## Medicare Part B Covered Medications

This table provides a reference guide for the most frequent Part B/D coverage determination scenarios facing Part D plans and Part D pharmacy providers. It does not address all potential situations. For more extensive discussion, please refer to the Medicare Part B vs. Part D Coverage Issues document available at: [http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf)

The drugs listed below are covered for all members enrolled in a HealthPartners Medicare benefit plan, including those without a pharmacy benefit. Coverage of most of these drugs is federally mandated by CMS under Part B benefits for a specific patient diagnosis. Many of these medications require prior approval in order to verify the specified patient diagnosis listed below with each Part B covered class of medications. If a member does not meet the criteria for Part B coverage (all other covered uses), the medication will then be covered under the member’s Part D (or employer group, whichever is applicable) prescription drug benefit if the drug is on the formulary or if the non-formulary drug is prior approved for coverage. These drugs are referred to as Part D Crossover drugs in this document.

Providers are strongly encouraged to write the following information on the prescription order for beneficiaries receiving medications that may be covered under Part B in order to determine Part B or Part D coverage: 1) Patient Diagnosis; 2) Dispensing Pharmacy Information (see Products Administered in DME via Nebulizer or via Infusion pump for coverage criteria by administration site, e.g., nursing home vs. beneficiary home); 3) Concurrent Medications as in the case of some oral anti-emetics, e.g., Emend (see Anti-emetics, Oral for specific coverage information needed on the prescription).

Providers must call HealthPartners Pharmacy Customer Service at 952-883-5813 or 1-800-492-7259 option 2, to request prior authorizations for applicable drugs.

### Category & Coverage Criteria

<table>
<thead>
<tr>
<th>Medications/Products</th>
<th>Additional Coverage Information</th>
</tr>
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<tbody>
<tr>
<td><strong>Anti-Cancer, Oral</strong></td>
<td><strong>PA NOT Required, except for drugs flagged with a single asterisk which require a PA to determine Part B or Part D coverage.</strong></td>
</tr>
<tr>
<td><strong>Part B Coverage Criteria:</strong> Oral drugs used for cancer treatment that contain the same active ingredient and are used for the same indications as Part B-covered chemotherapy drugs furnished incident to a physician’s service (such as injectable dosage forms that are not usually self-administered).</td>
<td><strong>Part D Crossover Drug:</strong> Drugs flagged with asterisks will be covered under Part D when prescribed for any other FDA-approved indication. <strong>All drugs (except those flagged with asterisks) will auto process under Part B.</strong> <strong>Methotrexate tablet will always auto process under Part D and will require a manual entry to process under Part B when applicable.</strong> <strong>Typically provided as out patient. Billed online by pharmacy.</strong></td>
</tr>
<tr>
<td>Busulfan (Myleran)</td>
<td><strong>PA Required to determine Part B or Part D coverage.</strong></td>
</tr>
<tr>
<td>Capcitabine (Xeloda)</td>
<td><strong>Note:</strong> CMS requires physicians to indicate on the prescription that the oral anti-emetic is being used as full therapeutic replacement for the intravenous (IV) anti-emetic drug as part of a cancer chemotherapeutic regimen. <strong>Part D Crossover Drug:</strong> If a drug in this category is prescribed: (i) beyond 48 hours of IV chemotherapy administration; or (ii) for any other approved indication not covered under Part B (non-chemotherapy-associated use), the drug will be covered under the beneficiary’s Part D prescription benefit. <strong>Typically provided as out patient. Billed online by pharmacy.</strong></td>
</tr>
<tr>
<td>Cyclophosphamide (Cytoxan) - PA</td>
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# Medicare Part B Covered Medications

