

# Pharmacy Part B vs. Part D determination form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

## Dronabinol

### 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: \_\_\_\_\_

### Product Information

New request  Continuation request

Drug product:  Dronabinol 2.5 mg capsule  Dronabinol 5 mg capsule  Dronabinol 10 mg capsule

Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

### Coverage Determination Criteria

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

#### 1. What is the condition the drug is being used for?

- Gilles de la Tourette's syndrome
- Loss of appetite because of AIDS
- Nausea and vomiting, related to a disease, that has not responded to other treatments

##### i. What therapies have been used to treat the nausea and vomiting?

- Ondansetron  Prochlorperazine
- Promethazine  Metoclopramide
- Chlorpromazine
- Other: \_\_\_\_\_

##### ii. What condition is causing the nausea and vomiting: \_\_\_\_\_

- Prevention or treatment of post-operative nausea and vomiting
  - Treatment of post-operative nausea and vomiting

**Dose requested:** \_\_\_\_\_ **Duration of treatment:** \_\_\_\_\_ days

- Prevention of post-operative nausea and vomiting

- Prevention or treatment of chemotherapy-induced nausea and vomiting
  - iii. Is dronabinol being prescribed within 48 hours of chemotherapy?**
  - Yes  No

iv. Is dronabinol being used as a full therapeutic replacement for IV antiemetic drugs?

Yes  No

Spasticity associated with multiple sclerosis

Pruritus caused by cholestatic liver disease that did not respond to other treatments

i. What therapies have been used to treat this nausea and vomiting?

Ondansetron  Prochlorperazine

Promethazine  Chlorpromazine

Other: \_\_\_\_\_

Other – the patient’s condition is: \_\_\_\_\_

---

### Additional information

When this drug is not covered under Medicare Part B, it 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 and the DRUGDEX Information System)