

# 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:  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.

## Inhalation solutions used with a nebulizer

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Drug product  |   |
|---|---|
| <input type="checkbox"/> albuterol sulfate                    | <input type="checkbox"/> ribavirin (generic Virazole) |
| <input type="checkbox"/> albuterol sulfate/ipratropium        | <input type="checkbox"/> Survanta <sup>®</sup>        |
| <input type="checkbox"/> budesonide (Pulmicort <sup>®</sup> ) | <input type="checkbox"/> Lonhala Magnair              |
| <input type="checkbox"/> Curosurf <sup>®</sup>                | <input type="checkbox"/> TOBI Podhaler                |
| <input type="checkbox"/> cromolyn sodium                      | <input type="checkbox"/> Bethkis                      |
| <input type="checkbox"/> levalbuterol                         | <input type="checkbox"/> Kitabis                      |
| <input type="checkbox"/> Perforomist                          | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> sodium chloride                      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> tobramycin                           | <input type="checkbox"/> Other: _____                 |

### Coverage determination criteria

This drug requires prior authorization and may be covered differently under 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 Medicare needs to know the use and setting of the drug.

- A. What is the condition this drug is being used for?** \_\_\_\_\_
- B. Is the medication being used in a nebulizer?**  Yes  No
- C. Does the patient reside in a long term care facility?**  Yes  No
- D. Will the drug be administered in the home?**  Yes  No

### Additional information

Durable Medical Equipment (DME) drugs require administration by the use of a piece of covered DME (e.g., nebulizer). These drugs are covered under Medicare Part B when administered in the home through the use of a nebulizer. 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)