### NYS Medicaid Program Clinical Criteria Form for Prescribers

**Clinical Criteria (Please complete for applicable drugs/drug classes)**

#### Antibiotics - Topical:
Is this medication being used for the eradication of nasal colonization with methicillin resistant Staphylococcus aureus (MRSA) in a patient greater than 12 years of age?
- [ ] Yes
- [ ] No

#### Anticonvulsants – Second Generation:

**For Lyrica® (pregabalin) only:** Is Lyrica prescribed for the treatment of Diabetic Peripheral Neuropathy (DPN)?
- [ ] Yes
- [ ] No

If Yes, has the patient experienced a treatment failure or adverse reaction to a tricyclic antidepressant or gabapentin?
- [ ] Yes
- [ ] No

#### Antidiabetic Agents:

**For all antidiabetic agents, except metformin, insulins, or GLP-1 Agonists (Byetta®, Bydureon®, Victoza®):**
Does the patient have a contraindication to or an experience of a treatment failure with metformin with or without insulin?
- [ ] Yes
- [ ] No

**For Byetta®, Bydureon®, and Victoza® only:**
Has the patient experienced a treatment failure with metformin plus another oral antidiabetic agent?
- [ ] Yes
- [ ] No

#### Antipsychotics – Second Generation:
Clinical editing will allow patients currently stabilized on a non-preferred Atypical Antipsychotic agent to continue to receive that agent without prior authorization.

**For Invega® (paliperidone) only:**
Has the patient experienced a treatment failure or adverse reaction to risperidone?
- [ ] Yes
- [ ] No

**For Seroquel® (quetiapine) only:**
Is the patient younger than 10 years of age?
- [ ] Yes
- [ ] No

If Yes, what is the clinical justification for using quetiapine in a patient less than 10 years of age?

Is the dosage prescribed less than 100mg/day?
- [ ] Yes
- [ ] No

If YES, what is the clinical rationale for prescribing < 100mg/day?

#### Antihistamines - Second Generation Oral:
Patient is under 24 months of age.
- [ ] Yes
- [ ] No

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For billing questions, call 1-800-343-9000.

For clinical concerns or Preferred Drug Program questions, visit [www.nyhealth.gov](http://www.nyhealth.gov) and [http://newyork.fhsc.com](http://newyork.fhsc.com) or call 1-877-309-9493.

**Note:** Processing May Be Delayed if Information Submitted is Illegible or Incomplete.

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### Clinical Criteria (Please complete for applicable drugs/drug classes)

**Central Nervous System (CNS) Stimulants:**

Patient-specific considerations for drug selection include treatment of excessive sleepiness associated with shift work sleep disorder or as an adjunct to standard treatment for obstructive sleep apnea.

- Yes
- No

Under CDRP, appropriate diagnosis is required for CNS Stimulants for enrollees 18 and older, regardless of preferred status. Please indicate the diagnosis in the space provided.

**Corticosteroids - Inhaled:**

Patient-specific considerations for drug selection include concerns related to pregnancy.

- Yes
- No

**Growth Hormones - For enrollees under 21 years (For enrollees 21 and older, please refer to CDRP):**

- Are you using the nonpreferred product for an FDA approved indication that is not listed for a preferred agent?
  - Yes
  - No

Appropriate diagnosis is required for all Growth Hormones, regardless of age or preferred status. Please indicate the diagnosis in the space provided.

**Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Prescription:**

Patients who meet one of the following criteria will not require prior authorization for Celebrex®:

- Over the age of 65 years
- Concurrent use of an anticoagulant agent
- History of GI Bleed/Ulcer or Peptic Ulcer Disease

**Restasis® (cyclosporine ophthalmic):**

- What diagnosis is the Restasis® being prescribed for?

- Has the patient experienced a treatment failure or adverse reaction to artificial tear/gel/ointment?
  - Yes
  - No

**Serotonin Receptor Agonists (Triptans):**

- Is the patient receiving migraine prophylaxis or has the patient failed prophylaxis therapy?
  - Yes
  - No

- Has the patient been evaluated for medication overuse headache?
  - Yes
  - No

**Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):**

- Is the SNRI prescribed for treatment of Chronic Musculoskeletal Pain or Fibromyalgia?
  - Yes
  - No

If No, has the patient experienced a treatment failure or adverse reaction to a Selective Serotonin Reuptake Inhibitor?

- Yes
- No
### Clinical Criteria (Please complete for applicable drugs/drug classes)

**For Cymbalta® (duloxetine) only:** Is Cymbalta prescribed for the treatment of Diabetic Peripheral Neuropathy (DPN)?
- [ ] Yes
- [ ] No

If Yes, has the patient experienced a treatment failure or adverse reaction to a tricyclic antidepressant or gabapentin?
- [ ] Yes
- [ ] No

**Singulair® (montelukast):**

**DIAGNOSIS:**
- [ ] Asthma
- [ ] Reactive Airway Disease
- [ ] Other:

Has the patient experienced a treatment failure or adverse reaction with an intranasal corticosteroid or an oral antihistamine?
- [ ] Yes
- [ ] No

**Tramadol extended-release (Conzip®, Ryzolt®, Ultram® ER):**

Has your patient experienced a treatment failure or adverse reaction to immediate-release tramadol?
- [ ] Yes
- [ ] No