

## Overlapping Coverage Between Part B and Part D Drugs

Before 2006, Medicare covered a limited number of outpatient medications. Those that were covered under Part B included drugs administered by physicians in an office or clinic setting, drugs used with durable medical equipment (DME) and drugs specifically named in statute. Since January 1, 2006, Medicare beneficiaries have been able to obtain coverage for most other types of outpatient drugs through Part D Prescription Drug Plans (PDPs) or Medicare Advantage – Prescription Drug (MA-PD) plans. Many drugs, however, can actually be covered under either Part B or Part D under a rather complex set of rules that the Centers for Medicare and Medicaid Services (CMS) has developed.

In most instances, it is clear whether drugs are covered under Part B or Part D. In general, Medicare covers drugs that must be administered by physicians under Part B and those drugs purchased at a pharmacy through Part D. However, one source estimated that about 6,000 products [i.e., unique national drug code (NDC) numbers] could potentially be covered under either Part B or Part D (PCMA/NACDS 2006) and the intended use and practice setting is often far from clear. Since Part D plans are required by CMS to accurately determine whether a drug should be covered under Part B before they can approve a claim, plans often require prior authorization on these crossover medications. These prior authorization requirements can sometimes result in administrative burdens on the part of physicians, pharmacists and health plans.

In an attempt to provide greater clarity regarding the processing of these crossover medication claims, we have listed a few important examples of medications that can be covered under either Medicare Plan or an explanation as to when the drug is covered under Part B or Part D. We have also included some important reminders and updates that took effect as of January 1, 2008.

Description	Part B	Part D
<p><b>Vaccines:</b> Influenza, Pneumococcal, Hepatitis B (moderate to high risk individuals – includes ESRD, hemophiliacs, mentally handicapped, injectable drug abusers, health care workers with frequent exposure to blood or blood-derived body fluids, etc.), and other vaccines (e.g. tetanus toxoid) when directly related to the treatment of an injury or direct exposure to a disease.</p> <p><b>Reminder:</b> All orders for Hepatitis B vaccine should include <b>RISK LEVEL</b> clearly noted on the prescription.</p>	XX	
<p><b>Vaccines:</b> All others</p> <p><b>New for 2008:</b> As of January 1, 2008, CMS will consider vaccine administration costs a component of the negotiated price for a Part D vaccine. In other words, the price of administering a Part D Vaccine will include: vaccine ingredient cost + dispensing fee + sales tax (if applicable) + VACCINE ADMINISTRATION FEE. Physicians will still need to utilize the Prime Therapeutics eDispense network (<a href="http://enroll.edispense.com">http://enroll.edispense.com</a>) for electronic claims submission for Part D vaccines.</p>		XX
<p><b>Oral Anti-emetic Drugs:</b> Used as full therapeutic replacement for infusion anti-emetics within 48 hours of receiving chemotherapy</p> <p><b>Reminder:</b> The provider must indicate on the prescription that the medication is for full replacement for IV anti-emetic and the patient has a cancer diagnosis</p>	XX	
<p><b>Oral Anti-emetic Drugs:</b> All others</p>		XX
<p><b>Erythropoiesis Stimulating Agent (ESA):</b> ESRD receiving dialysis</p>	XX	
<p><b>Erythropoiesis Stimulating Agent (ESA):</b> All others</p> <p><b>New for 2008:</b> Due to continuing safety concerns (thrombosis, CV events, tumor progression, and reduced survival), CMS has issued new National Coverage Determinations for ESAs. These new guidelines include changes in number of doses, maximum doses allowed, maximum hemoglobin levels allowed for treatment, diagnoses allowed, etc. For this reason, all prescriptions for ESAs will require a Prior Authorization to ensure that the new CMS guidelines are being followed.</p>		XX
<p><b>Intravenous Immunoglobulin (IVIG):</b> Treatment of Primary Immune Deficiency disease</p>	XX	
<p><b>Intravenous Immunoglobulin (IVIG):</b> All others</p> <p><b>New for 2008:</b> In a similar situation to ESAs, all prescriptions for IVIG will require a Prior Authorization. The intent of the Prior Authorization for IVIG is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.</p>		XX