North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

COST-SHARE EXCEPTION POLICY
FOR ENHANCED 80/20 PLAN AND CONSUMER DIRECTED HEALTH PLAN

Breast Cancer Primary Prevention

tamoxifen tablets (generics only)
raloxifene tablets (generics only)
Soltamox® (tamoxifen oral solution – Dara Bioscience)

To Initiate a Cost-share Exception Review, Call 1-800-417-1764

POLICY STATEMENT
This cost-share exception policy has been developed to authorize coverage of medications prescribed for the primary prevention of breast cancer at a $0 cost-share for women who are at high risk enrolled in the Enhanced 80/20 Plan or Consumer Directed Health Plan (CDHP). All approvals are provided for 12 months in duration unless otherwise noted below.

AUTHORIZATION CRITERIA
Medications (tamoxifen and raloxifene) prescribed for the primary prevention of breast cancer in women who are at high risk are included in the Affordable Care Act preventive medication coverage. The "Breast Cancer Primary Prevention - $0 cost-share" coverage requires a physician review process for coverage of tamoxifen or raloxifene at a $0 member cost-share.

Coverage of tamoxifen is provided for $0 if the prescriber confirms ALL of the below:
1. The patient is 35 years of age or greater, and
2. The patient does not have a prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS), and
3. The patient is being prescribed tamoxifen for the purpose of primary prevention of invasive breast cancer because the patient is deemed high risk.

Coverage of raloxifene is provided for $0 if the prescriber confirms ALL of the below:
1. The patient is 35 years of age or greater, and
2. The patient is post-menopausal, and
3. The patient does not have a prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS), and
4. The patient is being prescribed raloxifene for the purpose of primary prevention of invasive breast cancer because the patient is deemed high risk.

Coverage of Soltamox® (tamoxifen) is provided for $0 if the prescriber confirms ALL of the below:
1. The patient is 35 years of age or greater, and
2. The patient does not have a prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS), and
3. The patient is being prescribed tamoxifen for the purpose of primary prevention of invasive breast cancer because the patient is deemed high risk, and
4. The patient cannot swallow or has difficulty swallowing tamoxifen tablets.

REFERENCES

1. Medications for Risk Reduction of Primary Breast Cancer in Women. United States Preventive Services Task Force. September 2013. Accessed at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrpv.htm

2. Tamoxifen Citrate - Detailed Prescribing Information. Daily Med Current Medication Information. National Library of Medicine. http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=8f642753-9e12-433c-a0bc-ab33dac41ddf

3. Raloxifene hydrochloride tablets (Evista®) prescribing information. Eli Lilly and Company, Indianapolis, IN 46285, USA

POLICY IMPLEMENTATION/REVISION INFORMATION

Cost-Share Exception Policy
Original Implementation Date: 01/15

Revision Information: