

# DRUG FORMULARY

NEW YORK STATE WORKERS' COMPENSATION  
EFFECTIVE NOVEMBER 5, 2019

"Adapted by NYS Workers' Compensation Board ("WCB") from MDGuidelines® with permission of Reed Group, Ltd. ("ReedGroup"), which is not responsible for WCB's modifications. MDGuidelines® are Copyright 2019 Reed Group, Ltd. All Rights Reserved. No part of this publication may be reproduced, displayed, disseminated, modified, or incorporated in any form without prior written permission from ReedGroup and WCB. Notwithstanding the foregoing, this publication may be viewed and printed solely for internal use as a reference, including to assist in compliance with WCL Sec. 13-0 and 12 NYCRR Part 44[0], provided that (i) users shall not sell or distribute, display, or otherwise provide such copies to others or otherwise commercially exploit the material. Commercial licenses, which provide access to the online text-searchable version of MDGuidelines®, are available from ReedGroup at [mdguidelines.com](http://mdguidelines.com).



**Workers'  
Compensation  
Board**

# NY Workers' Compensation Drug Formulary

November 5, 2019

## Introduction

Legislation enacted in April 2017 required the New York State Workers' Compensation Board to establish a drug formulary. The ***New York Workers' Compensation Formulary (NY WC Formulary)*** is based on a medication's effectiveness and appropriateness for the treatment of illnesses and injuries covered under the Workers' Compensation Law.

The ***NY WC Formulary*** drug list designates drugs as either "Phase A", "Phase B" or "Perioperative." Additionally, some drugs are listed as second-line therapy (2nd line) and may only be used when other drugs associated with the phase of treatment have been deemed ineffective. Drugs not listed on the ***NY WC Formulary*** are considered non-formulary.

Formulary drugs do not require prior authorization. Prior authorization from the insurer or self-insured employer is required for:

1. Drugs not listed on the ***NY WC Formulary***;
2. A formulary brand name drug, when a generic is available;
3. Combination products, unless specifically listed in the ***NY WC Formulary***;
4. A brand name drug when a generic version with the same active ingredient(s) is commercially available in a different strength/dosage (e.g., a generic drug available in 5 mg and 10 mg, but brand name drug available in 7.5 mg would be considered non-formulary and could only be dispensed via prior authorization.); and
5. Compounded drugs.

## Application of the NY WC Formulary

The ***NY WC Formulary*** sets forth drugs in three lists: Phase A, Phase B and Perioperative. These three lists of drugs are considered formulary and can be prescribed per the following framework. For more detailed information about the Phase A, Phase B and Perioperative drugs, see the ***NY WC Formulary*** on the following pages.

### Phase A Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

- (1) Within the first 30 days following an accident or injury or until the insurer accepts the claim or the Board establishes a claim, whichever occurs sooner.
- (2) For up to a 30-day supply.

### Phase B Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

- (1) After 30 days following an accident or injury or when the carrier has accepted the claim or the Board has established a claim, whichever occurs sooner.
- (2) For up to a 90-day supply.
- (3) When a body part or illness has been accepted (with or without liability) or established, drugs must be prescribed in accordance with, as applicable, the Workers' Compensation Board's adopted ***New York Medical Treatment Guidelines (NY WCB MTG)***.
- (4) Phase B drugs designated as 2nd line may be prescribed and dispensed following an unsuccessful trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***NY WCB MTG***.

### Perioperative Drug List

Drugs listed on the Perioperative Drug List may be prescribed/dispensed when:

- (1) The drug is prescribed during the perioperative period (four days before through four days following surgery).

### Second-Line Drugs

Drugs designated as 2nd line may be prescribed and dispensed following a trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***NY WCB MTG***.

## Special Considerations

Some drugs are marked with a Special Consideration indication. These include:

- **“1. Not to exceed a single seven (7) day supply”** — meaning that a specific formulary drug can be prescribed and dispensed one time only without a prior authorization, for a maximum of a seven-day supply, during the phase of the *NY WC Formulary* under which it is contained (e.g., controlled substances);
- **“2. For the prescribed course of therapy”** — meaning that a specific formulary drug can be prescribed and dispensed, during the applicable phase of the *NY WC Formulary*, for the quantity indicated by the prescriber (e.g., antibiotics);
- **“3. Short acting only”** — meaning that a specific formulary drug can only be prescribed and dispensed for the short-acting formulation of the product; and
- **“4. As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care”** — meaning that the item can be prescribed and dispensed when there is no adopted *NY WCB MTG* for the established/accepted body part or condition, and/or for a condition directly associated with an established/accepted body part, but not specifically addressed in the *NY WCB MTG*. (e.g., treatment of a post-operative infection following a knee replacement).

