

# Exception Criteria

## Preventive Services Primary Prevention of Breast Cancer Zero Copay Exception

### Products Referenced by this Document

Brand Name	Generic Name
Not applicable (generic products only)	anastrozole (generic products only)
Not applicable (generic products only)	exemestane (generic products only)
Not applicable (generic products only)	raloxifene (generic products only)
Not applicable (generic products only)	tamoxifen citrate (generic products only)

### Intent

The intent of the criteria is to allow the member to receive breast cancer prevention generic products for a \$0 member cost share when using for the primary prevention of breast cancer when determined to be medically necessary for the member by the member's attending health care provider.

### Coverage Criteria

Authorization may be granted for breast cancer prevention generic products at \$0 member cost share when the following criteria are met:

- The attending health care provider has determined the requested drug to be medically necessary for the primary prevention of breast cancer in a patient 35 years of age or older, who has no history of being diagnosed with ANY of the following: breast cancer, ductal carcinoma in situ (DCIS)

Reference number(s)
1164-A

## Duration of Approval (DOA)

- 1164-A: DOA: 5 years