<table>
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<tr>
<td><strong>Antigens</strong></td>
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| **Part B Coverage Criteria:** Prepared by a physician and administered by a physician or physician’s nurse. In some cases, the physician prepares the antigens and furnishes them to a patient. | Allergy Serums Other Antigens | PA NOT Required.  
Note: Never Part D  
Provided in clinic. Billed as a medical benefit / claim. |
| Blood Clotting Factors | Anti-inhibitor Coagulation Factor Factor VIIa Factor IX | PA NOT Required.  
Note: Never Part D  
If provided in clinic, billed as a medical benefit / claim.  
If provided as out patient, billed online by specialty pharmacy. |
| **Diabetic Supplies** | Blood Glucose Monitors Blood Glucose Test Strips Lancets Lancet Devices | PA NOT Required.  
Note: Never Part D  
If provided as out patient, billed online by pharmacy.  
If provided by DME vendor, billed as medical benefit / claim. |
| **Drugs furnished “incident to” a physician service** | Various injectable and IV drugs administered in a physician’s office | PA May or May NOT be Required.  
Determine PA status by review of Medical Policy for a particular drug.  
Note: Only a physician office will bill Part B for drugs “incident to” a physician’s service. Exception: If HealthPartners does not cover an injectable medication in the clinic and it is Part D eligible, it must be covered under Part D.  
Provided in clinic. Billed as a medical benefit / claim.  
If denied medical coverage and Part D eligible, billed on-by pharmacy |
| **Erythropoietin (EPO)** | Darbepoetin alfa (Aranesp) - PA for cancer indication only Epoetin alfa (Epogen) - NF Epoetin alfa (Procrit) – PA for cancer indication only | PA Required to determine Part B or Part D coverage.  
Part D Crossover Drug: If prescribed for any other approved indication not covered under Part B, the drug will be covered under Part D.  
If provided in clinic, billed as a medical benefit / claim.  
If provided as out patient, billed online by pharmacy. |
# Medicare Part B Covered Medications

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<tr>
<td><strong>Immunosuppressant Drugs</strong></td>
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<tr>
<td><strong>Part B Coverage Criteria:</strong> Drugs used in immunosuppressive therapy for beneficiaries that receive a Medicare Covered Transplant.</td>
<td>Azathioprine (Azasan) Azathioprine (Imuran) Belatacept (Nulojix) Cyclophosphamide (Cytoxan) Cyclosporine (Sandimmune/Neoral) Everolimus (Zortress) - PA *Methotrexate tablet Methotrexate injection Methylprednisolone (Medrol) Mycophenolate Acid (Myfortic) - NF Mycophenolate Mofetil (Cellcept) Prednisolone Prednisone Sirolimus (Rapamune) Tacrolimus (Prograf) Tacrolimus (Hecoria) - NF</td>
<td><strong>PA Required</strong> to determine Part B or Part D coverage, except for drugs flagged with an asterisk. Clinical PA also required for drugs flagged with a PA. <strong>Part D Crossover Drug:</strong> Drugs will be covered under Part D when prescribed for any other FDA-approved indication. *Methotrexate tablet will always auto process under Part D and will require a manual entry to process under Part B when applicable. Typically provided as out patient. Billed online by pharmacy.</td>
</tr>
<tr>
<td><strong>Insulin Supplies</strong></td>
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</table>
| **Part B Coverage Criteria:** None | Alcohol Swabs Gauze Insulin Needles Insulin Pen Device Insulin Syringes | **PA NOT Required.**  
**Note:** Never Part “B”  
**Part D Coverage Criteria:** Supplies related to the use of Insulin are always covered under Part D.  
Provided as out patient. Bill online by pharmacy. |
| **Parenteral Nutrition**     |                      |                                |
| **Part B Coverage Criteria:** Prosthetic benefit for individuals with “permanent” dysfunction of the digestive tract. If medical record, including the judgment or the attending physician, indicates that the impairment will be long and indefinite duration, the test of permanence is met. Sole source of nutrition. Use of TPN for a minimum of 90 days. | All total parenteral nutrition (TPN) and its components (amino acids, dextrose, lipids, standard TPN additives) - NF **Included in Part B Coverage:** IV vitamins Trace elements/minerals Supplies and equipment for administration Freamine III Intralipid 20% & 30% | **PA NOT Required.**  
**Note:** Parenteral nutrition drug components of TPN are covered under Part D (not Part B) if patient has a functioning GI tract whose need for parenteral nutrition is due to:  
• A swallowing disorder  
• A temporary defect in gastric emptying such as a metabolic or electrolyte disorder  
• A psychological disorder impairing food intake such as depression  
• A metabolic disorder inducing anorexia such as cancer  
• A physical disorder impairing food intake such as the dyspnea of severe pulmonary or cardiac disease  
• A side effect of a medication  
• Renal failure and/or dialysis  
Part D does not pay for: i) multivitamin and trace mineral / elements added to the solution; or ii) the equipment / supplies and professional services associated with the provision of parenteral nutrition.  
**NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D.  
If provided in clinic, bill as a medical benefit / claim.  
If provided as out patient, bill online by pharmacy. |
**Medicare Part B Covered Medications**

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| **Products Administered in Durable Medical Equipment (DME): Nebulized Drugs Only** | Acetylcysteine (Mucomyst)  
Arformoterol tartrate (Brovana) – NF  
Albuterol  
(Proventil/Ventolin/Accuneb)  
Albuterol/Ipratropium (DuoNeb)  
Budesonide  
(Pulmicort Respule)  
Cromolyn sodium (Intal)  
Dornase alfa (Pulmozyme)  
Formoterol fumarate  
(Perforomist) – NF  
Iloprost (Ventavis) – PA (specialty)  
Ipratropium (Atrovent)  
Levalbuterol hcl (Xopenex) – NF  
Pentamidine isethionate  
(Nebupent) – NF  
Racepinephrine (AsthmaNefrin)– NF  
Ribavirin (Virazole) – NF  
Tobramycin (TOBI)  
Treprostinil (Tyvaso) – PA (specialty) | PA NOT Required.  
**Part D Crossover Drug:** If an inhalation drug that requires administration via a nebulizer (covered DME) **because the beneficiary resides in a long term care (LTC) facility or nursing home (not their “home”)** the drug will be covered under the beneficiary’s Part D prescription benefit.  
**Will auto process under Part B coverage for beneficiaries residing in their home.**  
**Will auto process under Part D coverage for beneficiaries residing in an LTC facility or nursing home.**  
If provided in clinic, billed as a medical benefit / claim.  
If provided as out patient or in LTC, billed online by pharmacy. |

**Part B Coverage Criteria:** Inhalation drugs that required for a Part B-covered DME to perform its function at home. These drugs are administered via a nebulizer (covered DME) **only for beneficiaries residing in their “home”**.

**Note:** In addition to a hospital, a skilled nursing facility (SNF) or a distinct part SNF, the following long term care facilities (LTC) **cannot be considered a home** for purposes of receiving the Medicare Part B DME benefit:

- A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF)
- A Medicaid-only NF that primarily furnishes skilled care;
- A non-participating nursing home (i.e. neither Medicare nor Medicaid) that provides primarily skilled care; and
- An institution which has a distinct part SNF and which also primarily furnishes skilled care.
**Medicare Part B Covered Medications**

