

Chemotherapy

Also known as	<div><div></div><div><div>1. 5-Fluorouracil (5-FU)</div><div>2. Adrucil</div><div>3. Capecitabine</div><div>4. Chemo</div></div></div>				
Description	<div>Chemotherapy is a type of treatment that includes a drug or combination of drugs to treat cancer. The goal is to stop or slow the growth of cancer cells.</div>				
See also	<div>Similar, related, or easily confused documents.</div> <div><div></div><div><div><div>• Home IV Therapy - Medication received through an intravenous (IV) infusion, administered in the patient’s home by a professional.</div><div>• Pharmacogenetic Testing to Predict Toxicity to 5-Fluorouracil (5-FU) or Capecitabine-Based Chemotherapy - A laboratory test performed on a blood sample to identify individuals with an increased risk for toxicity to chemotherapy drugs 5-Fluorouracil (5-FU) and capecitabine.</div></div></div></div>				
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.				
Mayo Medical Plan (MMP)	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.<ul style="list-style-type: none">– Verify the specific drug for special benefit considerations, such as prior authorization requirements.– Home POS: If received via home IV infusion, refer to Home IV Therapy.– Pharmacy POS: Pharmacy benefits apply.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.• Medica is the only payer.				
Cost (Prime)	<p>Quote outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	<p>Quote outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote chemotherapy benefits. If not listed, quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Verify the specific drug for special benefit considerations, such as prior authorization requirements.• Home POS: If received via home IV infusion, refer to Home IV Therapy.• Pharmacy POS: Pharmacy benefits apply.				
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