

Chemotherapy

Policy Number: BIP025.O
Effective Date: October 1, 2025

[➔ Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	2
Policy History/Revision Information	2
Instructions for Use	3

Related Benefit Interpretation Policies
<ul style="list-style-type: none"> • Complementary and Alternative Medicine • Experimental and Investigational Services • Medications and Off-Label Drugs
Related Medical Policies
<ul style="list-style-type: none"> • Chemotherapy Observation or Inpatient Hospitalization • Clinical Trials • Oncology Medication Clinical Coverage

Federal/State Mandated Regulations

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

California

Health and Safety Code (HSC) Section 1367.656

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1367.656

- (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) 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 not apply to a specialized health care service plan contract that covers only dental or vision benefits or 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.).

HSC Section 10123.206

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: A member co-payment/cost share may be applicable to oral or injectable/infusion chemotherapy services. Refer to the member's Schedule of Benefits (SOB) for specific information or contact UnitedHealthcare for additional 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.

- Injectable medications, including intravenous infusion therapy services
- Medically necessary chemotherapy treatment when used according to FDA approved indications or as a part of a cancer treatment regimen; examples of covered chemotherapy treatment services include but are not limited to:
 - Appointments to monitor chemotherapy treatment
 - Inpatient or outpatient chemotherapy treatment
 - Laboratory services provided on the same day as chemotherapy treatment
- Off-label use of a medication that meets the criteria in the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#)
- Oral medications (e.g., oral anti-nausea and oral chemotherapy medications) when the member has a supplemental outpatient prescription benefit; refer to *Federal/State Mandated Regulations* section and the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) to determine coverage eligibility

Not Covered

- Complementary and alternative medicine; refer to the Benefit Interpretation Policy titled [Complementary and Alternative Medicine](#)
- Non-medically necessary chemotherapy treatment services, including but not limited to:
 - 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
- Off-label use of a medication not meeting the criteria in the Benefit Interpretation Policy titled [Medications and Off-Label Drugs](#)
- Oral medications (e.g., oral anti-nausea and oral chemotherapy medications) except when member has a supplemental outpatient prescription benefit or member has the benefit as stated in section(s) *Federal/State Mandated Regulations* and/or *State Market Plan Enhancements*
- Transportation and lodging costs

Policy History/Revision Information

Date	Summary of Changes
10/01/2025	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none"> • Revised language pertaining to the <i>California Health and Safety Code Section 1367.656</i> <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP025.N

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.