



## **MVP Health Care Medical Policy**

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### **Medicare Part B vs. Part D Determination**

<b>Type of Policy:</b>	<b>Drug/Medical Therapy</b>
<b>Prior Approval Date:</b>	<b>06/01/2023</b>
<b>Approval Date:</b>	<b>12/01/2023</b>
<b>Effective Date:</b>	<b>01/01/2024</b>
<b>Related Policies:</b>	<b>Pharmacy Programs Administration</b> <b>Medicare B vs D (Part D policy)</b> <b>Medicare Part B Drug Therapy</b>

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### **Codes Requiring Prior Authorization**

Various

Refer to the Medicare Part D formulary for drugs that may be covered under the Part D benefit.

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### **Overview**

Traditional Medicare Part A or B does not cover most outpatient prescription drugs. However, the law does authorize coverage under Medicare Part B of some medications if certain criteria are met. Those agents which may be prescribed for conditions that are allowable under Part B coverage as well as Part D coverage will be prior authorized to determine the appropriate coverage benefit and copayment.

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### **Indications/Criteria**

The drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination<sup>5</sup>.

The medication will be covered under the Medicare Part D benefit if:

- the information provided identifies that conditions of use **do not meet** the criteria for use under the Part B benefit; **and**
- the drug (and indication) meets the definition of a Part D drug; **and**
- the member is currently enrolled in Medicare Part D with MVP.

The medication will be covered under the Medicare Part B benefit if:

- the information provided identifies that conditions of use **meet** the criteria for use under the Part B benefit; **and**
- the drug (and indication) meets the definition of a Part B drug; **and**
- the member is currently enrolled in Medicare with MVP.

**Outpatient Drugs**-are covered under Part B when furnished incident to a physician service for drugs that are not usually self-administered by the patient. Coverage is usually limited to drugs administered by infusion or injection.

- Certain drugs may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and administration setting of the drug, or how the drug is being obtained (buy and bill by office, shipped to office by specialty pharmacy for administration, or obtained by member) to make determination.

**Inhalation Drugs**-The following drugs would be covered under Part B when used in the home and administered using a nebulizer:

- Albuterol, arformoterol (Brovana), budesonide, cromolyn, formoterol, ipratropium, levalbuterol, metaproterenol, and revefenacin for the management of obstructive pulmonary disease
- Dornase alpha for the management of cystic fibrosis
- Tobramycin for the management of cystic fibrosis or bronchiectasis
- Pentamidine for the management of HIV, pneumocystosis, or complications of organ transplants.
- Acetylcysteine for the management of persistent thick or tenacious pulmonary secretions
- Treprostinil inhalation solution and iloprost for the treatment of pulmonary arterial hypertension

For a member in a SNF or hospital who does not have Part A coverage, the Part A coverage has run out, or whose stay is non-covered these medications would be covered under Part D as the Part B DME coverage is limited to items that are furnished for use in the patient's home.

Refer to LCD for Nebulizers (L33370) for coverage details

**Infusion Pump Medications**-The following medications would be covered under Part B if administered in the home using an infusion pump

- Antiviral/antifungal drugs acyclovir, foscarnet, amphotericin B, ganciclovir
- Administration of the anticancer chemotherapy drugs cladribine, fluorouracil, cytarabine, bleomycin, floxuridine, doxorubicin (non-liposomal), vincristine (non-liposomal) or vinblastine by continuous infusion over at least 8 hours when the regimen is proven or generally accepted to have significant advantages over intermittent administration regimens
- Blinatumomab
- Deferoxamine for the treatment of chronic iron overload
- Insulin
- Morphine for the treatment of intractable pain caused by cancer
- Narcotic analgesics (except meperidine) in place of morphine for the treatment of intractable pain caused by cancer that has not responded to an adequate oral/transdermal therapeutic regimen or cannot tolerate oral/transdermal narcotic analgesics
- Administration of parenteral inotropic therapy with dobutamine, milrinone, or dopamine
- Levodopa-Carbidopa enteral suspension for the treatment of motor fluctuations in Parkinson's disease
- Epoprostenol or treprostinil for the treatment pulmonary hypertension
- Gallium nitrate for the treatment of symptomatic cancer-related hypercalcemia
- Subcutaneous immune globulin for the treatment of primary immune deficiency
- Ziconotide (intrathecal) for severe chronic pain

Refer to NCD for Infusion Pumps (280.14) for coverage details and LCD for External Infusion Pumps (L33794)

**Immunosuppressive drugs**- covered under Part B if meet the following:

- Must be FDA approved for immunosuppression or identified in the label for use in conjunction with immunosuppressive drug therapy
- Patient must have received an organ transplant while enrolled in Medicare Part A and the immunosuppressive therapy is appropriate for the transplant.

