

CMS Recommendations for Drugs Defined as Part B or Part D

In order to simplify access to the Part D drug benefit in the outpatient setting, CMS is recommending that certain steps be taken by providers to clearly differentiate those drugs, filled by retail pharmacies, which have specific definitions as Part B or Part D status for outpatients. (For detailed information regarding Part B versus Part D coverage for drugs, view CMS' Part B/Part D Coverage Issues table at <http://www.cms.hhs.gov/pharmacy/downloads/partsbdcoverageissues.pdf>.)

CMS recommends including in the written prescription both the diagnosis and the indication as well as the statement of status as "Part B" (for indications listed below) or "Part D" (for all other indications) for the drugs listed below. As an example, Methotrexate for rheumatoid arthritis should have the diagnosis specified and the designation "Part D" added to the prescription.

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

Immunosuppressive drugs for transplants received under Medicare

- parenteral azathioprine (J7501)
- 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, antithymocyte globulin, rabbit, parenteral
- Daclizumab, parenteral
- 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
- Granisetron hydrochloride, oral
- Dronabinol
- Promethazine hydrochloride
- Chlorpromazine hydrochloride
- Trimethobenzamide hydrochloride
- Perphenazine hydrochloride
- Hydroxyzine pamoate
- Ondansetron hydrochloride
- Dolasetron mesylate
- Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen