

Chemotherapy

Policy Number: BIP026.L
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[Instructions for Use](#)

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Federal/State Mandated Regulations

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

Oklahoma

Oklahoma Statute § 63–1–2605-Coverage of Off-label Uses of Prescription Drugs

<https://law.justia.com/codes/oklahoma/2022/title-63/section-63-1-2605/>

Any group or non-group health maintenance contract which provides coverage for prescription drugs shall also provide coverage of off-label uses of prescription drugs used in the treatment of cancer or the study of oncology.

36 O.S. 6060.9a Coverage for Prescribed Orally Administered Anticancer Medications

<https://law.justia.com/codes/oklahoma/2022/title-36/section-36-6060-9a/>

- A. 1. Any health benefit plan that provides coverage and benefits for cancer treatment shall provide coverage of prescribed orally administered anticancer medications on a basis no less favorable than intravenously administered or injected cancer medications.
2. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected cancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.
3. A health benefit plan shall not reclassify or increase any type of cost-sharing to the covered person for anticancer medications in order to achieve compliance with this section. Any change in health insurance coverage that otherwise increases an out-of-pocket expense to anticancer medications shall also be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.
4. A health benefit plan that limits the total amount paid by a covered person through all cost-sharing requirements to no more than One Hundred Dollars (\$100.00) per filled prescription for any orally administered anticancer medication shall be considered in compliance with this section. For purposes of this paragraph, "cost-sharing requirements" shall

include copayments, coinsurance, deductibles, and any other amounts paid by the covered person for that prescription.

B. As used in this section:

1. "Anticancer medications" means medications used to kill or slow the growth of cancer cells;
2. "Covered person" means a policyholder, subscriber, enrollee, or other individual enrolled in or insured by a health benefit plan for health insurance coverage; and
3. "Health benefit plan" means any plan or arrangement as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes.

Oregon

Note: The member's physician will prescribe oral chemotherapy drugs for member to pick up at designated pharmacy.

ORS § 743A.068: Orally Administered Anticancer Medication

<https://www.oregonlaws.org/ors/743A.068>

1. A health benefit plan that provides coverage for cancer chemotherapy treatment must provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits.
2. As used in this section, "health benefit plan" has the meaning given that term in ORS 743B.005 .
3. The provisions of ORS 743A.001 do not apply to this section. [2007 c.566 §2]

Note: 743A.068 was added to and made a part of the Insurance Code by legislative action but was not added to ORS chapter 743A or any series therein. See Preface to Oregon Revised Statutes for further explanation.

Texas

Insurance Code 1369.204

<https://texas.public.law/statutes/tex.ins.code.section.1369.204>

Required Coverage for Orally Administered Anticancer Medications

- (a) A health benefit plan that provides coverage for cancer treatment must provide coverage for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits by the plan.
- (b) This section does not prohibit a health benefit plan from requiring prior authorization for an orally administered anticancer medication. If an orally administered anticancer medication is authorized, the cost to the covered individual may not exceed the coinsurance or copayment that would be applied to chemotherapy or other cancer treatment visit.
- (c) A health benefit plan issuer may not reclassify anticancer medications or increase a coinsurance, copayment, deductible, or other out-of-pocket expense imposed on anticancer medications to achieve compliance with this section. Any plan change that otherwise increases an out-of-pocket expense applied to anticancer medications must also be applied to the majority of comparable medical or pharmaceutical benefits under the plan.
- (d) This section does not prohibit a health benefit plan issuer from increasing cost-sharing for all benefits, including anticancer treatments.

Added by Acts 2011, 82nd Leg., R.S., Ch. 105 (H.B. [438](#)), Sec. 1, eff. September 1, 2011.

Washington

Washington Statute § RCW 48.20.389, RCW 48.46.274, RCW 48.44.323, RCW 48.21.223; Prescribed, Self-Administered Anticancer Medication

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.20.389>

1. Each health plan issued or renewed on or after January 1, 2012, that provides coverage for cancer chemotherapy treatment must provide coverage for prescribed, self-administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis **at least comparable to cancer chemotherapy medications** administered by a health care provider or facility as defined in [RCW 48.43.005](#).
2. Nothing in this section may be interpreted to prohibit a health plan from administering a formulary or preferred drug list, requiring prior authorization, or imposing other appropriate utilization controls in approving coverage for any chemotherapy.

Notes:

- *Revise's note: RCW 48.43.005 was alphabetized pursuant to RCW 1.08.015(2)(k), changing subsections (25) and (26) to subsections (27) and (28).
- Explanatory statement – 2020 c 18: See note following RCW 43.79A.040.
- Findings – 2011 c 159: See note following RCW 41.05.175.

WAC 284-43-5200 Anticancer Medication

<https://apps.leg.wa.gov/wac/default.aspx?cite=284-43-5200>

A carrier and health plan must cover prescribed, self-administered anticancer medication that is used to kill or slow the growth of cancerous cells on at least a comparable basis to the plan's coverage for the delivery of cancer chemotherapy medications administered in a clinical or medical setting.

- (1) A carrier may not impose dollar limits, copayments, deductibles or coinsurance requirements on coverage for orally administered anticancer drugs or chemotherapy that are less favorable to an insured or enrollee than the dollar limits, copayments, deductibles or coinsurance requirements that apply to coverage for anticancer medication or chemotherapy that is administered intravenously or by injection.
- (2) A carrier may not reclassify an anticancer medication or increase an enrollee's out-of-pocket costs as a method of compliance with the requirements of this section.

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	State(s) Affected	Summary of Changes
11/01/2023	All	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Reorganized content • 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] <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP026.K
	Oklahoma	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> • Updated reference link to <i>Oklahoma Statute</i>: <ul style="list-style-type: none"> ○ <i>Section 63-1-2605</i> ○ <i>Section 36-6060.9a</i>
	Washington	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> • Revised language pertaining to <i>Revised Statue of Washington</i>: <ul style="list-style-type: none"> ○ <i>Section 48.20.389</i> ○ <i>Section 48.46.274</i> ○ <i>Section 48.44.323</i> ○ <i>Section 48.21.223</i>

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.