



Department
of Health

NYRx, the Medicaid Pharmacy Program

Clinical Criteria (CC)



Clinical Criteria

- Information requirement that helps guide clinically appropriate and medically necessary use of a drug.
- NYRx clinical criteria is developed by the New York State Drug Utilization Review Board (DURB) and is based on drug FDA labeling and generally accepted clinical practice guidelines.

Clinical Criteria Requirements

- Diagnosis
- Age requirements
- Review of concurrent medications, disease states, and possible contraindications
- Step Therapy
- Frequency/Quantity/Duration

Movement Disorder Agents

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
IV. Central Nervous System		
Movement Disorder Agents CC		
Austedo® Ingrezza® Ingrezza® titration pack tetrabenazine	Austedo® XR Xenazine®	CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> • Confirm diagnosis for an FDA-approved or compendia-supported indication

Acne Agents, Topical

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
V. Dermatologic Agents		
Acne Agents, Topical		
adapalene/benzoyl peroxide adapalene cream adapalene OTC gel Retin-A® cream <small>CC, <u>BLTG</u></small> tazarotene cream <small>CC</small> tretinoin gel (gen Avita, Retin-A) <small>CC</small>	adapalene Rx gel, gel pump adapalene/benzoyl peroxide Altreno® <small>CC</small> Arazlo™ <small>CC</small> Atralin® <small>CC</small> Avita® <small>CC</small> clindamycin/tretinoin <small>CC</small> dapsone Fabior® <small>CC</small> Retin-A® gel <small>CC</small> Retin-A Micro® <small>CC</small> tazarotene foam (gen Fabior®) <small>CC</small> tazarotene gel <small>CC</small> tretinoin cream, gel <small>CC</small> (gen Atralin) tretinoin micro <small>CC</small> Winlevi® Ziana® <small>CC</small>	CLINICAL CRITERIA <ul style="list-style-type: none"> Confirm diagnosis of FDA-approved, compendia-supported, and Medicaid-covered indication

Anti-Diabetic Agents

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Anti-Diabetic agents (not on the PDL) <ul style="list-style-type: none"> • acarbose (Precose®) • glimepiride • glipizide (Glucotrol XL®) • glyburide • glyburide, micronized • miglitol • nateglinide • pramlintide (Symlin®) • repaglinide • repaglinide/metformin 	<ul style="list-style-type: none"> • Requires a trial with metformin with or without insulin prior to initiating other antidiabetic agents unless there is a documented contraindication. • Clinical editing to allow patients with a diagnosis of gestational diabetes to receive glyburide without a trial of metformin first. 		