

# Chemotherapy

**Policy Number:** BIP025.M  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li><a href="#">Complementary and Alternative Medicine</a></li> <li><a href="#">Experimental and Investigational Services</a></li> <li><a href="#">Medications and Off-Label Drugs</a></li> </ul>

Related Medical Management Guidelines
<ul style="list-style-type: none"> <li><a href="#">Chemotherapy Observation or Inpatient Hospitalization</a></li> <li><a href="#">Clinical Trials</a></li> <li><a href="#">Intraoperative Hyperthermic Intraperitoneal Chemotherapy HIPEC</a></li> <li><a href="#">Oncology Medication Clinical Coverage</a></li> </ul>

## Federal/State Mandated Regulations

**Note:** The most current federal/state mandated regulations for each state can be found in the links below.

### California

#### 1367.656

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB1860](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1860)

Section 1367.656 of the Health and Safety Code is amended to read:

- (a) Notwithstanding any other law, an individual or group health care service plan contract issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells shall comply with all of the following:
  - (1) Notwithstanding any deductible, the total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the contract.
  - (2) For a health care service plan contract that meets the definition of a “high deductible health plan” set forth in Section 223(c)(2) of Title 26 of the United States Code, paragraph (1) shall only apply once an enrollee’s deductible has been satisfied for the year.
  - (3) Paragraph (1) shall not apply to any coverage under a health care service plan contract for the Medicare Program pursuant to Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.).
  - (4) A prescription for an orally administered anticancer medication shall be provided consistent with the appropriate standard of care for that medication.
- (b) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

## Section 2

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB1860](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1860)

Section 10123.206 of the Insurance Code is amended to read:

- (a) Notwithstanding any other law, an individual or group health insurance policy issued, amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells shall comply with all of the following:
- (1) Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.
  - (2) For a health insurance policy that meets the definition of a “high deductible health plan” set forth in Section 223(c)(2) of Title 26 of the United States Code, paragraph (1) shall only apply once an insured’s deductible has been satisfied for the year.
  - (3) Paragraph (1) shall not apply to any coverage under a health insurance policy for the Medicare Program pursuant to Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.).
  - (4) A prescription for an orally administered anticancer medication shall be provided consistent with the appropriate standard of care for that medication.
- (b) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

## State Market Plan Enhancements

**Note:** Co-payments may be applicable for injectable chemotherapy medications depending on the member's specific plan code. Refer to the benefit matrix or contact the Customer Service Department for specific co-payment information.

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- Chemotherapy, immunotherapy, and hormonal agents, when medically necessary and used according to FDA approved indications or as a part of a cancer treatment regimen.  
Examples of covered benefits include, but are not limited to:
  - Inpatient or outpatient oncology services
  - Follow-up appointments with member to monitor chemotherapy treatment
  - Other related services administered on a day other than the treatment day
  - Outpatient chemotherapy labs taken on the same day as chemotherapy treatment
- Off label drug use meeting the criteria in the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#)
- Injectable drugs are covered under the medical benefit
- Infusion therapy is covered under the medical benefit
- Oral drugs (e.g., oral anti-nausea drugs and oral chemotherapy drugs) **if** the member has a supplemental prescription benefit. Refer to *Federal/State Mandated Regulations* section.

## Not Covered

- Medication given by injection in instances where standard medical practice indicates that the medication given by mouth is an effective and accepted or preferred method of treatment.
- Administration of medications that exceed the frequency and duration of injections indicated by standard medical practice.
- Complementary and alternative medicine (Refer to the Benefit Interpretation Policy titled [Complementary and Alternative Medicine](#)).
- Transportation and lodging costs.

- Off-label use of a drug not meeting the criteria in the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#).
- Oral drugs (e.g., oral anti-nausea drugs and oral chemotherapy drugs) except when member has a supplemental prescription benefit or member has the benefit as stated in section(s) *Federal/State Mandated Regulations* and/or *State Market Plan Enhancements*.

## Policy History/Revision Information

Date	Summary of Changes
11/01/2023	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Reorganized content</li> <li>• Updated language to clarify off-label drug use meeting the criteria in the Benefit Interpretation Policy titled <i>Medications and Off-Label Drugs</i> [is covered]</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version BIP025.L</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.