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<td><strong>End Stage Renal Disease (ESRD) Drugs</strong></td>
<td></td>
<td>PA Required to determine Part B or Part D coverage.</td>
</tr>
<tr>
<td><strong>Part B Coverage Criteria:</strong> CMS implemented a system to permit reporting of ESRD dialysis start and end dates on the enrollment transaction reply report and as necessary thereafter to report changes in the ESRD information. This ESRD information should be used to determine whether or not an ESRD beneficiary is receiving renal dialysis services. It is not sufficient to confirm the ESRD indicator alone, but a dialysis start date is also necessary.</td>
<td><strong>ALWAYS ESRD Drugs:</strong></td>
<td><strong>Part D Crossover Drug:</strong> Process under Part B if an individual is flagged as an ESRD patient receiving one of these medications from an ESRD facility and has a dialysis start date.</td>
</tr>
<tr>
<td><strong>Questions for Payment Determination:</strong> 1. Does the prescriber (i.e., nephrologist, nurse practitioner, or physician assistant) receive a monthly capitation payment or manage ESRD patient care?</td>
<td><strong>Access Management:</strong> Drugs used to ensure access by removing clots from grafts, reverse anticoagulation if too much medication is given and provide anesthetic for access placement.</td>
<td>Process under Part D if an individual is not flagged as an ESRD patient.</td>
</tr>
<tr>
<td></td>
<td>a. If Yes, ask question #2.</td>
<td>If provided at an ESRD facility: Billed as a medical benefit / claim for bundled services provided by the ESRD facility.</td>
</tr>
<tr>
<td></td>
<td>b. If No, the drug is not ESRD-related. Confirm the prescriber’s NPI and proceed with any further Part D processing.</td>
<td>If provided for individuals who are not flagged as ESRD: Billed online by pharmacy.</td>
</tr>
<tr>
<td>2. Is the drug prescribed to be used for an ESRD-related condition?</td>
<td><strong>Anemia Management:</strong> Drugs use to stimulate red blood cell production.</td>
<td><strong>Drugs that MAY be ESRD-related:</strong></td>
</tr>
<tr>
<td></td>
<td>a. If Yes, the drug is ESRD-related and not covered under Part D.</td>
<td><strong>Antiemetics:</strong> Prevent or treat nausea and vomiting secondary to dialysis.</td>
</tr>
<tr>
<td></td>
<td>b. If No, the drug is not ESRD-related. Confirm the prescriber’s NPI and proceed with any further Part D processing.</td>
<td><strong>Ant-infectives</strong> (may include antibacterial and antifungal drugs): Treat infections.</td>
</tr>
<tr>
<td>If HealthPartners determines later that the ESRD facility should have been paid instead of processing under Part D, the sponsor must recover the Part D payment and reverse the PDE. Beneficiaries should be directed to the ESRD facility to recover any cost-sharing incurred on the claims.</td>
<td><strong>Anti-Infectives:</strong> Drugs to treat access site infections.</td>
<td><strong>Antipruritic:</strong> Treat itching related to dialysis.</td>
</tr>
<tr>
<td></td>
<td><strong>Bone and Mineral Metabolism:</strong> Drugs used to prevent/treat bone disease secondary to dialysis.</td>
<td><strong>Anxiolytic:</strong> Treatment of restless leg syndrome secondary to dialysis.</td>
</tr>
<tr>
<td></td>
<td>a. Calcitriol capsule &amp; solution</td>
<td><strong>Excess Fluid Management:</strong> Treat fluid excess/overload.</td>
</tr>
<tr>
<td></td>
<td>b. Calcitriol IV (Calcijex) - NF</td>
<td><strong>Fluid and Electrolyte Management:</strong> IV drugs/fluids used to treat fluid and electrolyte needs.</td>
</tr>
<tr>
<td></td>
<td>c. Calcium gluconate IV - NF</td>
<td><strong>Pain Management:</strong> Treat graft site pain and to pain medication overdose.</td>
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<td>d. Calcium salmon injection - PA</td>
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<tr>
<td><strong>Products Administered in Durable Medical Equipment (DME): IV Drugs and Insulin “requiring a pump for infusion”</strong></td>
<td>Chemotherapy – for primary Hepatocellular or colorectal Carcinoma</td>
<td>PA Required for all drugs in this class to determine Part B coverage (beneficiaries residing in their home) or Part D coverage (beneficiaries residing in an LTC facility or nursing home).</td>
</tr>
<tr>
<td><strong>Part B Coverage Criteria:</strong> IV drugs and Insulin that require administration via pump for infusion (covered DME) only for beneficiaries residing in their “home”.**</td>
<td>Deferoxamine – for chronic iron Overload</td>
<td><strong>Part D Crossover Drug:</strong> If an IV drug or insulin requires administration via a pump for infusion (covered DME) because the beneficiary resides in a long term care (LTC) facility or nursing home (not their “home”) the drug will be covered under the beneficiary’s Part D prescription benefit.</td>
</tr>
<tr>
<td>Note: In addition to a hospital, a skilled nursing facility (SNF) or a distinct part SNF, the following long term care facilities (LTC) cannot be considered a home for purposes of receiving the Medicare Part B DME benefit:</td>
<td>Insulin, continuous subcutaneous – for diabetes mellitus</td>
<td>If provided in clinic, billed as a medical benefit / claim.</td>
</tr>
<tr>
<td>• A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF)</td>
<td>Morphine - for cancer related pain</td>
<td>If provided as out patient or for beneficiaries who reside in LTC, billed online by pharmacy.</td>
</tr>
<tr>
<td>• A Medicaid-only NF that primarily furnishes skilled care;</td>
<td>Other Drugs – administered by a prolonged infusion of at least 8 hours due to proven clinical efficacy</td>
<td></td>
</tr>
<tr>
<td>• A non-participating nursing home (i.e. neither Medicare nor Medicaid) that provides primarily skilled care; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• An institution which has a distinct part SNF and which also primarily furnishes skilled care.</td>
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</tbody>
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### Prophylactic (Preventive) Vaccines