## Prior Authorization

A medical provider must obtain prior authorization before prescribing or dispensing a drug other than as described in the **Application of the Formulary** section (see above), or when prescribing:

- (1) A drug not listed on the *NY WC Formulary*,
- (2) A formulary brand name drug, when a generic is available,
- (3) Combination products, unless specifically listed on the *NY WC Formulary*,
- (4) A brand name drug when a generic version containing the same active ingredient(s) is commercially available in a different strength/dosage, or
- (5) A compounded drug.

If prior authorization is not obtained prior to the dispensing of the drug, the insurer or self-insured employer may deny payment.

## Prior Authorization Process

The Prior Authorization process shall consist of a review, which may incorporate up to three levels of review, as described below.

### First Level Review

The provider shall submit a Prior Authorization request, in the manner prescribed by the Chair, to the insurer, self-insured employer, or, when designated, the pharmacy benefits manager.

The First Level Review has these requirements and time frames:

- (1) The Prior Authorization request may include the quantity to be prescribed and the number of refills or the duration of the prescription. If the duration is not stated, the default shall be 30 days. In no event may a Prior Authorization request exceed 365 days.
- (2) The insurer, self-insured employer or pharmacy benefits manager shall approve, partially approve or deny a Prior Authorization request within four calendar days of submission by the provider:
  - a. A partial approval authorizes the requested drug, but limits the length of time, quantity prescribed or number of refills from that requested by the prescriber.
  - b. A Prior Authorization request that is not responded to within four calendar days (by an approval, denial or partial approval) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.
- (3) A partial approval or denial of a Prior Authorization request must:
  - a. Provide a specific reason for the denial or partial approval with reference to the specific Prior Authorization request made by the prescriber.



## Second Level Review

Within ten calendar days of a denial or partial approval of a First Level Prior Authorization request, the prescriber may request review of such denial or partial approval by the carrier's physician.

The Second Level Review has these requirements and time frames:

- (1) The Prior Authorization request shall include:
  - a. All information submitted by the prescriber for the First Level Review and the response from the insurer, self-insured employer, or when designated, the pharmacy benefits manager,
  - b. All information provided to the prescriber related to the First Level Review denial or partial approval, and
  - c. Additional information from the prescriber further justifying the need for the requested non-formulary medication responding to the reason(s) stated in the First Level Denial.
- (2) The insurer's physician shall approve, partially approve or deny a Prior Authorization request within four calendar days of submission by the prescriber.
- (3) A request for Second Level Review that is not responded to within four calendar days (by an approval, denial or partial approval) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.

## Third Level Review – Review by the Board of a Prior Authorization Denial or Partial Approval

Within ten calendar days of a denial or a partial approval by the insurer's physician of a Second Level Review, the prescriber may seek review by the Board's Medical Director's Office.

The Third Level Review has these requirements and time frames:

- (1) The prescriber shall submit the Prior Authorization request to the Medical Director's Office within ten calendar days of the Second Level Review denial date.
- (2) The request must include all documentation submitted in support of the First and Second Level Review and the information associated with the denial or partial approval issued from the First Level Review and the Second Level Review. The prescriber should respond to the reason(s) stated in the Second Level Denial.

- (3) All requests shall be submitted to the Medical Director's Office in the format prescribed by the Chair.
- (4) To ensure the timely review of requests, the Chair or Medical Director may designate private entities to evaluate such requests for review of denials of a Second Level Review, provided the entity has:
  - a. The appropriate URAC accreditation or such accreditation/certification as designated by the Chair,
  - b. Other demonstrated expertise and criteria established by the Board, and
  - c. No conflict of interest related to the review and resolution of the request.

The decision by the Medical Director's Office is final and binding on the prescriber, the insurer, self-insured employer and pharmacy network.

In the event a Third Level Review is denied, the prescriber may not submit a Prior Authorization request for the same medication unless he or she submits evidence that there has been a change in the claimant's medical condition that renders the denial of the Prior Authorization request no longer applicable to the claimant's current medical condition.

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Peroperative	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)
Analgesics - Narcotic**	Codeine-Acetaminophen	1,3	x		x												
Analgesics - Narcotic**	Hydrocodone-Acetaminophen	1,3	x		x												
Analgesics - Narcotic**	Hydrocodone-Ibuprofen	1,3	x		x												
Analgesics - Narcotic**	Morphine	1,3	x		x												
Analgesics - Narcotic**	Oxycodone HCl	1,3	x		x												
Analgesics - Narcotic**	Oxycodone-Acetaminophen	1,3	x		x												
Analgesics - Narcotic**	Oxycodone-Aspirin	1,3	x		x												
Analgesics - Narcotic**	Tapentadol	1,3	x														
Analgesics - Narcotic**	Tramadol HCl	1,3	x		x												
Analgesics - Narcotic**	Tramadol-Acetaminophen	1,3	x		x												
Analgesics - Non-Narcotic	Acetaminophen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Non-Narcotic	Aspirin		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Non-Narcotic	Choline - Magnesium Salicylates		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Non-Narcotic	Diflunisal		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Capsaicin		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Diclofenac Na (1% only)		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Lidocaine Patch (4% Only)		x	x				Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Methyl Salicylate		x	x				Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antacids	Al Hydrox-Mag Trisil-Alginic Acid-Sod Bicarb	4	x	x													
Antacids	Al - Mag Hydroxides	4	x	x													
Antacids	Al Hydrox-Mag Carbonate Susp	4	x	x													
Antacids	Al Hydro-Mag Trisilicate Chew Tab	4	x	x													
Antacids	Calcium-Magnesium Carbonates	4	x	x													
Antacids	Calcium Carbonate	4	x	x													
Antacids	Calcium Carbonate - Simethicone	4	x	x													
Antacids	Calcium Carbonate-Mag Hydro	4	x	x													
Antianxiety Agents	Alprazolam	1	x														
Antianxiety Agents	Bupirone	1	x														
Antiasthmatics	Acclidinium Bromide Aerosol Powd		x	x													
Antiasthmatics	Albuterol Inhal		x	x			Yes										
Antiasthmatics	Albuterol Sulfate		x	x			Yes										
Antiasthmatics	Beclomethasone Inha.		x	x			Yes										
Antiasthmatics	Budesonide		x	x			Yes										
Antiasthmatics	Budesonide Inhal		x	x			Yes										
Antiasthmatics	Budesonide-Formoterol Fumarate Inh		x	x			Yes										
Antiasthmatics	Ciclesonide Inhal		x	x			Yes										
Antiasthmatics	Cromolyn Na Inhal		x	x			Yes										
Antiasthmatics	Epinephrine Inhal		x	x			Yes										
Antiasthmatics	Flunisolide Inhal		x	x			Yes										
Antiasthmatics	Fluticasone Furoate-Vilanterol Inhal		x	x			Yes										
Antiasthmatics	Fluticasone Inhal		x	x			Yes										
Antiasthmatics	Fluticasone-Salmeterol Inhalal		x	x			Yes										
Antiasthmatics	Formoterol Fumarate Soln		x	x			Yes										
Antiasthmatics	Formoterol/Mometasone		x	x			Yes										
Antiasthmatics	Indacaterol Maleate Inhalal		x	x			Yes										
Antiasthmatics	Ipratropium Bromide Inhal		x	x			Yes										
Antiasthmatics	Ipratropium-Albuterol Inhal		x	x			Yes										
Antiasthmatics	Levalbuterol HCl Inhal		x	x			Yes										
Antiasthmatics	Methacholine Chloride Inhal		x	x			Yes										
Antiasthmatics	Mometasone Furoate Inhal		x	x			Yes										
Antiasthmatics	Mometasone Furoate-Formoterol Fumarate Inhal		x	x			Yes										
Antiasthmatics	Montelukast		x	x			Yes										
Antiasthmatics	Roflumilast		x	x			Yes										
Antiasthmatics	Salmeterol		x	x			Yes										
Antiasthmatics	Terbutaline		x	x			Yes										
Antiasthmatics	Theophylline		x	x			Yes										

