



Minnesota's Oral Anticancer Treatment Access Law: What Clinicians Need to Know



Outdated coverage policies in Minnesota USED TO limit cancer patients' access to life-saving drugs!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, Minnesota enacted law, effective May 14, 2010, that directs health plans that provide coverage for cancer chemotherapy treatment to extend coverage for orally administered chemotherapies at a cost no less favorable than the cost of intravenously administered or injected anticancer medications. However, plans may be in compliance if oral anti-cancer medications are not placed on the fourth drug tier. **To view Minnesota'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 have no less favorable out-of-pocket costs 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:

Please visit the MN Department of Commerce Insurance Division on the web at www.mn.gov/commerce/insurance and click on the "Medical & Health" section for more information or call the Consumer Response Team at (651) 296-2488 (Twin Cities Metro Area) or toll free at 800-657-3602. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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MINNESOTA STATUTES

INSURANCE
CHAPTER 62A. ACCIDENT AND HEALTH INSURANCE
POLICIES, RATES, AND COVERAGES

Minn. Stat. § 62A.3075 (2012)

62A.3075 CANCER CHEMOTHERAPY TREATMENT COVERAGE

- (a) A health plan company that provides coverage under a health plan for cancer chemotherapy treatment shall not require a higher co-payment, deductible, or coinsurance amount for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells than what the health plan requires for an intravenously administered or injected cancer medication that is provided, regardless of formulation or benefit category determination by the health plan company.
- (b) A health plan company must not achieve compliance with this section by imposing an increase in co-payment, deductible, or coinsurance amount for an intravenously administered or injected cancer chemotherapy agent covered under the health plan.
- (c) Nothing in this section shall be interpreted to prohibit a health plan company from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any chemotherapy.
- (d) A plan offered by the commissioner of management and budget under section 43A.23 is deemed to be at parity and in compliance with this section.
- (e) A health plan company is in compliance with this section if it does not include orally administered anticancer medication in the fourth tier of its pharmacy benefit.