

Medicare Part B vs. Part D determination form

Fax completed form to: 877 974-4411 toll free, or 616 942-8206

This form applies to: This request is: Medicare Part B

🛛 Medicare Part D

Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Azathioprine

Member		
Last Name:	First Name:	
ID #:	DOB:	Gender:
Primary Care Physician:		
Requesting Provider:	Prov. Phone:	Prov. Fax:
Provider Address:		
Provider NPI:	Contact Name:	
Provider Signature:	Date:	
Drug information		
New request	Start date (or date of next dose):	
	Date of last dose (if applicabl	
Drug product: azathioprine oral tablet	Dosing frequency:	

Part B vs. Part D Coverage Determination Criteria

This drug requires prior authorization because it may be covered differently under the Medicare Part B (medical benefit) or Part D (prescription drug benefit) depending on the patient's circumstances. To determine which benefit the drug is covered under, Priority Health needs to know the use and setting of this drug.

For this drug to be covered under Medicare Part B, the following criteria must be met:

1. Must be used as immunosuppressive therapy for a Medicare-covered transplant

For this drug to be covered under Medicare Part D, the patient must meet the following criteria:

- 1. Must not meet criteria for Medicare Part B coverage (see above)
- 2. Must be used for a medically accepted indication*

Medically accepted indication*

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
 or —
- supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, DRUGDEX Information System, and Lexi-Drugs)



Precertification Documentation

1	What was the date of the transplant?		
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2.	2. What dates was the patient eligible for Medicare?		
3.	Was the transplant covered by Medicare?	🗌 Yes 🗌 No	
Other.	Please select the indication:		
	 Actinic dermatitis Ankylosing spondylitis Atopic dermatitis Autoimmune hepatitis Bullous pemphigoid with psoriasis Corneal transplant Crohn's disease Duchenne muscular dystrophy Erythema multiforme Giant cell myocarditis Henoch-Schonlein nephritis Idiopathic pulmonary fibrosis Lichen planus Lupus nephritis Lymphocytic hypopituitarism 	 Multiple sclerosis Myasthenia gravis Nephrotic syndrome Neuromyelitis optica Pemphigus vulgaris Polymyositis Prurigo nodularis Radiation pneumonitis Retractile mesenteritis Rheumatoid arthritis Sprue, refractory Systemic lupus erythematosus Takayasu's disease Ulcerative colitis Vasculitis 	

Additional information

Note: Criteria is found in the Medicare Benefit Policy Manual, Chapter 15 (Covered Medical and Other Health Services), section 50.5.1 (Immunosuppressive Drugs)



Priority Health Medicare Part D Exception Request (exceptions to the above criteria)
Do you believe one or more of the prior authorization requirements should be waived? Yes No If yes, you must provide a statement explaining the medical reason why the exception should be approved.
Would azathioprine likely be the most effective option for this patient? No Yes, because:
If the patient is currently using azathioprine, would changing the patient's current regimen likely result in adverse effects for the patient? No Yes, because: