Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

CNS Stimulants

Clinical Criteria Information included in this Document

Provigil (Modafinil)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Nuvigil (Armodafinil)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Sunosi (Solriamfetol)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria

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- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Wakix (Pitolisant)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
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- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- References: clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated age for Provigil (modafinil) and Nuvigil (armodafinil) to 18 years and older

Updated references

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Provigil (Modafinil)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
MODAFINIL 100 MG TABLET	26101
MODAFINIL 200 MG TABLET	26102
PROVIGIL 100 MG TABLET	26101
PROVIGIL 200 MG TABLET	26102

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Provigil (Modafinil)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of narcolepsy or shift work disorder in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Go to #3

3. Does the client have a diagnosis of obstructive sleep apnea in the last 730 days?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client have a procedure code for CPAP or BiPAP in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of severe hepatic impairment in the past 365 days?

   [ ] Yes – Go to #6

   [ ] No – Go to #7

6. Is the dose less than or equal to (≤) 100 mg per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

7. Is the dose less than or equal to (≤) 200 mg per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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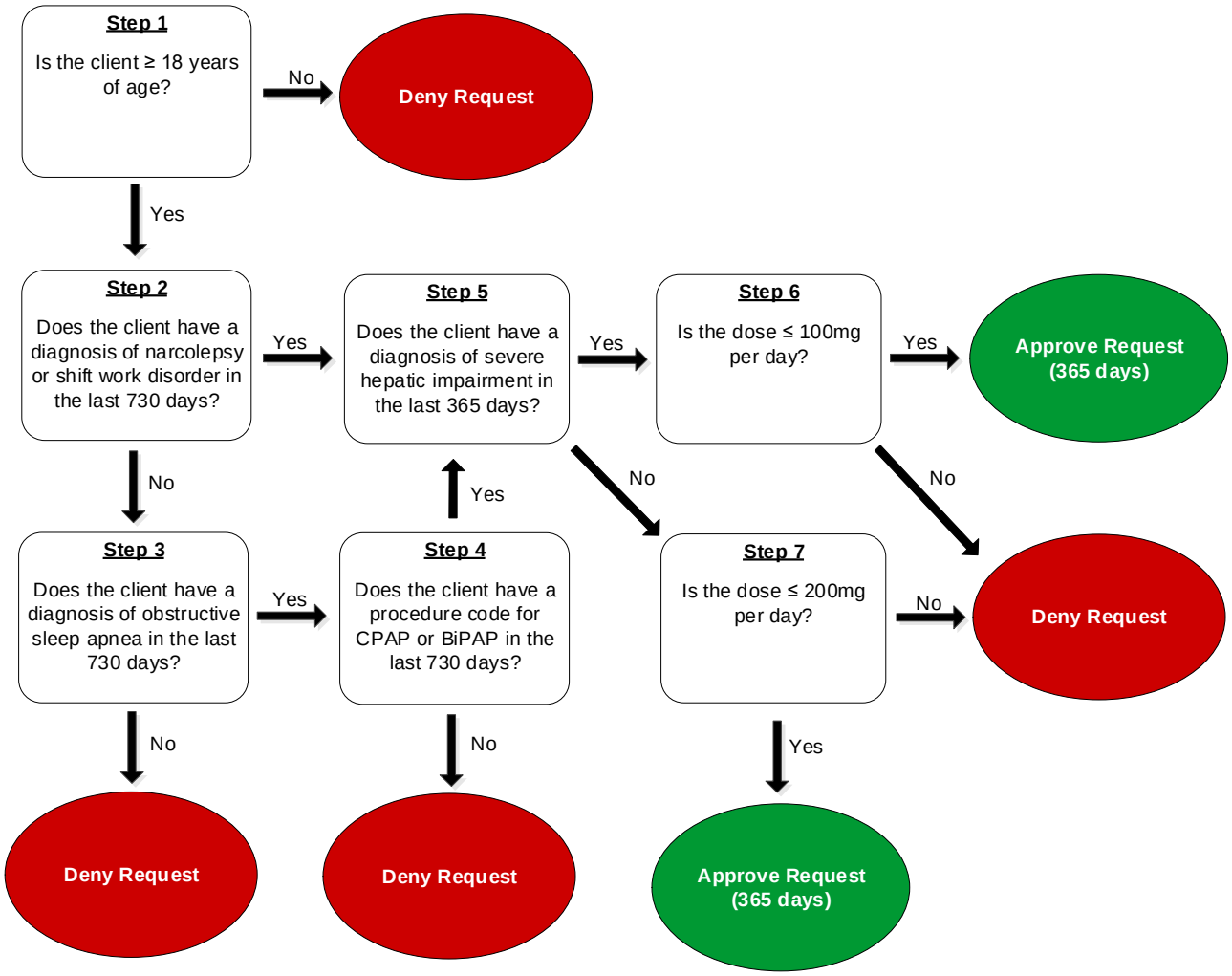
Provigil (Modafinil)

Clinical Criteria Logic Diagram



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Provigil (Modafinil)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of narcolepsy or shift work disorder) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
F518	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G4726	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE
G47411	NARCOLEPSY WITH CATAPLEXY
G47419	NARCOLEPSY WITHOUT CATAPLEXY
G47421	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY
G47429	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY

Table 3 (diagnosis of obstructive sleep apnea) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G4730	SLEEP APNEA, UNSPECIFIED
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)

Table 4 (procedure code for CPAP or BiPAP) Required procedure: *1* Look back timeframe: *730* days	
CPT Code	**Description**
9390	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)
94660	CPAP INITIATION AND MANAGEMENT

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Table 4 (procedure code for CPAP or BiPAP) Required procedure: *1* Look back timeframe: *730* days	
CPT Code	**Description**
95811	SLEEP STAGING WITH INITIATION OF CPAP
E0601	CPAP DEVICE
E0470	CPAP WITH BI-LEVEL FAILURE
E0471	CPAP WITH BI-LEVEL FAILURE
E0472	CPAP WITH BI-LEVEL FAILURE

Table 5 (diagnosis of clinically-significant hepatic impairment) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
B150	HEPATITIS A WITH HEPATIC COMA
B159	HEPATITIS A WITHOUT HEPATIC COMA
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT

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Table 5 (diagnosis of clinically-significant hepatic impairment) **Required diagnosis: *1*** **Look back timeframe: *365* days**	
ICD-10 Code	**Description**
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
B251	CYTOMEGALOVIRAL HEPATITIS
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITH COMA

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Table 5 (diagnosis of clinically-significant hepatic impairment) **Required diagnosis: *1*** **Look back timeframe: *365* days**	
ICD-10 Code	**Description**
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS

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Table 5 (diagnosis of clinically-significant hepatic impairment) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K760	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K764	PELIOSIS HEPATIS
K765	HEPATIC VENO-OCCLUSIVE DISEASE
K766	PORTAL HYPERTENSION
K767	HEPATORENAL SYNDROME
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

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Nuvigil (Armodafinil)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARMODAFINIL 50MG TABLET	98591
ARMODAFINIL 150MG TABLET	98590
ARMODAFINIL 200MG TABLET	36082
ARMODAFINIL 250MG TABLET	98592
NUVIGIL 50MG TABLET	98591
NUVIGIL 150MG TABLET	98590
NUVIGIL 200MG TABLET	36082
NUVIGIL 250MG TABLET	98592

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Nuvigil (Armodafinil)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of shift work disorder in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Go to #4

