

# A Guide to Understanding the New York Workers' Compensation Formulary



Workers' Compensation Board

Use this Guide as a quick reference on how to use the *New York Workers' Compensation Formulary (NY WC Formulary)*. The truncated version of the *NY WC Formulary* shown below is for illustrative purposes and should not be considered a full version of the *NY WC Formulary*.

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle / Foot	Asthma	Back Mid / Low (MTG)	Carpal Tunnel (MTG)	CRPS	Elbow	Eye	Hip / Groin	Knee (MTG)	Neck (MTG)	Pain Non Acute (MTG)	Shoulder (MTG)			
2																				
3	Codeine-Acetaminophen	1,3	x		x															
4	Hydrocodone-Acetaminophen	1,3	x		x															
5	Acetaminophen		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Aspirin		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	Divalproex		x																	
8	Gabapentin		x	x	x			2nd		2nd										
9	Lamotrigine		x	x	x			2nd		2nd										
10	Levetiracetam		x																	
11	Oxcarbazepine		x		x			2nd		2nd										
12	Citalopram	4		x																
13	Clomipramine	4		x																
14	Clindamycin	2,4	x	x																
15	Linezolid	2,4		x																
16	Metronidazole	2,4	x	x																
17	Sulfamethoxazole-Trimethoprim	2,4	x	x																
18	Celecoxib		x		x			2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd
19	Diclofenac		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Etodolac		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Ibuprofen		x	x	x	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22	Carvedilol		x																	
23	Metoprolol Tartrate		x																	
24	Cefprozil	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25	Cefazolin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

## Format

- The *NY WC Formulary* is organized by **Therapeutic Category** (Column A), and then by the medication **Generic Name** (Column B).
- **Special Considerations**, described below, if any, are listed (Column C). Special Considerations may apply to any Phase (e.g., Phase A, Phase B and/or Perioperative Phase) that includes the listed medication.
- The letter “**X**” indicates if the drug is included in the Phase A (Column E), Phase B (Column F) and/or Perioperative Phase (Column H) drug list.
- *New York Workers’ Compensation Medical Treatment Guidelines (NY WC MTG)* that have been adopted are identified (Columns J – U). For each drug, there may be a notation under the *NY WC MTG* stating “Yes” or “2nd”, which will be described below.

## Phases

- There are three “Phases” of the *NY WC Formulary*: Phase A, Phase B and Perioperative Phase. For purposes of this Guide, these will be referred to collectively as “Phase”.
- If a drug is included within a Phase of the *NY WC Formulary*, it is indicated by an “X” under the name of the Phase.
- **Phase A Drug List** (Column E):
  - Applies during the first 30 days following an accident or injury, or until the payer accepts the claim, or the Board establishes a claim, whichever comes first.  
Example:
    - Injury occurs (day one); Phase A drug list is applicable.
    - Payer accepts the case on day 15; Phase B drug list then becomes applicable.
  - Drugs may be prescribed for up to a 30-day supply. This can be a prescription for a 30-day supply, or a prescription for a less than 30-day supply with refills equaling a total of 30 days.
    - The 30-day supply rule is applicable unless there is a Special Consideration associated with the medication (see below).
- **Phase B Drug List** (Column F):
  - Applies after 30 days following an accident or injury, or when the payer accepts the claim, or the Board establishes the claim, whichever comes first.
  - For up to a 90-day supply. This can be a single prescription for a 90-day supply, or a prescription for less than 90 days with refills equaling a total of 90 days. After this, a new prescription would need to be written.
    - The 90-day supply rule is applicable unless there is a Special Consideration associated with the medication.
  - If the injured worker’s claim is established or accepted for a body part for which there are applicable *NY WC MTG*, the Phase B medication must be indicated under the *NY WC MTG* with a “Yes” in order to be considered formulary. If a “Yes” is not present, a prior authorization request would be required before the medication could be prescribed or dispensed.
  - Second-line drugs (“2nd”) are relevant in Phase B only and are included in the *NY WC MTG*. The *NY WC MTG* should be reviewed to see what is considered first-line (which would be indicated by a “Yes” under the specific *NY WC MTG*).
    - Although there is no required duration of use for a “Yes” drug, a “2nd” drug would be deemed appropriate if the “Yes” drug:
      - Has been tried by the injured worker and discontinued due to provider-documented:
        - Lack of efficacy or effectiveness, or
        - Diminished effectiveness, and/or
        - Adverse effect.

or

  - Would be considered contraindicated because of the injured worker’s comorbid condition(s).
- **Perioperative Drug List** (Column H)
  - Medication used specifically related to an operative procedure during the perioperative period defined as four days before through four days following the surgery.

## Special Considerations

Special Considerations pertain to all drug lists (Phase A, Phase B and Perioperative Phase) that include the medication.

- **Special Consideration #1** – Not to exceed a single seven (7) day supply
  - One time only prescription – across all Phases.
  - Maximum of a single seven-day supply of the medication.
  - Example: Narcotic for acute pain following an injury (e.g., Row 4 – Hydrocodone-Acetaminophen).
- **Special Consideration #2** – For the prescribed course of therapy
  - When the medication is dispensed, regardless of the Phase, for the course of therapy prescribed by the provider.
  - Example: Antibiotics (e.g., Row 24 – Cefprozil).
- **Special Consideration #3** – Short-acting formulation only
  - The formulary item can only be prescribed and dispensed in the short-acting formulation.
  - Example: Opioids / skeletal muscle relaxant (e.g., Row 4 – Hydrocodone-Acetaminophen).
- **Special Consideration #4** – As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care
  - Phase B formulary medication can be prescribed or dispensed:
    - When there is no adopted **NY WC MTG** for the established / accepted body part or conditions.  
Example: Treatment of depression (e.g., Row 12 – Citalopram).

and/or

- For a condition directly associated with an established / accepted body part, but not specifically addressed in the **NY WC MTG**.  
Example: Treatment of a post-operative infection following a knee replacement (e.g., Row 14 – Clindamycin).

## Prior Authorization Requirements

A prior authorization request must be submitted and approved by the payer before prescribing or dispensing:

1. A medication not listed on the **NY WC Formulary**;
2. A brand name medication when a generic version is available on the **NY WC Formulary**;
3. Combination products, unless specifically listed on the **NY WC Formulary**;
4. A brand name medication when a generic version of the same active ingredient is commercially available and on the **NY WC Formulary** in a different strength/dosage.
5. Any compounded drug.
6. A medication included on the **NY WC Formulary** Phase B list, but not indicated with a “Yes” under the **NY WC MTG** for which the injured worker has been established by the Board or accepted by the payer and for which Special Consideration #4 is not associated.

Example: Diclofenac (Row 19) is included in the Phase B drug list and has a series of “Yes” indicators under body parts or conditions that have applicable **NY WC MTG**. It is therefore considered formulary if the injured worker’s claim has been established by the Board or accepted by the payer for an applicable **NY WC MTG**. Diclofenac (Row 19) does not carry a “Yes” indicator under Asthma and does not carry Special Consideration #4; therefore, a prior authorization would be required prior to prescribing or dispensing for an injured worker established/accepted for Asthma.