

Text of Subspecialty Group Letter:

In order to simplify access to the Part D drug benefit in the outpatient setting we are recommending that certain steps be taken by providers to clearly differentiate those drugs, filled by retail pharmacies, which may qualify as Part B drugs and those which may qualify as Part D drugs. At this time, Part B covers the 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.

### **I. 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) administers these drugs to a non Part A patient, the drug is not covered under Part B because it is not administered incident to a physician's service. In this situation, we recommend including a statement of status such as "Administered by facility, Nursing Home Part D".

### **II. 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

### **III. Oral Anticancer drugs**

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

**IV. 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-HT<sub>3</sub> 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
- Promethazine Hydrochloride
- Thiethylperazine Maleate
- Trimethobenzamide Hydrochloride

For these 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 “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 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 vs. Part D coverage, see the following website:  
[http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc\\_07.27.05.pdf](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf)

Sincerely,

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