

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

# 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)
<b>Do you believe one or more of the prior authorization requirements should be waived?</b> 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: