



MEDICATION POLICY

Generic Name: Breast Cancer Risk Reduction Medications For Zero Copay

Therapeutic Class or Brand Name: Breast Cancer Risk Reduction Medications For Zero Copay

Applicable Drugs (if Therapeutic Class):

Preferred: Tamoxifen (generic), Raloxifene (generic)

Non-Preferred: Soltamox® (tamoxifen)

Date of Origin: 12/2/14

Date Last Reviewed/Revised: 11/21/17

GPI Code: 2140268010, 3005306010

Prior Authorization Criteria (may be considered medically necessary when criteria I through IV are met):

- I. Documented diagnosis of an increased risk of breast cancer.
- II. Member meets ALL of the following criteria A through C:
 - A. Is female.
 - B. Has no symptoms of breast cancer.
 - C. Does not have a prior diagnosis of ANY of the following 1 through 3:
 1. Breast cancer.
 2. Ductal carcinoma in situ (DCIS).
 3. Lobular carcinoma in situ (LCIS).
- III. Member meets ONE of the following criteria A, B, or C:
 - A. Request is for Tamoxifen 20 mg per day.
 - B. Request is for Raloxifene 60 mg per day AND criterion 1 is met:
 1. Member is post-menopausal.
 - C. Request is for non-preferred Soltamox® 20 mg per day and criterion 1 is met:
 1. Member has a documented inability of swallowing tamoxifen tablets.
- IV. Minimum age requirement: 35 years old.

Exclusion Criteria:

- Women who have a history of thromboembolic events (deep venous thrombosis, pulmonary embolus, stroke, or transient ischemic attack).

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Authorized in quantities of up to:
 - Tamoxifen, Soltamox®: 20 mg per day.
 - Raloxifene: 60 mg per day.

Approval Length:

- **Authorization:** 5 years.
- **Re-Authorization:** N/A

Appendix:

N/A

References:

1. <http://www.uspreventiveservicestaskforce.org/uspstf13/breastcanmeds/breastcanmeds>.
2. http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs18.html.
3. <https://www.healthpartners.com/public/coverage-criteria/medications-for-risk-reduction-of-primary-breast-cancer-in-women.htm>.
4. https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/PA_Notification_Evista.pdf.
5. <https://d1tpfj3hind0fx.cloudfront.net/Media/Documents/UMC/0210RaloxifeneTamoxifen.pdf>.
6. Medi-Span.
7. <http://soltamox.com/wp-content/uploads/2016/07/Soltamox-FDA-Approved-Package-Insert.pdf>.

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Historical Tracking Of Changes Made To Policy	
11/21/2017	1. Policy reviewed: no changes made.
9/13/2016	1. Updated “ https://www.healthpartners.com/public/coverage-criteria/med-risk-reduction-breast-ca/ ” to “ https://www.healthpartners.com/public/coverage-criteria/medications-for-risk-reduction-of-primary-breast-cancer-in-women.htm ”, “ https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Ox_MPUB_Future_Pharmacy/PA_Notification_Breast_Cancer_Prev_copay_914.pdf ” to “ https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/PA_Notification_Evista.pdf ”, “ https://d1tpfj3hind0fx.cloudfront.net/Media/Documents/UMC/00201RaloxifeneTamoxifen.pdf ” to “ https://d1tpfj3hind0fx.cloudfront.net/Media/Documents/UMC/0210RaloxifeneTamoxifen.pdf ”, and “ http://www.soltamox.com/content/images/Soltamox-FDA-Approved-Package-Insert.pdf ” to “ http://soltamox.com/wp-content/uploads/2016/07/Soltamox-FDA-Approved-Package-Insert.pdf ” under References.

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