# Breast Cancer Prevention: Addition to ACA Preventive Services

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**Description:** Breast cancer prevention has been added to Affordable Care Act preventive service requirements. Clients are now required to select one of two options to add generic raloxifene, generic tamoxifen citrate and the aromatase inhibitors exemestane 25 mg (milligram) and anastrozole 1 mg at no cost to female members age 35 and older when their doctor has recommended, they take the medication to reduce their risk of developing breast cancer in the future.

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| Breast Cancer Prevention (BCP) Options |

There are two different BCP options that a client may choose from.

**Option #1:**  Automatic zero copay for all women ages 35 and older using generic raloxifene, generic tamoxifen citrate, exemestane 25 [mg](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89507380-dd73-4c92-9fee-ec1bde688dd6) (milligram) or anastrozole 1 mg regardless of diagnosis. No action required by the member. Zero copay will be coded into plan.

**Option #2:** Medical Copay Exception Process for women ages 35 and older using Generic Raloxifene, Generic Tamoxifen Citrate, exemestane 25 mg or anastrozole 1 mg for primary prevention of breast cancer. Member will need to have doctor submit a Copay Exception form for approval to qualify for zero copay. If the exception is not approved, the medication will still pay at normal benefit copay.

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| Breast Cancer Prevention Communications |

Communication about the breast cancer prevention addition will come to the member directly from the Client. Each client is responsible for notifying their membership so the members may call in with a varied understanding of the benefit. Be sensitive to this and reference the below Q&A to help answer some common inquiries.

**Notes:**

* The date when the information will be available will vary based on the individual client.
* If the client has chosen to implement option #2, the member will need to refer to the benefits office for the appropriate exception form. The PBM will NOT be distributing exception forms for this purpose.

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| Frequently Asked Questions |

Refer to as needed:

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| **Question** | **Answer** |
| **What medications are covered by the BCP?** | The BCP covers generic raloxifene, generic tamoxifen citrate, exemestane 25 mg and anastrozole 1 mg. |
| **I have to take the brand name medication; can I get it covered at zero copay?** | If taking the brand name medication is medically necessary, you can have your doctor submit a letter of medical necessity to our exceptions team for consideration. Please have your doctor fax the letter to 1-888-487-9257.  **CCR:** You could potentially see an override for the generics to be approved at a zero copay and the brand name to be denied. This means that the member can receive the generic at the zero copay, but not the brand. Generic approval/denials are listed in the generic names (Tamoxifen or Raloxifene) and Brand approval/denials are listed in the brand names (Nolvadex, Evista & Soltamox). |
| **What do I need to do to get my Raloxifene/Tamoxifen Citrate at a zero copay?** | Review the CIF for which option the Client has chosen for BCP.   * If Option #1 -  Nothing, it’s built into your plan. * If Option #2 –  If you are using Raloxifene/Tamoxifen as primary prevention therapy and meet the plan criteria, please have your doctor complete the exception form and fax to our authorization team at 1-888-487-9257. |
| **How do I get an Exception Form?** | Refer to client specific contact information in Client Information Form ([CIF (051667)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=82474eaf-9267-4d49-b352-1ce9b8a78cff)). |
| **How long will it take to get approved?** | Once we receive the fax from your physician, a decision will be made within 3 business days. |
| **How will I be notified?** | You will be notified by mail with the decision on coverage. Your physician will also receive a fax confirmation with the approval or denial. |
| **I’ve been paying my copay for these medications in the past and now I’m finding out I can get them for free. Will I be reimbursed?** | You are eligible for reimbursement for any claims paid since your plan implemented the zero copay benefit. You will need to submit a paper claim to receive your refund.  **Note:**  Follow standard [Paper Claims (PCL) (051692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c519df4e-f8c0-4bb2-88e1-a761524b9516) processes for the client. If override needs backdated to encompass past claims, contact Senior Team for assistance. |
| **I’ve been previously diagnosed with cancer, but I am in remission and using these meds as preventive therapy. Do I qualify?** | The Affordable Care Act zero copay coverage only applies to primary prevention treatment for members who have not been diagnosed in the past with breast cancer. |

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| Related Documents |

**Parent Documents:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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