

ANTIEMETICS

Products Affected

- Aprepitant CAPS
- Ondansetron Hcl SOLN
- Ondansetron Hydrochloride TABS
- Ondansetron Odt

Details

Criteria	Part B if patient has a diagnosis of cancer AND requested drug is being used as full replacement for IV antiemetic within 48 hours of cancer treatment. Part D if patient has a medically accepted condition other than cancer OR requested drug is being used 48-hours after completion of cancer treatment
-----------------	--

HEPATITIS B VACCINE

Products Affected

- Engerix-b
- Hepagam B INJ 312UNIT/ML
- Heplisav-b
- Hyperhep B
- Nabi-hb INJ 312UNIT/ML
- Prehevbrio
- Recombivax Hb

Details

Criteria	Part B for moderate to high risk patients. Part D for low risk patients. High risk groups currently identified include: individuals with ESRD; individuals with hemophilia who received Factor VIII or IX concentrates; clients of institutions for individuals for the mentally handicapped; persons who live in the same household as a hepatitis B Virus (HBV) carrier; homosexual men; illicit injectable drug abusers. Intermediate risk groups include: staff in institutions for the mentally handicapped and workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.
-----------------	--

IV INFUSION DRUGS

Products Affected

- Abelcet
- Acyclovir Sodium INJ 50MG/ML
- Amphotericin B INJ
- Amphotericin B Liposome
- Ganciclovir INJ 500MG, 500MG/10ML

Details

Criteria	Part B if: medication is being administered using an implantable pump (and payment would not be available under Medicare Part A for the patient), medication is being administered in the home using an external infusion pump and is included under the local coverage policy of the applicable Medicare DME MAC, medication is being administered in an outpatient provider setting (e.g., physician office, outpatient hospital department). Part D if: medication is being administered in the home without an infusion pump (e.g., IV drip, push injection) and is included on the sponsor's formulary, medication is being administered in the home using an external infusion pump, is not included under the local coverage policy of the applicable Medicare DME MAC, and is included on the sponsor's formulary, medication is being administered using an external infusion pump to a patient in a hospital or skilled nursing facility (SNF): (1) who does not have Part A coverage, (2) whose Part A coverage for the stay has run out, or (3) whose stay is non-covered, and is included on the sponsor's formulary.
-----------------	--

NEBULIZER MEDS

Products Affected

- Albuterol Sulfate NEBU 0.083%, 0.63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML
- Budesonide SUSP
- Cromolyn Sodium NEBU
- Formoterol Fumarate NEBU
- Ipratropium Bromide INHALATION SOLN 0.02%
- Ipratropium Bromide/albuterol Sulfate
- Levalbuterol NEBU
- Levalbuterol Hcl NEBU
- Levalbuterol Hydrochloride NEBU 0.63MG/3ML
- Pentamidine Isethionate INHALATION SOLR
- Tobramycin NEBU 300MG/5ML
- Yupelri

Details

Criteria	Part B if Medication is not being used in a hospital or skilled nursing facility. Part D if medication is used in a hospital or skilled nursing facility
-----------------	--

ORAL CANCER AGENTS

Products Affected

- Cyclophosphamide CAPS

Details

Criteria	Part B if patient has a diagnosis of cancer. Part D if patient has a medically accepted condition other than cancer
-----------------	---

PARENTERAL NUTRITION

Products Affected

- Aminosyn II INJ 107.6MEQ/L;
1490MG/100ML; 1527MG/100ML;
1050MG/100ML; 1107MG/100ML;
750MG/100ML; 450MG/100ML;
990MG/100ML; 1500MG/100ML;
1575MG/100ML; 258MG/100ML;
447MG/100ML; 1083MG/100ML;
795MG/100ML; 50MEQ/L;
600MG/100ML; 300MG/100ML;
405MG/100ML; 750MG/100ML,
71.8MEQ/L; 993MG/100ML;
1018MG/100ML; 700MG/100ML;
738MG/100ML; 500MG/100ML;
300MG/100ML; 660MG/100ML;
1000MG/100ML; 1050MG/100ML;
172MG/100ML; 298MG/100ML;
722MG/100ML; 530MG/100ML;
38MEQ/L; 400MG/100ML;
200MG/100ML; 270MG/100ML;
500MG/100ML, 993MG/100ML;
1018MG/100ML; 700MG/100ML;
738MG/100ML; 500MG/100ML;
300MG/100ML; 660MG/100ML;
1000MG/100ML; 1050MG/100ML;
172MG/100ML; 270MG/100ML;
298MG/100ML; 722MG/100ML;
530MG/100ML; 400MG/100ML;
200MG/100ML; 500MG/100ML
- Aminosyn-pf INJ 46MEQ/L;
698MG/100ML; 1227MG/100ML;
527MG/100ML; 820MG/100ML;
385MG/100ML; 312MG/100ML;
760MG/100ML; 1200MG/100ML;
677MG/100ML; 180MG/100ML;
427MG/100ML; 812MG/100ML;
495MG/100ML; 70MG/100ML;
512MG/100ML; 180MG/100ML;
44MG/100ML; 673MG/100ML
- Nutrilipid