3. Is the dose less than or equal to (≤) 150 mg per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

4. Does the client have a diagnosis of narcolepsy in the last 730 days?

   [ ] Yes – Go to #7

   [ ] No – Go to #5

5. Does the client have a diagnosis of obstructive sleep apnea in the last 730 days?

   [ ] Yes – Go to #6

   [ ] No – Deny

6. Does the client have a procedure code for CPAP or BiPAP in the last 730 days?

   [ ] Yes – Go to #7

   [ ] No – Deny

7. Is the dose less than or equal to (≤) 250 mg per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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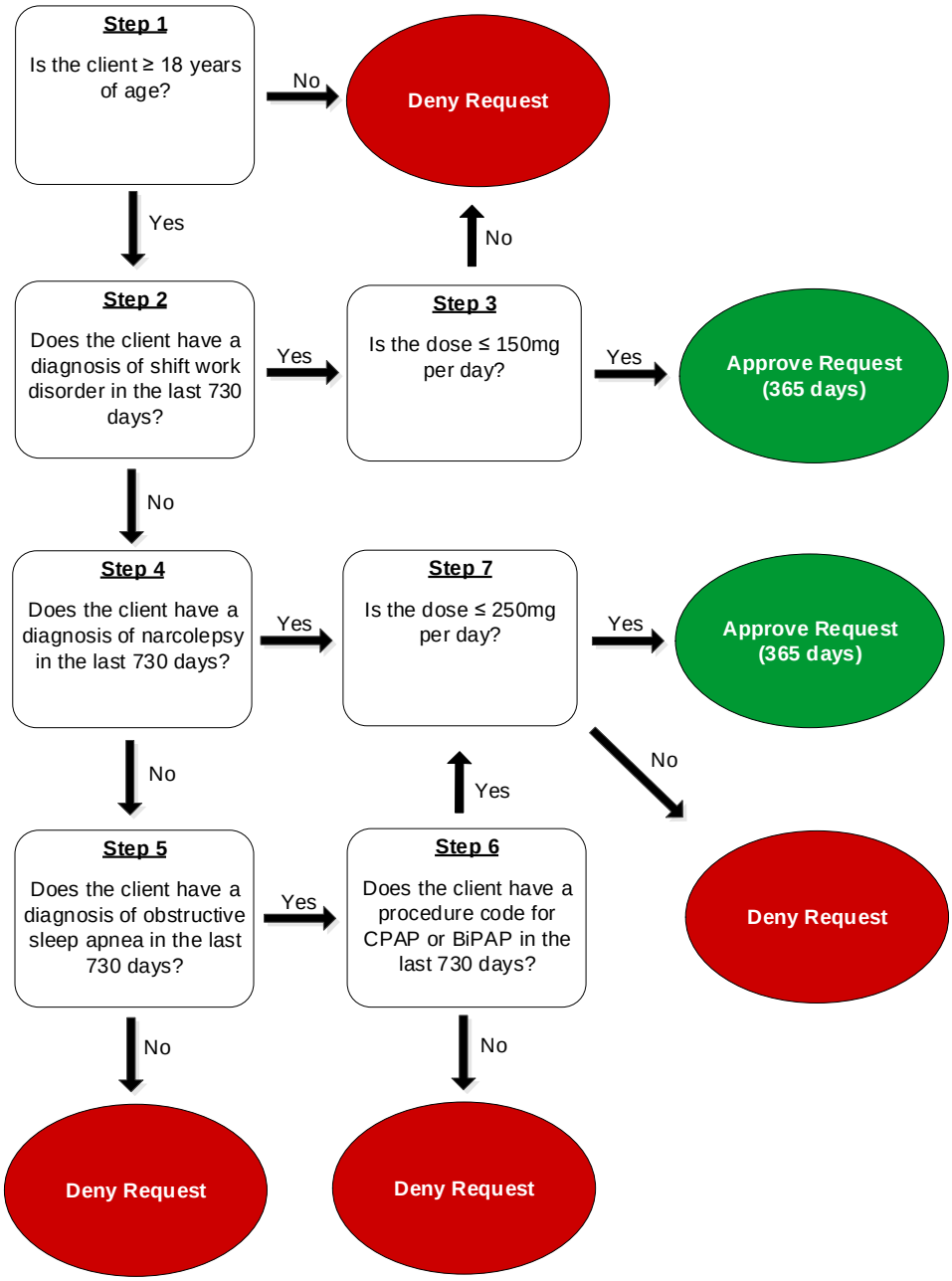
Nuvigil (Armodafinil)

Clinical Criteria Logic Diagram



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Nuvigil (Armodafinil)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of shift work disorder) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
F518	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G4726	CIRCADIAN RHYTHM SLEEP DISORDER, SHIFT WORK TYPE

Table 4 (diagnosis of narcolepsy) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G47411	NARCOLEPSY WITH CATAPLEXY
G47419	NARCOLEPSY WITHOUT CATAPLEXY
G47421	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY
G474	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY

Table 5 (diagnosis of obstructive sleep apnea) Required diagnosis: *1* Look back timeframe: *730* days

For the list of diagnosis codes that pertain to this step, see the Obstructive Sleep Apnea table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

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Table 6 (procedure code for CPAP or BiPAP)
Required procedure: *1*
Look back timeframe: *730* days

For the list of procedure codes that pertain to this step, see the CPAP/BiPAP table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

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Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
SUNOSI 150MG TABLET	46127
SUNOSI 75MG TABLET	46126

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Sunosi (Solriamfetol)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of narcolepsy in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Go to #3

3. Does the client have a diagnosis of obstructive sleep apnea in the last 730 days?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client have a procedure code for CPAP or BiPAP in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have at least 30 days therapy of modafinil or armodafinil in the last 365 days?

   [ ] Yes – Go to #6

   [ ] No – Deny

6. Does the client have a claim for a monoamine oxidase (MAO) inhibitor in the last 90 days?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Does the client have a diagnosis of end stage renal disease (ESRD) or dialysis in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Is the daily dose less than or equal to (≤) 1 tablet daily?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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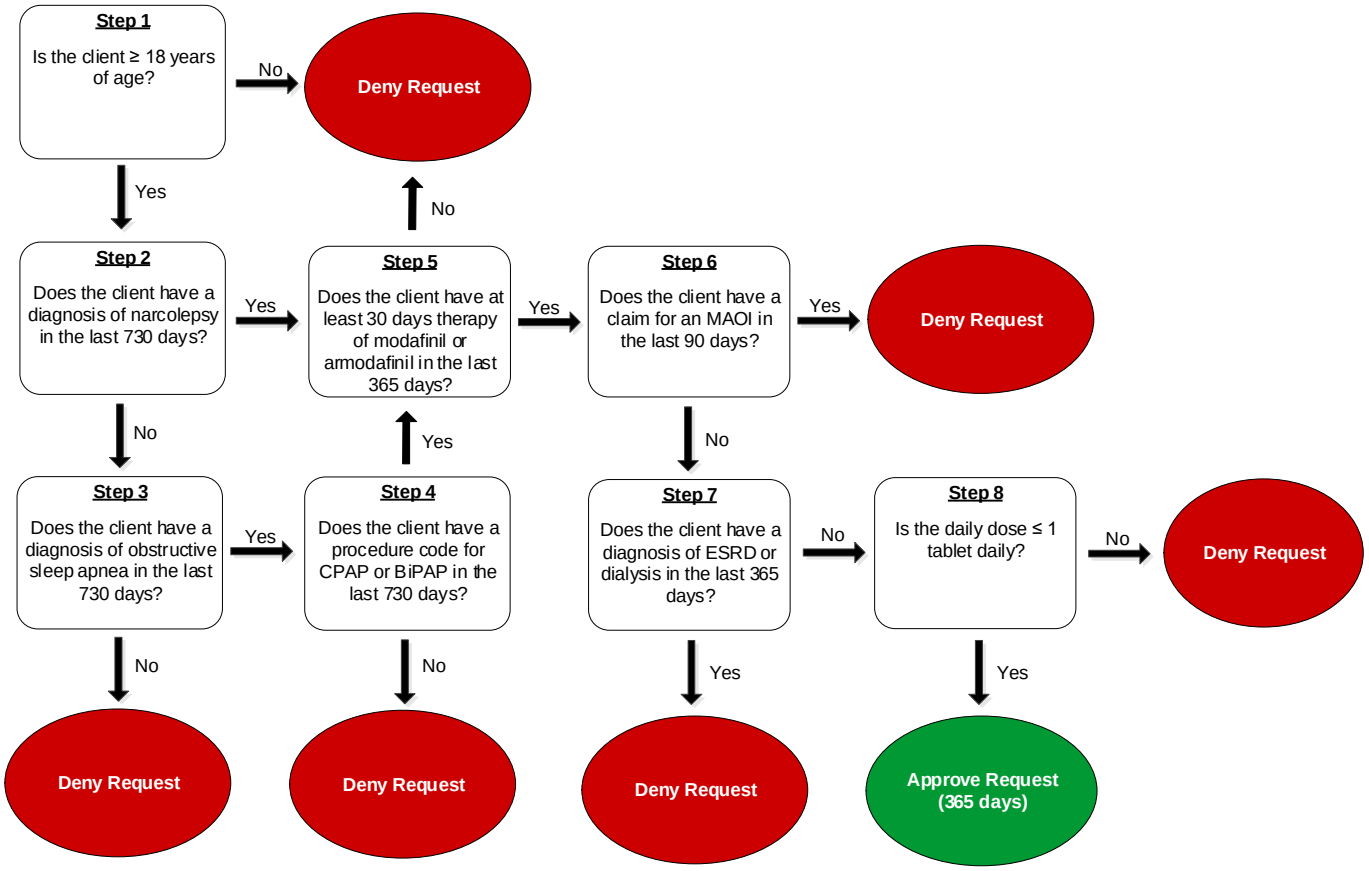
Clinical Criteria Logic Diagram



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Sunosi (Solriamfetol)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of narcolepsy) Required diagnosis: *1* Look back timeframe: *730* days

For the list of diagnosis codes that pertain to this step, see the Narcolepsy table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Table 3 (diagnosis of obstructive sleep apnea) Required diagnosis: *1* Look back timeframe: *730* days

For the list of diagnosis codes that pertain to this step, see the Obstructive Sleep Apnea table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Table 4 (procedure code for CPAP or BiPAP) Required procedure: *1* Look back timeframe: *730* days

For the list of procedure codes that pertain to this step, see the CPAP/BiPAP table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Table 5 (claim for modafinil or armodafinil) Required claims: *1* Look back timeframe: *365* days	
GCN	**Label Name**
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET
98591	ARMODAFINIL 50MG TABLET

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Table 5 (claim for modafinil or armodafinil) Required claims: *1* Look back timeframe: *365* days	
GCN	**Label Name**
98590	ARMODAFINIL 150MG TABLET
36082	ARMODAFINIL 200MG TABLET
98592	ARMODAFINIL 250MG TABLET
26101	MODAFINIL 100MG TABLET
26102	MODAFINIL 200MG TABLET
98591	NUVIGIL 50MG TABLET
98590	NUVIGIL 150MG TABLET
36082	NUVIGIL 200MG TABLET
98592	NUVIGIL 250MG TABLET

Table 6 (claim for an MAOI) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
27081	AZILECT 0.5MG TABLET
24654	AZILECT 1MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9MG/24 HOURS PATCH
26870	LINEZOLID 600MG TABLET
26871	LINEZOLID 100 MG/5ML SUSP
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10MG TABLET

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Table 6 (claim for an MAOI) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16417	NARDIL 15MG TABLET
16418	PARNATE 10MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
24654	RASAGILINE MESYLATE 1 MG TAB
27081	RASAGILINE MESYLATE 0.5MG TAB
15603	SELEGILINE HCL 5MG CAPSULE
15600	SELEGILINE HCL 5MG TABLET
16418	TRANYLCYPROMINE 10MG TABLET
22783	ZELAPAR 1.25 MG ODT TABLET
26871	ZYVOX 100MG/5ML SUSPENSION
26870	ZYVOX 600MG TABLET
26873	ZYVOX 600MG/300ML IV SOLN

Table 7 (diagnosis of ESRD or dialysis) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS
Z992	DEPENDENCE ON RENAL DIALYSIS

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Table 7 (diagnosis of ESRD or dialysis) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
N186	END STAGE RENAL DISEASE
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS

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Wakix (Pitolisant)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
WAKIX 17.8 MG TABLET	45949
WAKIX 4.45 MG TABLET	45948

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Wakix (Pitolisant)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 6 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of narcolepsy in the last 730 days?

