



# MASSACHUSETTS

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## Pharmacy Medical Policy CNS Stimulants and Psychotherapeutic Agents

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### Policy Number: 019

BCBSA Reference Number: None

### Related Policies

- Quality Care Dosing guidelines may apply to the following medications and can be found in Medical Policy #[621](#).

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Amphetamine	PA required
Armodafinil	PA required
Atomoxetine	PA required
Dextroamphetamine	PA required
Desoxyn® (methamphetamine)	PA required
Dexedrine® (dextroamphetamine)	PA required
Dexedrine® Spansules (dextroamphetamine)	PA required
Evekeo™*# (amphetamine sulfate)	Not Covered
Methamphetamine	PA required

<b>Modafanil</b>	PA required
<b>Nuvigil™<sup>#</sup></b> (armodafinil)	Not Covered
<b>Provigil®</b> (modafanil)	Not Covered
<b>Strattera™</b> (atomoxetine)	PA required
<b>Zenzedi®</b> (dextroamphetamine)	PA required

\*# Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and requires **TWO** formulary drugs to be tried prior to granting a Formulary Exception (FE).

We may cover the following CNS Stimulants and Psychotherapeutic Agents listed in the chart above for new starts\* in the following stepped approach:

\*New start is defined as no previous paid claim for the requested medication within the past 130 days.

We may cover **Amphetamine<sup>%%</sup>**, **Dexedrine®/Dexedrine® Spansules** (dextroamphetamine), **Desoxyn®** (methamphetamine), **Zenzedi®** (dextroamphetamine), or generics when the patient meets the following criteria:

- The patient is < 17 years of age,  
**OR**
- The patient is ≥ 17 years of age and has a diagnosis of attention-deficit/ hyperactivity disorder (ADHD) or Narcolepsy,  
**OR**
- The prescription is written by a board certified / board eligible Psychiatrist, Neurologist, Oncologist, or Sleep Medicine specialist.  
**OR**
- The patient had prior use of amphetamine<sup>%%</sup>, dextroamphetamine or methamphetamine within the previous 130 days.

\*\*Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

<sup>%%</sup> - Amphetamine is **NOT** covered for Exogenous Obesity.

We may cover **Evekeo™<sup>#</sup>** (amphetamine sulfate tablets) when the patient meets **All** of the following criteria:

- The patient has a diagnosis of attention-deficit/ hyperactivity disorder (ADHD) or Narcolepsy,  
**AND**
- The prescription is written by a board certified / board eligible Psychiatrist, Neurologist, Oncologist, or Sleep Medicine specialist.  
**AND**
- The member has satisfied the Formulary Exception criteria of trying and or failing two covered alternatives.

\*# - We do not cover Evekeo™ for Exogenous Obesity according to our subscriber certificates.

We may cover **atomoxetine** when the patient meets all of the following criteria:

- Patient is < 17 years of age,  
**OR**
- Patient has a diagnosis of ADHD,  
**AND**
- Has tried and failed one course of treatment with one of the following medications within the previous 130 days:
  - Methylphenidate (brands or generics)
  - Dexmethylphenidate (brand or generic)
  - Amphetamines (brands or generics), or
  - Pemoline

- Has a history of stimulant drug abuse or other substance abuse **or**
- The prescription is written by a board certified / board eligible Psychiatrist,  
**OR**
- The patient had a prior use of **atomoxetine** within the previous 130 days.

We may cover **Strattera™** with previous use of **atomoxetine**.

\*\*Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We may cover **Modafanil** when the patient meets the following criteria:

- Patient is < 17 years of age,  
**OR**
- Patient has a diagnosis of narcolepsy, obstructive sleep apnea / hypopnea syndrome, or shift work sleep disorder,  
**OR**
- The prescription is written by a board certified / board eligible Neurologist, Psychiatrist, Oncologist, or Sleep Medicine specialist.  
**OR**
- The patient had prior use of **Modafanil** or **Provigil®** within the previous 130 days.

We may cover **Provigil®** with previous use of **Modafanil**.

We may cover **Armodafinil** when the patient meets the following criteria:

- Patient is < 17 years of age  
**OR**
- Patient has a diagnosis of narcolepsy, obstructive sleep apnea / hypopnea syndrome, or shift work sleep disorder **AND** patient has tried and failed modafanil within the previous 130 days,  
**OR**
- The prescription is written by a board certified / board eligible Neurologist, Psychiatrist, Oncologist, or Sleep Medicine specialist **and** patient has tried and failed modafanil within the previous 130 days,  
**OR**
- The patient had prior use of **Armodafinil** within the previous 130 days.

\*\*Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover the above drugs for other conditions not listed above.

## Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

## Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.  
Pharmacy Operations: (800)366-7778

- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express Path which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

### PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express Path which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

### CPT Codes / HCPCS Codes / ICD Codes

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

### CPT Codes

There is no specific CPT code for this service.

### Policy History

Date	Action
2/2019	Updated to add Amphetamine to the policy.
7/2018	Clarified coding for Provigil.
1/2018	Updated to include atomoxetine & criteria for Straterra™.
6/2017	Update address for Pharmacy Operations.
11/2016	Updated to include armodafinil and Evekeo.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
4/2014	Updated to include Sleep Medicine specialists.
2/2014	Updated ExpressPath language, remove Blue Value and added Zenedi.
6/2012	Updated to include coverage criteria for new generic modafanil.
11/2011- 4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Reviewed – Medical Policy Group – Psychiatry and Ophthalmology. No changes to policy statements.
1/2012	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
5/2011	Reviewed - Medical Policy Group - Pediatrics and Endocrinology. No changes to policy statements.
2/2011	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2011	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
5/2010	Reviewed - Medical Policy Group - Pediatrics and Endocrinology. No changes to policy statements.
2/2010	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology.

	No changes to policy statements.
1/2010	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2009	Updated to include authorization requirements for Nuvigil™.
9/2009	Policy updated to change 180 day look back period to 130 days, update sample language, define coverage for new starts, and to remove Medicare Part D criteria from Medical Policy.
5/2009	Reviewed - Medical Policy Group - Pediatrics and Endocrinology. No changes to policy statements.
2/2009	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2009	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
5/2008	Reviewed - Medical Policy Group - Pediatrics and Endocrinology. No changes to policy statements.
2/2008	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2008	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
5/2007	Reviewed - Medical Policy Group - Pediatrics and Endocrinology. No changes to policy statements.
2/2007	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2007	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2004	New policy, effective 11/2004, describing covered and non-covered indications.

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**To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:**

[http://www.bluecrossma.com/common/en\\_US/medical\\_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf](http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf)