# MED D – ESRD ILC

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| End Stage Renal Disease Prospective Payment System (ESRD PPS) |

 As of **January 1, 2025**, the Centers for Medicare & Medicaid Services (CMS) will transition coverage of oral-only drugs from Medicare Part D to the **End Stage Renal Disease Prospective Payment System (ESRD PPS)**. Pharmacies cannot dispense and bill the patient’s Medicare Part B plan (Fee-For-Service or Medicare Advantage) for these medications.

Members receiving dialysis are expected to obtain the medications listed below from their dialysis facility.

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| AURYXIA TAB 210MG |
| CALCIUM ACETATE CAP 667MG |
| FOSRENOL CHW 500MG |
| FOSRENOL CHW 1000MG |
| FOSRENOL CHW 750MG |
| FOSRENOL POW 750MG |
| FOSRENOL POW 1000MG |
| LANTHANUM CHW 500MG |
| LANTHANUM CHW 750MG |
| LANTHANUM CHW 1000MG |
| RENVELA TAB 800MG |
| RENVELA POW 0.8GM |
| RENVELA POW 2.4GM |
| SEVELAMER CARB TAB 800MG |
| SEVELAMER CARB POW 0.8GM |
| SEVELAMER CARB POW 2.4GM |
| SEVELAMER HCL TAB 400MG |
| SEVELAMER HCL TAB 800MG |
| VELPHORO CHW 500MG |
| XPHOZAH TAB 20MG |
| XPHOZAH TAB 30MG |

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| Process |

Refer to the process below when handling impacted Part D covered medications:

** DO NOT** submit an ESRD override for these dialysis changes. Please follow the process below when handling these impacted medications.

Determine if the Medication is impacted and refer to the scenarios below.

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| **If …** | **Then…** | |
| The member’s dialysis indicator has been populated in the system, the claim for the non-Part D drug will reject with the following reject codes and message:   * **75: Prior Authorization Required** * **A4 THIS PRODUCT MAY BE COVERED UNDER THE MEDICARE - B BUNDLED PAYMENT TO AN ESRD DIALYSIS FACILITY** * **Message: PARTBVD: TO RESOLVE RPH CALL <Toll-free Number>** | The member should contact their dialysis facility to obtain the medication. | |
| The member’s dialysis indicator has not been populated in the system, the claim for the non-Part D drug will reject with the following reject codes and message:   * **70: Product/Service Not Covered- Plan/Benefit Exclusion** * **A5 Not covered under Med D law** | Confirm that the member is receiving dialysis: | |
| **If…** | **Then…** |
| The member or prescriber **confirms** they are receiving dialysis… | The member should contact their dialysis facility to obtain the medication. |
| The member is **NOT** receiving dialysis… | Follow the plan’s Coverage Determination process. |

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| FAQs |

Refer to the following Frequently Asked Questions:

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| --- | --- | --- |
| **#** | **Question** | **Answer** |
|  | **How will this impact my drug coverage starting January 1, 2025?** | * These drugs will no longer be Part D covered drugs when prescribed for an ESRD member who is receiving renal dialysis services. Coverage will instead be through the ESRD PPS. The pharmacy will not be able to bill traditional Medicare Part B (red, white, and blue card) or Medicare Advantage plans for these drugs. * The dialysis facility is expected to provide these medications to the patient, where coverage is incorporated under their ESRD bundled payment. |
|  | **I have chronic kidney disease (CKD) but I am not on dialysis and am using one of these drugs for hyperphosphatemia. What does this coverage transition mean for me?** | * The ESRD PPS will only cover the drug if the patient is receiving dialysis. Therefore, the patient or their prescriber may request a Coverage Determination (CD) asking the Part D plan for coverage. Assist the caller with initiating the coverage determination process. * The Part D benefit can only cover these drugs when prescribed for a medically accepted indication unrelated to dialysis. For coverage to be approved, the drug would need to be prescribed for an FDA-approved purpose or for a purpose that is supported in a Medicare-recognized drug compendium (i.e., DrugDex via MicroMedex or American Hospital Formulary Systems database) that is eligible for part D coverage. If the request is denied, the patient or prescriber may file an appeal. |
|  | **I have an acute kidney injury (AKI) but I am not on dialysis and am using one of these drugs. What does this coverage transition mean for me?** | * Run a test claim for the medication and refer to the **Additional Messaging** section for the following message: SUBMIT REQUEST FOR PART D; LIMITED CVG. * The patient or their prescriber may request a Coverage Determination (CD) asking the Part D plan for coverage. Assist the caller with initiating the coverage determination process. |
|  | **If the claim is submitted to the members’ Part D plan, what information will be returned on the rejected claim response to assist the member on the next steps?** | * CVS Caremark uses the best available evidence to determine how to process claims for ESRD drugs. Claims for these drugs will reject with distinct messaging based on the status of the CMS dialysis indicator associated to the member. Refer to the Process above. |
|  | **What should I do if I get a claim reject and I direct the patient to their dialysis facility, but my patient says their dialysis facility does not have the drug to dispense?** | * Refer the patient to their Medicare Part B plan, (Medicare Fee for Service or Medicare Advantage) for assistance. * **Aetna MAPD:** Warm transfer to Member Services. |

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