   [ ] Yes – Go to #4

   [ ] No (If no, and patient is < 18 years of age) – Deny

   [ ] No (If no, and patient is ≥ 18 years of age) – Go to #3

3. Does the client have a diagnosis of cataplexy in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

4. Does the client have at least 30 days therapy of modafinil or armodafinil in the last 90 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of end stage renal disease (ESRD) in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Does the client have a diagnosis of hepatic impairment in the last 365 days?

   [ ] Yes – Go to #8

   [ ] No – Go to #7

7. Does the client have a diagnosis of moderate to severe renal impairment in the last 365 days?

   [ ] Yes – Go to #8

   [ ] No – Go to #9

8. Is the requested dose less than or equal to (≤) 17.8 mg daily?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

9. Is the requested dose less than or equal to (≤) 35.6 mg daily?

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[ ] Yes – Approve (365 days)

[ ] No – Deny

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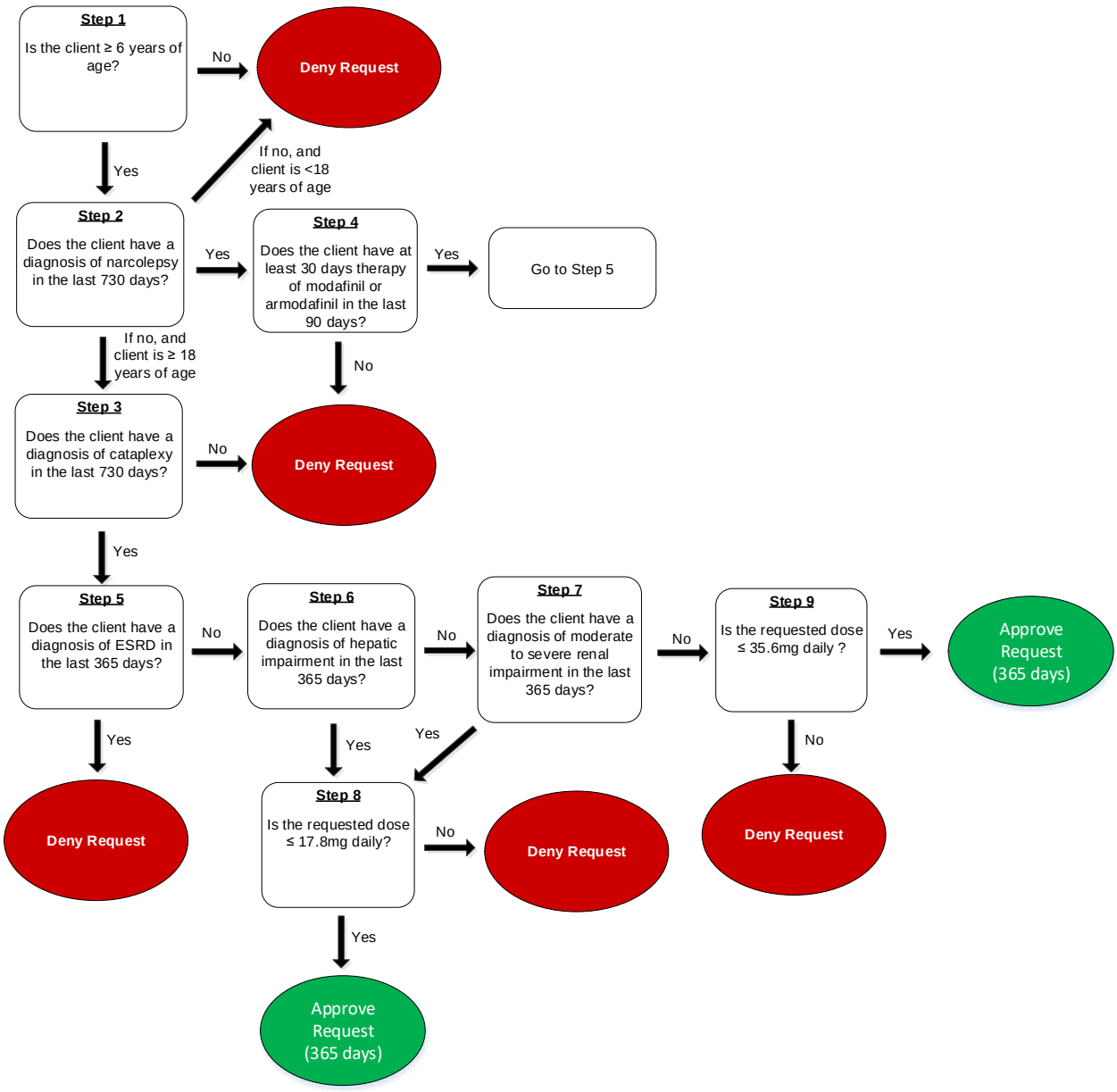
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 2/3 (diagnosis of narcolepsy/cataplexy) Required diagnosis: *1* Look back timeframe: *730* days

