Medications for Risk Reduction of Primary Breast Cancer

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The United States Preventative Services Task Force (USPSTF) has recommended clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer and those medications that reduce risk. Clinicians should consider prescribing risk-reducing medications such as tamoxifen, raloxifene, exemestane, or anastrazole if women are at an increased risk of breast cancer and at low risk for adverse medication effects.

The USPSTF recommends against the routine use of medications, such as tamoxifen, raloxifene, exemestane, or anastrazole for risk reduction of primary breast cancer in women who are not at increased risk for breast cancer. The intent of this policy is to provide a way to identify members who are using the FDA approved medications: tamoxifen, in females or members 35 years of age and older, and raloxifene, exemestane, or anastrazole, in members who are postmenopausal, for risk reduction of primary breast cancer. These identified members are eligible to receive cost share waiver (i.e. no copay, coinsurance, or deductible) for up to 5 years when the drug is determined to be medically appropriate.

POLICY

A. Tamoxifen will be covered at zero dollar member cost share when the following criteria is met:
    1. The requested drug is being used for risk reduction of primary breast cancer
    2. The member is 35 years of age or older
    3. The member is female or member is at increased risk of breast cancer
    4. The member does not have a history of being diagnosed with either breast cancer or ductal carcinoma in situ (DCIS)

5. The requested drug is medically necessary to the member
6. The request is for Soltamox and member is unable to swallow the oral tablet formulation of tamoxifen due to dysphagia, oral/motor difficulties, or medications are being administered through a feeding tube.

Approval is lifetime, with cost share waiver applied for a maximum of 5 years. If the medication is continued for more than 5 years, the member's cost share will no longer be waived**.**

B. Raloxifene will be covered at zero dollar member cost share when the following criteria is met:
   1. The requested drug is being used for risk reduction of primary breast cancer
   2. The member is 35 years of age or older
   3. The member is postmenopausal
   4. The member is at increased risk of breast cancer
   5. The member does not have a history of being diagnosed with either breast cancer or ductal carcinoma in situ (DCIS)
   6. The requested drug is medically necessary to the member

   Approval is lifetime, with cost share waiver applied for a maximum of 5 years. If the medication is continued for more than 5 years, the member's cost share will no longer be waived**.**

C. Exemestane and anastrazole will be covered at zero dollar member cost share when the following criteria is met:
   1. The requested drug is being used for risk reduction of primary breast cancer
   2. The member is 35 years of age or older
   3. The member is postmenopausal
   4. The member is at increased risk of breast cancer
   5. The member does not have a history of being diagnosed with either breast cancer or ductal carcinoma in situ (DCIS)
   6. The requested drug is medically necessary to the member

   Approval is lifetime, with cost share waiver applied for a maximum of 5 years. If the medication is continued for more than 5 years, the member's cost share will no longer be waived**.**

D. Tamoxifen, raloxifene, exemestane, and anastrazole are covered at the customary cost-share amount based on the member's benefit when criteria A., B., or C. is not met.

   Approval is lifetime, with <u>no</u> cost share waiver. The medication will be covered at the customary cost-share amount based on the member's benefit.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- Code(s), if applicable.

REFERENCES

- Medications for Risk Reduction of Primary Breast Cancer in Women. US Preventative Services Task Force. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-medications-for-risk-reduction#fullrecommendationstart. Accessed July 13, 2020.

- Nelson HD, Smith ME, et al. Use of Medications to Reduce Risk for Primary Brest Cancer: A Systematic Review for the US Preventive Services Task Force. Annals of Internal Medicine 2013: 158(8);604-614.
- Nelson HD, Fu R et al. Medication Use for the Risk Reduction of Primary Breast Cancer in Women: A Systematic Review for the U.S. Preventative Services Task Force. Agency for Healthcare Research and Quality (US);2019(Evidence Synthesis, No. 180). Available at: https://www.ncbi.nlm.nih.gov/books/NBK546162/.

POLICY HISTORY

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