Covered benefits are listed in three (3) Sections - A, B and C. 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.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”), Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.
A. FEDERAL/STATE MANDATED REGULATIONS

OKLAHOMA:
Oklahoma Statute § 63–1–2605-Coverage of Off-label Uses of Prescription Drugs
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
Effective: 11/01/2013
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
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.
WASHINGTON: 
Washington Statute § RCW 48.20.389, RCW 48.46.274, RCW 48.44.323, RCW 48.21.223; 
Prescribed, self-administered anticancer medication:
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 (22) and (23).
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:
RCW 48.43.005 was subsequently alphabetized pursuant to RCW 1.08.015(2)(k), changing 
subsections (22) and (23) to subsections (23) and (24), and effective January 1, 2020, changing 
subsections (22) and (23) to subsections (25) and (26).

Findings - 2011 c 159: “The Washington state legislature finds that for cancer patients, there is 
an inequity in how much they have to pay toward the cost of a self-administered oral medication 
and how much they have to pay for an intravenous product that is administered in a physician’s 
office or clinic. The legislature further finds that when these inequities exist, patients’ access to 
medically necessary, appropriate treatment is often unfairly restricted. The legislature also 
acknowledges that self-administered chemotherapy is the only treatment for some types of 
cancer where there is no intravenous alternative. The legislature declares that in order to reduce 
the out-of-pocket costs for cancer patients whose diagnosis requires treatment through self-
administered anticancer medication, the cost-sharing responsibilities for these patients must be 
on a basis at least comparable to those of patients receiving intravenously administered 
anticancer medication.”

WAC 284-43-5200 Anticancer Medication.
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.

TEXAS
Insurance Code 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.

B. 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.

C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

1. Chemotherapy, immunotherapy, and hormonal agents, when medically necessary and used according to FDA approved indications or as a part of a Cancer Treatment Regimen

2. For Off Label Drug Use and criteria refer to the Benefit Interpretation Policy titled Medications and Off-Label Drugs

3. Injectable drugs are covered under the medical benefit

4. Oral drugs (e.g., oral anti-nausea drugs and oral Chemotherapy drugs) if the member has a supplemental prescription benefit. Refer to Section A.

5. Infusion therapy is covered under the medical benefit

6. Examples of covered benefits include, but are not limited to:
   a. Inpatient or outpatient oncology services
   b. Follow-up appointments with member to monitor Chemotherapy treatment
   c. Other related services administered on a day other than the treatment day
   d. Outpatient Chemotherapy labs taken on the same day as Chemotherapy treatment

D. NOT COVERED

1. 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.

2. Administration of medications that exceed the frequency and duration of injections indicated by standard medical practice.


4. Transportation and lodging costs.

5. Off-Label Use of a Drug not meeting the criteria in the Benefit Interpretation Policy titled Medications and Off-Label Drugs.

6. 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) A and/or B.

E. DEFINITIONS

1. **Cancer Treatment Regimen**: Includes drugs used to treat toxicities or side effects of cancer treatment when the drug is given incident to a chemotherapy treatment.
2. **FDA Approved Drug**: A drug that has received final marketing approval by the Food & Drug Administration (FDA) and, as a part of its labeling, contains its recommended uses and dosages as well as adverse reactions and recommended precautions in using it.

3. **Off Label Use of a Drug**: The use of a drug that is different from the use for which the drug has been approved by the FDA.

### F. POLICY HISTORY/REVISION INFORMATION

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<tbody>
<tr>
<td>12/01/2019</td>
<td>All</td>
<td><strong>Definitions</strong>&lt;br&gt;• Updated definition of “Off Label Use of a Drug”&lt;br&gt;<strong>Supporting Information</strong>&lt;br&gt;• Archived previous policy version BIP026.G</td>
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<tr>
<td></td>
<td>Oklahoma</td>
<td><strong>Federal/State Mandated Regulations</strong>&lt;br&gt;• Revised language pertaining to <em>Oklahoma Statute 36 Section 6060.9a Coverage for Prescribed Orally Administered Anticancer Medications</em></td>
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