**Hemophilia clotting factors**-are covered under Part B for hemophilia patients competent to use such factors to control bleeding without medical supervision.

**Erythropoietin (EPO)**-is covered for the treatment of anemia for patients with chronic renal failure who are on dialysis.

- Refer to Chapter 15 Section 50.5.2 of the Medicare Benefit Policy Manual for coverage details

**Oral anti-cancer drugs**-certain drugs where there is an infusible version of the drug are covered under Part B

- Must be used for the same indication of the infusible version of the drug
- The following oral drugs may be covered under Part B
  - busulfan, capecitabine, cyclophosphamide, etoposide, fludarabine phosphate, melphalan, methotrexate, temozolomide, topotecan
- Refer to LCD for Oral Anticancer Drugs (L33826) and the accompanying Policy Article (A52479) for coverage guidance.

**Oral anti-emetic drugs**- covered under Part B if meet the following:

- Must be used as full therapeutic replacement for intravenous drugs as part of a cancer chemotherapeutic regimen
- Must be approved by the FDA for use as an anti-emetic
- Must be administered within 48 hours of the administration of the chemotherapy agent
- Maximum of 48 hours of therapy is covered
- Refer to NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis for coverage guidance for oral aprepitant.

**Immunizations**-covered under Part B

- Hepatitis B vaccine- when administered to patient who is at high or intermediate risk of contracting hepatitis B
  - High risk groups include: individuals with ESRD; individuals with hemophilia who received Factor VIII or IX concentrates; clients of institutions for individuals for the mentally handicapped; persons who live in the same household as a hepatitis B virus (HBV) carrier; homosexual men; illicit injectable drug abusers, persons diagnosed with diabetes mellitus.
  - Intermediate risk groups include staff in institutions for the mentally handicapped and workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work
- Pneumococcal vaccine
- Tetanus-when administered directly related to the treatment of an injury
- Influenza vaccine

**Parenteral nutrition**- covered under Part B if meet the following:

- Covered under the prosthetic devices benefit when criteria are met (see Enteral Therapy Policy and the Medicare Local Coverage Determination (LCD) for Enteral Nutrition (LCD L38955))

- Intradialytic Parenteral Nutrition would not be covered under Part B. It is considered a Part D compound because dialysate is not included
- Intraperitoneal Nutrition is considered a Part B compound

### **Parsabiv (etelcalcetide)**

CMS considers Parsabiv to be included in the ESRD PPS (Prospective Payment System) bundled payment, therefore prior authorization is not required. Providers must follow the CMS PPS payment methodology.

**Intravenous immune globulin (IVIG)**-covered under Part B in the home if meet the following:

- Used for the treatment of primary immune deficiency and administered with an infusion pump
- IVIG is defined as approved pooled plasma derivative for the treatment of primary immune deficiency disease
- See Immunoglobulin Therapy policy for coverage criteria

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### **Exclusions**

Not meeting the definition of a Part D drug or covered under the Part B benefit.

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### **References**

1. Medicare Claims Processing Manual. Chapter 17- Drugs and Biologicals. Revised 8/21/2015. Available: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>
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- Renal Disease (ESRD) Medicare Benefit Policy Manual to Reflect the Implementation of the ESRD Prospective Payment System (PPS). 11/14/2011.
6. NHIC, Corp. LCD (L33370) Nebulizers, Original Article Effective Date 10/1/2015. Available: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?>
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  8. Medicare Prescription Drug Benefit Manual, Chapter 6. Available at <https://cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf> (Accessed 3/2/16)
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  12. Medicare Local Coverage Determination for Oral Anticancer Drugs (L33826). Revision Effective Date: 01/01/2020.
  13. Medicare Local Coverage Article Oral Anticancer Drugs – Policy Article (A52479). Revision Effective Date: 10/01/2022.
  14. Medicare Claims Processing Manual. Chapter 17- Drugs and Biologicals. Revised 12/22/2022. Available: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>
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