MEDICATION POLICY:

Breast Cancer Risk Reduction Medications For Zero Copay

Generic Name: N/A

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

Applicable Drugs (if Therapeutic Class): Soltamox® (tamoxifen), raloxifene, tamoxifen

Preferred: Tamoxifen (generic), Raloxifene (generic)

Non-preferred: Soltamox® (tamoxifen)

Date of Origin: 12/2/2014

Date Last Reviewed / Revised: 8/13/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

I. Member has an increased risk of breast cancer.

II. Member meets ALL 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 to swallow tamoxifen tablets.

IV. Minimum age requirement: 35 years old.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

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

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. U.S. Preventive Services. Final recommendation for breast cancer: Medication use to reduce risk. September 3, 2019. Accessed September 8, 2022. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-medications-for-risk-reduction.
2. Centers for Medicare & Medicaid Services. Affordable care act implementation FAQs - Set 18. Updated September 6, 2023. Accessed August 13, 2024. http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs18.html.
3. Tamoxifen Citrate. Prescribing information. McKesson Corporation; 2020. Accessed August 13, 2024. https://soltamox.com/wp-content/uploads/2019/12/soltamox-pi.pdf.
4. Evista. Prescribing information. Eli Lilly and Co.; 2023. Accessed August 13, 2024. https://pi.lilly.com/us/evista-pi.pdf.