

Chemotherapy

Benefit Coverage

Chemotherapy or other drugs used to treat cancer related illnesses is a covered benefit when medically necessary for appropriate treatment of disease or illness and can be provided in a physician's office, facility, or other outpatient or home setting.

Chemotherapy and other drugs used for the treatment of cancer and services require prior authorization.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Home Health Care (HHC)

Inpatient Hospital Services

Outpatient Hospital Services

Chemotherapy/Radiation Therapy

Physician - Outpatient/Office Visit

Benefit Exclusions

- Experimental/investigational chemotherapy drugs or services unless specifically related to an approved Clinical Trial. All Clinical Trials require prior authorization. Prescribed drugs and medicines for outpatient care and over-the-counter medications not requiring a prescription.
- Drugs packaged in combination kits that include other non-prescription products or non-prescription drugs unless the drug is not otherwise available without the non-prescription components.

Chemotherapy

Examples of Covered Services

- FDA Approved Chemotherapy Drugs

Examples of Non-Covered Services

- Oral or topically self-administered medications (may be available under the *Outpatient Prescription Drug* benefit)
- Laetrile
- Chymotrypsin
- Experimental/Investigational Treatment(s) unless specifically related to an approved Clinical Trial

References

Blue Shield Medical Policy

Combined Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement

Blue Shield HMO IPA/Medical Group Procedures Manual