

Medical Coverage Policy | Orally Administered Anticancer Medication Mandate



EFFECTIVE DATE: 01/01/2014
POLICY LAST UPDATED: 05/06/2014

OVERVIEW

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

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

Commercial Products

This policy is effective January 1, 2014 or upon renewal for members with both medical and prescription drug benefits administered by Blue Cross and Blue Shield of Rhode Island. 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.

MEDICAL CRITERIA

None

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.

COVERAGE

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

Rhode Island mandated benefits generally do not apply to Blue CHIP for Medicare. Self-funded groups may or may not choose to follow state mandate(s).

CODING

Not Applicable

RELATED POLICIES

None

PUBLISHED

Provider Update Jul 2014

REFERENCES

Rhode Island General Law § 27-20-67, Orally Administered Anticancer Medication Cost Sharing requirement: <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-67.HTM>

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