are used for the same indications as Part B-covered chemotherapy drugs furnished incident to a physician's service (such as injectable dosage forms that are not usually self-administered).</p>	<p>Busulfan (Myleran) Capecitabine (Xeloda) *Cyclophosphamide (Cytoxan) - PA Etoposide (Vepesid) Melphalan (Alkeran) **Methotrexate Temozolomide (Temodar)</p>	<p>PA <u>NOT</u> Required, except for drugs flagged with a single asterisk which require a PA to determine Part B or Part D coverage.</p> <p>Part D Crossover Drug: Drugs flagged with asterisks will be covered under Part D when prescribed for any other FDA-approved indication.</p> <p>All drugs (except those flagged with asterisks) will auto process under Part B.</p> <p>**Methotrexate tablet will always auto process under Part D and will require a manual entry to process under Part B when applicable.</p> <p>Typically provided as out patient. Billed online by pharmacy.</p>
<p>Anti-emetics, Oral</p> <p>Part B Coverage Criteria: If oral anti-emetic is used as full therapeutic replacement for intravenous (IV) anti-emetic drugs <u>within 48 hours after</u> IV chemotherapy administration.</p>	<p>Aprepitant (Emend) Chlorpromazine (Thorazine) Diphenhydramine (Benadryl) (injection & prescription only 50mg capsule) Dolasetron (Anzemet) - NF Dronabinol (Marinol) Granisetron (Kytril) Hydroxyzine Pamoate (Vistaril) Ondansetron (Zofran) Perphenazine (Trilafon) Prochlorperazine (Compazine) Promethazine (Phenergan)</p>	<p>PA Required to determine Part B or Part D coverage.</p> <p>Note: CMS requires physicians to indicate on the prescription that the oral anti-emetic is being used as full therapeutic replacement for the intravenous (IV) anti-emetic drug as part of a cancer chemotherapeutic regimen.</p> <p>Part D Crossover Drug: If a drug in this category is prescribed: (i) <u>beyond 48 hours</u> of IV chemotherapy administration; or (ii) for any other approved indication not covered under Part B (non-chemotherapy-associated use), the drug will be covered under the beneficiary's Part D prescription benefit.</p> <p>Typically provided as out patient. Billed online by pharmacy.</p>

Medicare Part B Covered Medications

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<p>Antigens</p> <p>Part B Coverage Criteria: Prepared by a physician and administered by a physician or physician's nurse. In some cases, the physician prepares the antigens and furnishes them to a patient.</p>	<p>Allergy Serums Other Antigens</p>	<p>PA <u>NOT</u> Required.</p> <p><i>Note: Never Part D</i></p> <p>Provided in clinic. Billed as a medical benefit / claim.</p>
<p>Blood Clotting Factors</p> <p>Part B Coverage Criteria: Approved for Hemophilia or Von Willebrand's Disease. Coverage includes items associated with the administration of clotting factors.</p>	<p>Anti-inhibitor Coagulation Factor Factor VIIa Factor IX</p>	<p>PA <u>NOT</u> Required.</p> <p><i>Note: Never Part D</i></p> <p>If provided in clinic, billed as a medical benefit / claim.</p> <p>If provided as out patient, billed online by specialty pharmacy.</p>
<p>Diabetic Supplies</p> <p>Part B Coverage Criteria: Always covered under a beneficiary's DME benefit.</p>	<p>Blood Glucose Monitors Blood Glucose Test Strips Lancets Lancet Devices</p>	<p>PA <u>NOT</u> Required.</p> <p><i>Note: Never Part D</i></p> <p>If provided as out patient, billed online by pharmacy.</p> <p>If provided by DME vendor, billed as medical benefit / claim.</p>
<p>Drugs furnished "incident to" a physician service</p> <p>Part B Coverage Criteria: Injectable / Intravenous drugs (i) administered "incident to" a physician service <u>and</u> (ii) considered by Part B carrier (HealthPartners) as "<u>not usually self - administered</u>".</p>	<p>Various injectable and IV drugs administered in a physician's office</p>	<p>PA <u>May or May NOT</u> be Required. Determine PA status by review of Medical Policy for a particular drug.</p> <p><i>Note: <u>Only a physician office</u> will bill Part B for drugs "incident to" a physician's service. Exception: If HealthPartners does not cover an injectable medication in the clinic and it is Part D eligible, it must be covered under Part D.</i></p> <p>Provided in clinic. Billed as a medical benefit / claim.</p> <p>If denied medical coverage and Part D eligible, billed on-by pharmacy</p>
<p>Erythropoietin (EPO)</p> <p>Part B Coverage Criteria: Treatment of anemia for a beneficiary with chronic renal failure (CRF) and who is undergoing dialysis.</p> <p>Erythropoietin may also be covered under Part B "Incident To" a Physician's Service.</p>	<p>Darbepoetin alfa (Aranesp) - PA for cancer indication only Epoetin alfa (Epoen) - NF Epoetin alfa (Procrit) - PA for cancer indication only</p>	<p><u>PA Required</u> to determine Part B or Part D coverage.</p> <p>Part D Crossover Drug: If prescribed for any other approved indication not covered under Part B, the drug will be covered under Part D.</p> <p>If provided in clinic, billed as a medical benefit / claim.</p> <p>If provided as out patient, billed online by pharmacy.</p>