**Part B Coverage Criteria:** Vaccines given directly related to the treatment of an injury or direct exposure to a disease or condition are always covered under Part B.

Hepatitis B for intermediate and high risk patients are always Part B.

- **Hepatitis B Vaccine High Risk:** individuals w/ESRD, clients of institutions for individuals for the mentally handicapped, persons who live in the same household as a hepatitis B virus carrier, homosexual men, illicit injectable drug users, individuals with hemophilia who receive Factor VIII or IX.

- **Hepatitis B Vaccine Intermediate Risk:** staff in institutions for the mentally handicapped, workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

Influenza and Pneumococcal vaccines are always covered under Part B.

- **Influenza** is covered under Part B per applicable state law and beneficiaries may receive the vaccine upon request.

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<thead>
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<tbody>
<tr>
<td>Hepatitis B</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Rabies</td>
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<tr>
<td>Tetanus</td>
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<tr>
<td>Other vaccines/toxoids directly related to treatment of an injury or direct exposure to a disease or condition</td>
</tr>
</tbody>
</table>

**Additional Coverage Information**

- **PA Required** to determine Part B or Part D coverage.

**Part D Crossover Drug / Coverage Criteria:**

Vaccines NOT related to the treatment of an injury or direct exposure to a disease or condition are covered under Part D.

Hepatitis B vaccine for low risk individuals should be considered for coverage under Part D.

Influenza & Pneumococcal vaccines are Never covered under Part D.

