

## Independence Blue Cross

### Children's Health Insurance Program (CHIP) Benefits Update — effective January 1, 2021

(Please keep this update with your CHIP Benefits Handbook)

#### Definition of Chemotherapy (page 68\*, 124\*)

The definition of *Chemotherapy* has been updated to read as:

##### Chemotherapy

The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:

- The drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents.
- The FDA-approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Company's policies.
- Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above."

#### Specialty Drugs & Split Fills (page 80\*)

The identification of the benefit in the handbook has been updated to read as:

"Specialty Drugs – Keystone Health Plan East (Keystone) will only provide benefits for covered specialty drugs, through the pharmacy benefits manager's (PBM's) Specialty Pharmacy Program for the appropriate cost-sharing indicated in the "Benefits at a Glance" document. Benefits are available for up to a thirty (30) day supply. No benefits shall be provided for prescription drugs obtained from a Specialty Pharmacy Program other than the PBM's Specialty Pharmacy Program. It is the member's responsibility to initiate the Specialty Pharmacy process."

#### Definition of Experimental/Investigative Services (page 110\*)

The last paragraph of the definition of *Experimental/Investigative Services* has been updated to read as:

"Any approval granted as an interim step in the FDA regulatory process (For example: An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (e.g. infusable agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Company's policies recognize the usage as appropriate medical treatment."

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### **Specialty Drugs** (page 123\*)

The identification of the benefit in the handbook has been updated to read as:

“SPECIALTY DRUG — a medication that meets certain criteria including, but not limited to:

- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a health care provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug’s stability.
- The drug requires comprehensive patient monitoring and education by a health care provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.
- Keystone reserves the right to determine which specialty drug vendors and/or health care providers can dispense or administer certain specialty drugs.

Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

### **Coverage change for asthma drugs Fasenra and Nucala**

Effective January 1, 2021, Fasenra and Nucala will no longer be covered under your Keystone HMO CHIP medical benefit. They will only be covered under your pharmacy benefit.

\*The page listing refers to the CHIP Benefits Handbook (01/16).