Medicare Part B Covered Medications

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<p>Immunosuppressant Drugs</p> <p>Part B Coverage Criteria: Drugs used in immunosuppressive therapy for beneficiaries that receive a Medicare Covered Transplant.</p>	<p>Azathioprine (Azasan) Azathioprine (Imuran) Belatacept (Nulojix) Cyclophosphamide (Cytosan) Cyclosporine (Sandimmune/Neoral) Everolimus (Zortress) - PA *Methotrexate tablet Methotrexate injection Methylprednisolone (Medrol) Mycophenolate Acid (Myfortic) - NF Mycophenolate Mofetil (Cellcept) Prednisolone Prednisone Sirolimus (Rapamune) Tacrolimus (Prograf) Tacrolimus (Hecoria) - NF</p>	<p>PA Required to determine Part B or Part D coverage, except for drugs flagged with an asterisk. Clinical PA also required for drugs flagged with a PA.</p> <p>Part D Crossover Drug: <i>Drugs will be covered under Part D when prescribed for any other FDA- approved indication.</i></p> <p><i>*Methotrexate tablet will always auto process under Part D and will require a manual entry to process under Part B when applicable.</i></p> <p>Typically provided as out patient. Billed online by pharmacy.</p>
<p>Insulin Supplies</p> <p>Part B Coverage Criteria: None</p>	<p>Alcohol Swabs Gauze Insulin Needles Insulin Pen Device Insulin Syringes</p>	<p>PA NOT Required.</p> <p><i>Note: Never Part “B”</i></p> <p>Part D Coverage Criteria: Supplies related to the use of Insulin are always covered under Part D.</p> <p>Provided as out patient. Bill online by pharmacy.</p>
<p>Parenteral Nutrition</p> <p>Part B Coverage Criteria: Prosthetic benefit for individuals with “permanent” dysfunction of the digestive tract. If medical record, including the judgment or the attending physician, indicates that the impairment will be long and indefinite duration, the test of permanence is met. Sole source of nutrition. Use of TPN for a minimum of 90 days.</p>	<p>All total parenteral nutrition (TPN) and its components (amino acids, dextrose, lipids, standard TPN additives) – NF</p> <p><u>Included in Part B Coverage:</u> IV vitamins Trace elements/minerals Supplies and equipment for administration</p> <p>Freamine III Intralipid 20% & 30%</p>	<p>PA NOT Required.</p> <p><i>Note: Parenteral nutrition drug components of TPN are covered under Part D (not Part B) if patient has a functioning GI tract whose need for parenteral nutrition is due to:</i></p> <ul style="list-style-type: none"> • A swallowing disorder • A temporary defect in gastric emptying such as a metabolic or electrolyte disorder • A psychological disorder impairing food intake such as depression • A metabolic disorder inducing anorexia such as cancer • A physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease • A side effect of a medication • Renal failure and/or dialysis <p><i>Part D does not pay for: i) multivitamin and trace mineral / elements added to the solution; or ii) the equipment / supplies and professional services associated with the provision of parenteral nutrition.</i></p> <p>NOTE: Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D.</p> <p>If provided in clinic, bill as a medical benefit / claim.</p> <p>If provided as out patient, bill online by pharmacy.</p>