- Plenamine INJ 147.4MEQ/L;
2.17GM/100ML; 1.47GM/100ML;
434MG/100ML; 749MG/100ML;
1.04GM/100ML; 894MG/100ML;
749MG/100ML; 1.04GM/100ML;
1.18GM/100ML; 749MG/100ML;
1.04GM/100ML; 894MG/100ML;
592MG/100ML; 749MG/100ML;
250MG/100ML; 39MG/100ML;
960MG/100ML

Details

Criteria	Part B if patient has a non-functional digestive tract. Part D if patient has any medically accepted condition other than a non-functional digestive tract.
-----------------	---

RABIES VACCINE

Products Affected

- Imovax Rabies (h.d.c.v.)
- Rabavert

Details

Criteria	Part B if vaccine is being used as treatment related to an injury or direct exposure. Part D if vaccine is being used as prophylaxis.
-----------------	---

TRANSPLANT

Products Affected

- Astagraf XL
- Azathioprine TABS 50MG
- Cyclosporine CAPS
- Cyclosporine Modified
- Envarsus Xr
- Everolimus TABS 0.25MG, 0.5MG, 0.75MG, 1MG
- Gengraf CAPS 100MG, 25MG
- Gengraf SOLN
- Mycophenolate Mofetil CAPS
- Mycophenolate Mofetil SUSR
- Mycophenolate Mofetil TABS
- Mycophenolic Acid Dr
- Prograf PACK
- Sandimmune SOLN
- Sirolimus SOLN
- Sirolimus TABS
- Tacrolimus CAPS

Details

Criteria	Part B if patient's transplant was covered by Medicare. Part D if patient's transplant was not covered by Medicare.
-----------------	---

Index of Drugs

A		Hyperhep B	2
Abelcet	3	I	
Acyclovir Sodium	3	Imovax Rabies (h.d.c.v.)	9
Albuterol Sulfate	4	Ipratropium Bromide	4
Aminosyn II	7	Ipratropium Bromide/albuterol Sulfate	4
Aminosyn-pf	7	IV Infusion Drugs	3
Amphotericin B	3	L	
Amphotericin B Liposome	3	Levalbuterol	4
Antiemetics	1	Levalbuterol Hcl	4
Aprepitant	1	Levalbuterol Hydrochloride	4
Astagraf XL	10	M	
Azathioprine	10	Mycophenolate Mofetil	10
B		Mycophenolic Acid Dr	10
Budesonide	4	N	
C		Nabi-hb	2
Cromolyn Sodium	4	Nebulizer Meds	4
Cyclophosphamide	5	Nutrilipid	7
Cyclosporine	10	O	
Cyclosporine Modified	10	Ondansetron Hcl	1
E		Ondansetron Hydrochloride	1
Engerix-b	2	Ondansetron Odt	1
Envarsus Xr	10	Oral Cancer Agents	5
Everolimus	10	P	
F		Parenteral Nutrition	6
Formoterol Fumarate	4	Pentamidine Isethionate	4
G		Plenamaine	8
Ganciclovir	3	Prehevbrio	2
Gengraf	10	Prograf	10
H		R	
Hepagam B	2	Rabavert	9
Hepatitis B Vaccine	2	Rabies Vaccine	9
Heplisav-b	2	Recombivax Hb	2

Formulary ID: 24051, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

S

Sandimmune..... 10

Sirolimus 10

T

Tacrolimus..... 10

Tobramycin.....4

Transplant10

Y

Yupelri4