

Memorandum

TO: Alliance for Quality Nursing Home Care Members

FROM: Jeffrey A. Kelman, M.D., CMS/CBC
Alan Rosenbloom

DATE: February 2, 2006

RE: Joint Recommendation from CMS and Alliance - Medicare Part D

In order to simplify access to the Part D drug benefit in the LTC setting, we are recommending that certain steps be taken by providers to clearly differentiate those drugs that have specific definitions as Part B or Part D status in LTC. These drugs include:

- Drugs administered through a Slip Stream Nebulizer (SSN) as DME
- Drugs administered through a pump as DME
- Infusion drugs
- Injectable drugs
- TPN when given for temporary malabsorption problems

For these classes of drugs, we recommend 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.”

In addition, there are drugs that may be covered by Part B for specific indications:

- Immunosuppressive drugs for transplants received under Medicare
parenteral azathioprine (J7501) or methylprednisolone (J2920, J2930)
CYCLOSPORINE, ORAL, LYMPHOCYTE IMMUNE GLOBULIN,
ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL,
MUROMONAB-CD3, PARENTERAL, PREDNISONE, ORAL,
TACROLIMUS, ORAL, METHYLPREDNISOLONE ORAL,
PREDNISOLONE ORAL, LYMPHOCYTE IMMUNE GLOBULIN,
LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN,
RABBIT, PARENTERAL, DACLIZUMAB, PARENTERAL,
CYCLOSPORINE, ORAL, MYCOPHENOLATE MOFETIL, ORAL,
SIROLIMUS, ORAL, TACROLIMUS, PARENTERAL,
IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED,
CYCLOPHOSPHAMIDE; ORAL, METHOTREXATE; ORAL

➤ Oral Anticancer drugs

Busulfan
Capecitabine
Cyclophosphamide
Etoposide
Melphalan
Methotrexate
Temozolomide

➤ Oral anti-emetics given in association with chemotherapy

3-drug combination of aprepitant (J8501), a 5-HT3 antagonist (Q0166, Q0179, Q0180), and dexamethasone (Q0181), DIPHENHYDRAMINE HYDROCHLORIDE, PROCHLORPERAZINE MALEATE, ORAL, GRANISETR CHLORPROMAZINE HYDROCHLORIDE ON HYDROCHLORIDE, ORAL, DRONABINOL, PROMETHAZINE HYDROCHLORIDE, CHLORPROMAZINE HYDROCHLORIDE, TRIMETHOBENZAMIDE HYDROCHLORIDE, PERPHENAZINE, HYDROXYZINE PAMOATE, ONDANSETRON HYDROCHLORIDE, DOLASETRON MESYLATE, UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

For these drugs we recommend including in the written order both the indication and the statement of status as “Part B” (for above indications) or “Part D” (for all other indications).

This process may facilitate the response to the Part D plan “step-edit” in situations where responsibility for coverage is not clear.