Medicare Part B Covered Medications

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<p>Products Administered in Durable Medical Equipment (DME): Nebulized Drugs Only</p> <p>Part B Coverage Criteria: Inhalation drugs that required for a Part B-covered DME to perform its function at home. These drugs are administered via a nebulizer (covered DME) <u>only for beneficiaries residing in their “home”.</u></p> <p>Note: In addition to a hospital, a skilled nursing facility (SNF) or a distinct part SNF, the following long term care facilities (LTC) <u>cannot be considered a home</u> for purposes of receiving the Medicare Part B DME benefit:</p> <ul style="list-style-type: none"> • A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF) • A Medicaid-only NF that primarily furnishes skilled care; • A non-participating nursing home (i.e. neither Medicare nor Medicaid) that provides primarily skilled care; and • An institution which has a distinct part SNF and which also primarily furnishes skilled care. 	<p>Acetylcysteine (Mucomyst) Arformoterol tartrate (Brovana) – NF Albuterol (Proventil/Ventolin/Accuneb) Albuterol/Ipratropium (DuoNeb) Budesonide (Pulmicort Respule) Cromolyn sodium (Intal) Dornase alfa (Pulmozyme) Formoterol fumarate (Perforomist) – NF Iloprost (Ventavis) – PA (specialty) Ipratropium (Atrovent) Levalbuterol hcl (Xopenex) – NF Pentamidine isethionate (Nebupent) – NF Racpinephrine (AsthmaNefrin)– NF Ribavirin (Virazole) – NF Tobramycin (TOBI) Treprostinil (Tyvaso) – PA (specialty)</p>	<p>PA <u>NOT</u> Required.</p> <p>Part D Crossover Drug: If an inhalation drug that requires administration via a nebulizer (covered DME) <u>because the beneficiary resides in a long term care (LTC) facility or nursing home (not their “home”)</u> the drug will be covered under the beneficiary’s Part D prescription benefit.</p> <p><i>Will auto process under Part B coverage for beneficiaries residing in their home.</i></p> <p><i>Will auto process under Part D coverage for beneficiaries residing in an LTC facility or nursing home.</i></p> <p>If provided in clinic, billed as a medical benefit / claim.</p> <p>If provided as out patient or in LTC, billed online by pharmacy.</p>