For the list of diagnosis codes that pertain to this step, see the Narcolepsy/Cataplexy table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 4 (claim for modafinil or armodafinil) Required claims: *1* Look back timeframe: *90* days

For the list of GCNs that pertain to this step, see the Modafinil/Armodafinil table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 5 (diagnosis of ESRD) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
N186	END STAGE RENAL DISEASE

Table 6 (diagnosis of hepatic impairment) Required diagnosis: *1* Look back timeframe: *365* days

For the list of diagnosis codes that pertain to this step, see the Hepatic Impairment table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

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Table 7 (diagnosis of moderate to severe renal impairment) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5

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Clinical Criteria References

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CNS Stimulants

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

Publication Date	Notes
01/31/2011	• Initial publication and posting to website
04/13/2012	• Added a new section to specify the drugs requiring prior authorization • In the “Clinical Edit Supporting Tables” section, revised tables to specify the diagnosis codes pertinent to steps 2, 3 and 4 of the logic diagram • In the “Clinical Edit Supporting Tables” section, revised table to specify the procedure codes pertinent to step 5 of the logic diagram
10/26/2012	• Added Modafinil 100mg and 200mg tablets to table of drugs requiring prior authorization
04/03/2015	• Updated to include ICD-10s
10/05/2017	• Annual review by staff • Added dose check for modafinil to logic and diagram, pages 4-5 • Added armodafinil to clinical edit • Added criteria logic and diagram for armodafinil, pages 13-14 • Updated references, page 17
03/29/2019	• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table
10/29/2019	• Updated to include Sunosi criteria as approved by the DUR Board
04/15/2021	• Annual review by staff • Updated references
10/20/2022	• Annual review by staff • Added GCN for Linezolid 100 MG/5ML SUSP (26871) to MAOI table • Added criteria for Wakix • Updated references
01/26/2023	• Updated Step 4 to 365 days in the Sunosi criteria diagram

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Publication Date	Notes
	• Changed question 5 and 6 on the Wakix criteria logic – check for ESRD before check for hepatic impairment • Updated Step 4 to 90 days in the Wakix criteria diagram
02/01/2023	• Updated ICD-10 codes for dialysis in Sunosi supporting table 7
10/26/2023	• Corrected 01/26/2023 entry – should be ‘step 5’ rather than ‘step 4’ • Updated Step 5 to 365 days in the Sunosi criteria diagram
10/30/2023	• Annual review by staff • Updated references
06/30/2024	• Annual review by staff • Updated age for narcolepsy treatment with Wakix to 6 years and older • Updated references
02/28/2025	• Annual review by staff • Updated age for Provigil (modafinil) and Nuvigil (armodafinil) to 18 years and older • Updated references

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