OVERVIEW
This policy documents coverage for the Orally Administered Anticancer Medication Mandate in accordance with Rhode Island General Law (RIGL) § 27-20-67.

This policy is applicable to Commercial products as State Mandates do not apply to BlueCHiP for Medicare. Self-funded groups may or may not choose to follow state mandate(s).

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
Not applicable

Commercial Products
This policy is effective for members with both medical and prescription drug benefits administered by Blue Cross & Blue Shield of Rhode Island (BCBSRI). Coverage is provided for orally administered anticancer medications used to kill or slow the growth of cancerous cells under the member’s pharmacy benefit at a cost sharing rate no less favorable than the same intravenously administered or injected cancer medications under the member's medical benefit.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable drug coverage/benefits.

BACKGROUND
This policy documents RIGL§ 27-20-67 Orally administered anticancer medication – Cost-sharing requirement:

“(a) Every individual or group hospital or medical expense, insurance policy or individual or group hospital or medical services plan contract, plan or certificate of insurance delivered, issued for delivery, or renewed in this state, on or after January 1, 2014, that offers both medical and prescription drug coverage, and provides coverage for intravenously administered anticancer medication, shall provide coverage for prescribed, orally administered anticancer medications 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. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section. Notwithstanding the above, the requirements shall not be construed to impose any form of cap on cost-sharing.

(b) This section does not apply to insurance coverage providing benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily injury or death by accident or both; and (9) Other limited benefit policies.”
CODING
Not applicable

RELATED POLICIES
Not applicable

PUBLISHED
Provider Update, June 2020
Provider Update, October 2019
Provider Update, June 2018
Provider Update, May 2017
Provider Update, April 2016
Provider Update, June 2015
Provider Update, July 2014

REFERENCES

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.