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<p>End Stage Renal Disease (ESRD) Drugs</p> <p>Part B Coverage Criteria: CMS implemented a system to permit reporting of ESRD dialysis start and end dates on the enrollment transaction reply report and as necessary thereafter to report changes in the ESRD information. This ESRD information should be used to determine whether or not an ESRD beneficiary is receiving renal dialysis services. It is not sufficient to confirm the ESRD indicator alone, but a dialysis start date is also necessary.</p> <p>Questions for Payment Determination:</p> <ol style="list-style-type: none"> 1. Does the prescriber (i.e., nephrologist, nurse practitioner, or physician assistant) receive a monthly capitation payment or manage ESRD patient care? <ol style="list-style-type: none"> a. If Yes, ask question #2. b. If No, the drug is not ESRD-related. Confirm the prescriber's NPI and proceed with any further Part D processing. 2. Is the drug prescribed to be used for an ESRD-related condition? <ol style="list-style-type: none"> a. If Yes, the drug is ESRD-related and not covered under Part D. b. If No, the drug is not ESRD-related. Confirm the prescriber's NPI and proceed with any further Part D processing. <p>If HealthPartners determines later that the ESRD facility should have been paid instead of processing under Part D, the sponsor must recover the Part D payment and reverse the PDE. Beneficiaries should be directed to the ESRD facility to recover any cost-sharing incurred on the claims.</p>	<p><u>ALWAYS ESRD Drugs:</u></p> <p><u>Access Management:</u> Drugs used to ensure access by removing clots from grafts, reverse anticoagulation if too much medication is given and provide anesthetic for access placement. Heparin injection & IV Lidocaine injection (5mg/ml & 10mg/ml) Lidocain-Prilocaine cream</p> <p><u>Anemia Management:</u> Drugs use to stimulate red blood cell production. Darbepoetin (Aranesp) - PA Epoetin Alfa (Procrit) - PA Epogen - NF</p> <p><u>Anti-Infectives:</u> Drugs to treat access site infections. Vancomycin injection Daptomycin injection - NF</p> <p><u>Bone and Mineral Metabolism:</u> Drugs used to prevent/treat bone disease secondary to dialysis. Calcitriol capsule & solution Calcitriol IV (Calcijex) - NF Calcium gluconate IV - NF Calcium salmon injection - NF Calcium salmon nasal - PA Deferoxamine injection - NF Doxercalciferol IV (Hectoral) - NF Ibandronate injection & tablet (Boniva) - NF Pamidronate IV (Aredia) - NF Paricalcitol capsule (Zemlar) - PA Paricalcitol IV (Zemlar) - NF</p> <p><u>Cellular Management:</u> Drugs used for deficiencies of naturally occurring substances needed for cellular management. Levocarnitine solution & tablet</p> <p><u>Drugs that MAY be ESRD-related:</u></p> <p>Antiemetics: Prevent or treat nausea and vomiting secondary to dialysis. Ant-infectives (may include antibacterial and antifungal drugs): Treat infections. Antipruritic: Treat itching related to dialysis. Anxiolytic: Treatment of restless leg syndrome secondary to dialysis. Excess Fluid Management: Treat fluid excess/overload. Fluid and Electrolyte Management: IV drugs/fluids used to treat fluid and electrolyte needs. Pain Management: Treat graft site pain and to pain medication overdose.</p>	<p>PA Required to determine Part B or Part D coverage.</p> <p>Part D Crossover Drug: Process under Part B if an individual is flagged as an ESRD patient receiving one of these medications from an ESRD facility and has a dialysis start date.</p> <p>Process under Part D if an individual is not flagged as an ESRD patient.</p> <p>If provided at an ESRD facility: Billed as a medical benefit / claim for bundled services provided by the ESRD facility.</p> <p>If provided for individuals who are not flagged as ESRD: Billed online by pharmacy.</p>

Medicare Part B Covered Medications

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<p>Products Administered in Durable Medical Equipment (DME): IV Drugs and Insulin “requiring a pump for infusion”</p> <p>Part B Coverage Criteria: IV drugs and Insulin that require administration via pump for infusion (covered DME) <u>only for beneficiaries residing in their “home”</u>.</p> <p>Note: In addition to a hospital, a skilled nursing facility (SNF) or a distinct part SNF, the following long term care facilities (LTC) <u>cannot be considered a home</u> for purposes of receiving the Medicare Part B DME benefit:</p> <ul style="list-style-type: none"> • A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF) • A Medicaid-only NF that primarily furnishes skilled care; • A non-participating nursing home (i.e. neither Medicare nor Medicaid) that provides primarily skilled care; and • An institution which has a distinct part SNF and which also primarily furnishes skilled care. 	<p>Chemotherapy – for primary Hepatocellular or colorectal Carcinoma</p> <p>Deferoxamine – for chronic iron Overload</p> <p>Insulin, continuous subcutaneous – for diabetes mellitus</p> <p>Morphine - for cancer related pain</p> <p>Other Drugs – administered by a prolonged infusion of at least 8 hours due to proven clinical efficacy</p>	<p>PA Required for all drugs in this class to determine Part B coverage (beneficiaries residing in their home) or Part D coverage (beneficiaries residing in an LTC facility or nursing home).</p> <p>Part D Crossover Drug: If an IV drug or insulin requires administration via a pump for infusion (covered DME) <u>because the beneficiary resides in a long term care (LTC) facility or nursing home (not their “home”)</u> the drug will be covered under the beneficiary’s Part D prescription benefit.</p> <p>If provided in clinic, billed as a medical benefit / claim.</p> <p>If provided as out patient or for beneficiaries who reside in LTC, billed online by pharmacy.</p>

