Outdated coverage policies in Washington USED TO limit cancer patients’ access to life-saving drugs!

Traditionally, IV chemotherapy treatments are covered under a health plan’s medical benefit where the patient is required to pay an office visit copay, usually between $20 and $30. Conversely, oral anticancer medications are covered under a health plan’s prescription benefit and, many times, patients are responsible for extremely high and unmanageable copays, creating an enormous barrier for patients to access orally administered drugs. According to a recent study published in the Journal of Oncology Practice and American Journal of Managed Care, 10% of cancer patients failed to fill their initial prescriptions for oral anticancer medications due to high out-of-pocket costs.

Legislative Solution

In an effort to remove barriers to accessing life-saving treatments for cancer patients, Washington implemented legislation, effective January 1, 2012, that directs individual and group health plans covering cancer chemotherapy treatment to extend coverage for self-administered anticancer medication at a cost at least comparable to chemotherapy medications administered by a health care provider. To view Washington’s oral parity law, please see next page.

What Does This Mean for Patients?

If a patient is privately insured (the law does not apply to Medicare), and their plan covers chemotherapy, an FDA-approved, orally administered drug should be covered at least comparable rate for the patient as an intravenously administered drug.

What to do if an insurance plan does not comply & to find out if the law applies to your health plan:

Contact the Insurance Consumer Hotline on the web at www.insurance.wa.gov or call 1-800-562-6900. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.
§ 48.46.274. 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 (15) and (16).

(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.