

Text of Long-Term Care Association Letter:

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 letter 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.* In this situation, 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 “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,

Jeff Kelman, MD  
Chief Medical Officer, Center for Beneficiary Choices and  
Senior Advisor to the Administrator