



MVP Health Care Medical Policy

Medicare Part B Drug Therapy

Type of Policy:	Drug/Medical Therapy
Prior Approval Date:	01/01/2024
Approval Date:	11/01/2024
Effective Date:	01/01/2025
Related Policies:	Pharmacy Programs Administration Medicare Part B vs. Part D Determination Medicare Part B Step Therapy

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies for drugs that may be covered under the Part D benefit.

Overview

Medical outpatient medications are covered under the Medicare Part B benefit, in accordance with Medicare coverage criteria when furnished incident to a physician service for drugs that are not usually self-administered. MVP Medicare Part B medical policies are put in place to implement prior authorization requirements for prescription drugs that are administered by a healthcare professional or medical facility.

Coverage is limited to drugs or biologicals administered by infusion or injection. However, if the injection is generally self-administered, it is not covered under Part B. Despite this general limitation on coverage for outpatient drugs under Part B, some self-administered drugs may also be covered under Part B. Refer to the MVP Policy Medicare Part B vs Part D Coverage Determination Policy for coverage criteria of these drugs.

Criteria

Members already established on therapy

A member cannot be required to change drug therapy if they are currently established on the therapy as determined by provider documentation and/or a paid claim for the drug within the past 365 days. Refer to the MVP Policy Medicare Part B Step Therapy.

A minimum 90-day transition period will be provided when a member who is currently undergoing treatment switches to a new Medicare plan or is new to Medicare.

CMS National and Local Coverage Determinations

Certain medical drugs covered under Part B follow Medicare National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs) and therefore, some drugs are not included in the MVP Medicare Part B medical policies.

MVP Medicare Part B medical policies are supplements to Medicare NCDs or LCDs and do not supersede CMS criteria outlined within an applicable NCD, LCD, or policy article. Refer to www.cms.gov for the most up to date coverage criteria and billing guidance for specific medical drugs. MVP Medicare Part B policy criteria has been developed based upon review of clinical treatment guidelines, and clinical literature and evidence (ie. clinical trials). The following factors are considered during the development of clinical criteria: multiple drugs or treatments available to treat the same condition(s), routes of administration, sites of administration, place in therapy, comparative efficacy and safety considerations.

Coverage Duration

Initial therapy will be up to 6 months in duration and continuation of coverage will be up to 12 months unless otherwise specified within the policy or as indicated by provider's recommended dosing regimen.

References

1. Medicare Benefit Policy Manual. Chapter 15. Covered Medical and Other Health Services. Revised 06/13/2024. Available: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
2. Medicare Claims Processing Manual. Chapter 17- Drugs and Biologicals. Revised 02/15/2024. Available: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>

3. Medicare Prescription Drug Benefit Manual, Chapter 6. Available at <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf>
4. Medicare Coverage Database. <https://cms.gov/medicare-coverage-database/search.aspx>