**Provided in clinic. Billed as a medical benefit / claim.**
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| **Miscellaneous Medications  
(Injectables/Infusion Drugs)** | Antifungal/Antiviral Drugs  
Acyclovir  
Amphotericin B - PA  
Liposomal amphotericin B only covered for patients who have have suffered significant toxicity with standard amphotericin B or significantly impaired renal function  
Foscarnet - PA  
Ganciclovir - NF | **PA May or May NOT be Required.** |
| **Part B Coverage Criteria:** See medications/products column for criteria. | Chemotherapy Drugs - All PA  
Bleomycin  
Cladribine  
Cytarabine  
Doxorubicin (non-liposomal)  
Fluorouracil  
Vindesine  
Vincristine  
Chronic Pain, severe  
Ziconotide (Prialt) - NF | **Part D Coverage Criteria:** If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage. Infusion by pump, IV push, IV drip or injectable medications administered in the patient’s home, long term care facility (LTC) or a nursing home are covered under Part D unless otherwise stated. IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician’s office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section. Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications. New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B. **NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D. If provided in clinic, billed as a medical benefit / claim. If provided as out patient or in LTC, billed online by pharmacy. |
| Infusion by pump, IV push, IV drip or injectable medications administered in a physician’s office are always covered under Part B. | Foscarnet - PA  
Ganciclovir - NF  
Amphotericin B - PA  
Liposomal amphotericin B only covered for patients who have have suffered significant toxicity with standard amphotericin B or significantly impaired renal function  
Foscarnet - PA  
Ganciclovir - NF | **Part D Coverage Criteria:** If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage. Infusion by pump, IV push, IV drip or injectable medications administered in the patient’s home, long term care facility (LTC) or a nursing home are covered under Part D unless otherwise stated. IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician’s office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section. Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications. New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B. **NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D. If provided in clinic, billed as a medical benefit / claim. If provided as out patient or in LTC, billed online by pharmacy. |
| | IVIG Provided in the Home - PA  
Diagnosis of primary immune deficiency disease  
Coverage under Part B if physician determines that administration in the patient’s home is medically necessary  
Part B coverage is limited to the IVIG only (not supplies/equipment)  
Administration in the home for other indications in accordance with FDA approval or compendium listing is a Part D benefit. | **Part D Coverage Criteria:** If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage. Infusion by pump, IV push, IV drip or injectable medications administered in the patient’s home, long term care facility (LTC) or a nursing home are covered under Part D unless otherwise stated. IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician’s office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section. Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications. New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B. **NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D. If provided in clinic, billed as a medical benefit / claim. If provided as out patient or in LTC, billed online by pharmacy. |
| | Hypercalcemia (cancer-related)  
Gallium nitrate - NF  
JVIG Provided in the Home - PA  
Diagnosis of primary immune deficiency disease  
Coverage under Part B if physician determines that administration in the patient’s home is medically necessary  
Part B coverage is limited to the IVIG only (not supplies/equipment)  
Administration in the home for other indications in accordance with FDA approval or compendium listing is a Part D benefit. | **Part D Coverage Criteria:** If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage. Infusion by pump, IV push, IV drip or injectable medications administered in the patient’s home, long term care facility (LTC) or a nursing home are covered under Part D unless otherwise stated. IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician’s office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section. Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications. New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B. **NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D. If provided in clinic, billed as a medical benefit / claim. If provided as out patient or in LTC, billed online by pharmacy. |
| | Narcotic Analgesics for Cancer Pain  
Narcotic analgesics (except meperidine) in place of morphine for intractable cancer  
Parenteral Inotropic Drugs  
For patients with CHF  
Dobutamine - NF  
Dopamine - NF  
Milrinone - NF  
Pulmonary Hypertension Treatment  
Epoprostenol (Flolan) - PA  
Treprostinil (Remodulin) - PA | **Part D Coverage Criteria:** If any of the listed medications are administered for any other diagnosis than those listed for Part B, they will fall under Part D coverage. Infusion by pump, IV push, IV drip or injectable medications administered in the patient’s home, long term care facility (LTC) or a nursing home are covered under Part D unless otherwise stated. IV hydration and IV antibiotics are covered under Part D, NOT Part B. Any other medications administered via a pump outside of the physician’s office will fall under Part D. See Products Administered in Durable Medical Equipment (DME) – IV Drugs and Insulin “requiring a pump for infusion” section. Part D does not pay for the equipment/supplies and professional services associated with the provision of IV medications. New injectable medications should be covered under Part D until carrier (HealthPartners) or CMS determine the new injectable is covered under Part B. **NOTE:** Heparin and sodium chloride flush are covered under a member’s HealthPartners DME benefit. They are not covered under Part B or Part D. If provided in clinic, billed as a medical benefit / claim. If provided as out patient or in LTC, billed online by pharmacy. |