

CLINICIAN CHECKLIST FOR IMMUNOSUPPRESSIVE DRUGS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33824\)](#)
- [Policy Article \(A52458\)](#)

Documentation References:

- [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Only the immunosuppressive drugs listed in the LCD are covered (refer to the LCD link above). Drugs are covered if prescribed following a transplant (refer to Policy Article link above for covered ICD-10 diagnosis codes):

One of the following must be met:

Kidney, heart, liver, bone marrow/stem cell, lung, heart/lung transplant; **or**

Whole organ pancreas transplant performed concurrent with or subsequent to a kidney transplant because of diabetic nephropathy (performed on or after 07/01/99); **or**

Intestinal transplant (performed on or after 04/01/01); **or**

Pancreatic islet cell transplant or partial pancreatic tissue transplantation (performed on or after 10/01/04), that is conducted as part of a National Institutes of Health-sponsored clinical trial; **or**

Pancreas transplants alone (performed on or after 04/26/06) that meet the six criteria listed in the Policy Article (link above); **and**

Beneficiary has a diagnosis of type 1 diabetes with either beta cell positive antibody test or demonstrates insulinopenia

History of labile insulin dependent diabetes mellitus requiring hospitalization due to recurrent, severe, acutely life-threatening complications

12 months of endocrinologist care including optimal and intensive management including advanced insulin formulation and delivery

Documentation of emotional and mental state indicating comprehension of associated surgical risks and management of lifelong immunosuppression

Suitability of candidate for transplant

Transplant met Medicare coverage criteria in effect at the time (approved Medicare facility, national and/or local medical necessity criteria etc.); **and**

Beneficiary was enrolled in Medicare Part A at the time of the transplant; **and**

Beneficiary is enrolled in Medicare Part B at the time that the drug is dispensed; **and**

Drugs are furnished on or after the date of discharge from the hospital following a covered organ transplant.

Azathioprine or Methylprednisolone

Medication cannot be tolerated or absorbed if taken orally; and Medication is self-administered by the beneficiary.