

Effective Date: 12/15/2020
Reviewed: 10/2020, 12/2021, 3/2022
Scope: Medicaid

Breast Cancer Risk Reduction Prophylaxis Criteria

Tamoxifen
Raloxifene
Anastrozole
Letrozole
Exemestane

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

- A. The member is requesting Tamoxifen to reduce the incidence of breast cancer in adult females at high risk for breast cancer; **OR**
- B. The member is requesting Raloxifene for the reduction in risk of invasive breast cancer in postmenopausal women with osteoporosis or for the reduction in risk of invasive breast cancer in postmenopausal women at high risk of breast cancer; **OR**
- C. The member is requesting Anastrozole or Letrozole for the reduction in risk of breast cancer in postmenopausal women at high risk of breast cancer; **OR**
- D. The member is requesting Exemestane for the reduction in risk of invasive breast cancer in postmenopausal women at high risk of breast cancer; **AND**
- E. The prescribed dose and quantity fall within the FDA-approved labeling or within compendia supported dosing guidelines.

II. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members who meet all initial criteria and who have documentation of a positive clinical response.