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<p>Prophylactic (Preventive) Vaccines</p> <p>Part B Coverage Criteria: Vaccines given directly related to the treatment of an injury or direct exposure to a disease or condition are always covered under Part B.</p> <p>Hepatitis B for intermediate and high risk patients are always Part B.</p> <ul style="list-style-type: none"> Hepatitis B Vaccine <u>High Risk</u>: individuals w/ESRD, clients of institutions for individuals for the mentally handicapped, persons who live in the same household as a hepatitis B virus carrier, homosexual men, illicit injectable drug users, individuals with hemophilia who receive Factor VIII or IX. Hepatitis B Vaccine <u>Intermediate Risk</u>: staff in institutions for the mentally handicapped, workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work. <p>Influenza and Pneumococcal vaccines are always covered under Part B.</p> <ul style="list-style-type: none"> Influenza is covered under Part B per applicable state law and beneficiaries may receive the vaccine upon request. 	<p>Hepatitis B Influenza Pneumococcal Rabies Tetanus Other vaccines/toxoids directly related to treatment of an injury or direct exposure to a disease or condition</p>	<p><u>PA Required</u> to determine Part B or Part D coverage.</p> <p>Part D Crossover Drug / Coverage Criteria:</p> <p>Vaccines NOT related to the treatment of an injury or direct exposure to a disease or condition are covered under Part D.</p> <p>Hepatitis B vaccine for <u>low risk</u> individuals should be considered for coverage under Part D.</p> <p>Influenza & Pneumococcal vaccines are Never covered under Part D.</p> <p>Provided in clinic. Billed as a medical benefit / claim.</p>

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<p>Miscellaneous Medications (Injectables/Infusion Drugs)</p> <p>Part B Coverage Criteria: See medications/products column for criteria.</p> <p>Infusion by pump, IV push, IV drip or injectable medications administered <u>in a physician's office</u> are always covered under Part B.</p>	<p><u>Antifungal/Antiviral Drugs</u> Acyclovir Amphotericin B - PA Liposomal amphotericin B only covered for patients who have suffered significant toxicity with standard amphotericin B or significantly impaired renal function Foscarnet - PA Ganciclovir - NF</p> <p><u>Chemotherapy Drugs - All PA</u> Bleomycin Cladribine Cytarabine Doxorubicin (non-liposomal) Fluorouracil Vinblastine Vincristine</p> <p><u>Chronic Pain, severe</u> Ziconotide (Prialt) - NF</p> <p><u>Hypercalcemia (cancer-related)</u> Gallium nitrate - NF</p> <p><u>IVIG Provided in the Home - PA</u> Diagnosis of primary immune deficiency disease Coverage under Part B if physician determines that administration in the patient's home is medically necessary Part B coverage is limited to the IVIG only (not supplies/equipment) Administration in the home for other indications in accordance with FDA approval or compendium listing is a Part D benefit.</p> <p><u>Narcotic Analgesics for Cancer Pain</u> Narcotic analgesics (except meperidine) in place of morphine for intractable cancer</p> <p><u>Parenteral Inotropic Drugs</u> For patients with CHF Dobutamine - NF Dopamine - NF Milrinone - NF</p> <p><u>Pulmonary Hypertension Treatment</u> Epoprostenol (Flolan) - PA Treprostinil (Remodulin) - PA</p>	<p>PA <u>May or May NOT</u> be Required.</p> <p>Part D Coverage Criteria: If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage.</p> <p>Infusion by pump, IV push, IV drip or injectable medications administered <u>in the patient's home, long term care facility (LTC) or a nursing home</u> are covered under Part D unless otherwise stated.</p> <p>IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician's office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section.</p> <p>Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications.</p> <p>New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B.</p> <p>NOTE: Heparin and sodium chloride flush are covered under a member's HealthPartners DME benefit. They are not covered under Part B or Part D.</p> <p>If provided in clinic, billed as a medical benefit / claim.</p> <p>If provided as out patient or in LTC, billed online by pharmacy.</p>