Therapeutic Category	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)
Antiasthmatics	Tiotropium Bromide Monohydrate Inhal		x	x			Yes										
Antiasthmatics	Triamcinolone Acetonide Inhal		x	x			Yes										
Antiasthmatics	Zafirlukast		x	x			Yes										
Antiasthmatics	Zileuton		x	x			Yes										
Anticoagulants	Apixaban		x	x									Yes	Yes			
Anticoagulants	Dalteparin		x	x									Yes	Yes			
Anticoagulants	Enoxaparin Na		x	x									Yes	Yes			
Anticoagulants	Fondaparinux Na		x	x									Yes	Yes			
Anticoagulants	Rivaroxaban		x	x									Yes	Yes			
Anticoagulants	Warfarin Na		x	x									Yes	Yes			
Anticonvulsant	Carbamazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Clonazepam		x														
Anticonvulsant	Divalproex		x														
Anticonvulsant	Gabapentin		x	x	x			2nd		2nd					2nd	2nd	
Anticonvulsant	Lamotrigine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Levetiracetam		x														
Anticonvulsant	Oxcarbazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Phenytoin		x														
Anticonvulsant	Pregabalin		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Topiramate		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Valproic Acid		x														
Antidepressants	Amitriptyline		x	x				Yes		Yes					Yes	Yes	
Antidepressants	Bupropion			x				2nd		2nd					2nd	2nd	
Antidepressants	Citalopram	4		x													
Antidepressants	Clomipramine	4		x													
Antidepressants	Desipramine			x				Yes		Yes					Yes	Yes	
Antidepressants	Desvenlafaxine	4		x													
Antidepressants	Doxepin			x				Yes		Yes					Yes	Yes	
Antidepressants	Duloxetine			x				2nd		2nd					2nd	2nd	
Antidepressants	Escitalopram	4		x													
Antidepressants	Fluoxetine	4		x													
Antidepressants	Fluvoxamine	4		x													
Antidepressants	Imipramine		x	x				Yes		Yes					Yes	Yes	
Antidepressants	Isocarboxazid	4		x													
Antidepressants	Mirtazapine	4		x													
Antidepressants	Nefazodone	4		x													
Antidepressants	Nortriptyline			x				Yes		Yes					Yes	Yes	
Antidepressants	Paroxetine	4		x													
Antidepressants	Phenelzine	4		x													
Antidepressants	Protriptyline	4		x													
Antidepressants	Sertraline	4		x													
Antidepressants	Tranylcypromine	4		x													
Antidepressants	Trazodone	4		x													
Antidepressants	Trimipramine			x				Yes		Yes					Yes	Yes	
Antidepressants	Venlafaxine			x				2nd		2nd					2nd	2nd	
Antidepressants	Vilazodone	4		x													
Antidiabetics	Glipizide		x														
Antidiabetics	Glucose Tablets/Gel		x														
Antidiabetics	Glyburide		x														
Antidiabetics	Insulin		x														
Antidiabetics	Metformin HCl		x														
Antidiabetics	Sitagliptin Phosphate		x														
Antidiarrheals	Diphenoxylate w/ Atropine	4	x	x													
Antidiarrheals	Loperamide	4	x	x													
Antiemetic - Antivertigo	Meclizine	4	x	x													

Therapeutic Category	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)
Antifungals	Fluconazole	2	x	x		Yes											
Antifungals	Itraconazole	2	x	x		Yes											
Antifungals	Ketoconazole	2	x	x		Yes											
Antifungals	Nystatin	2	x	x		Yes											
Antifungals	Terbinafine	2	x	x		Yes											
Antihistamines	Cetirizine	4	x	x													
Antihistamines	Cyproheptadine	4	x	x													
Antihistamines	Desloratadine	4	x	x													
Antihistamines	Diphenhydramine	4	x	x													
Antihistamines	Fexofenadine	4	x	x													
Antihistamines	Hydroxyzine	4	x	x													
Antihistamines	Levocetirizine	4	x	x													
Antihistamines	Loratadine	4	x	x													
Antihistamines	Promethazine	4	x	x													
Antihypertensive	Clonidine HCl		x														
Antihypertensive	Lisinopril		x														
Antihypertensive	Losartan		x														
Antihypertensive	Prazosin		x														
Anti-Infectives, Misc.	Clindamycin	2,4	x	x													
Anti-Infectives, Misc.	Linezolid	2,4		x													
Anti-Infectives, Misc.	Metronidazole	2,4	x	x													
Anti-Infectives, Misc.	Sulfamethoxazole-Trimethoprim	2,4	x	x													
Anti-Infectives, Misc.	Vancomycin	2,4	x	x													
Anti-Inflammatory	Celecoxib			x		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Anti-Inflammatory	Diclofenac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Etodolac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Ibuprofen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Indomethacin		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Meloxicam		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Naproxen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Sulindac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antimalarial	Hydroxychloroquine	2	x														
Antineoplastic	Cabozantinib	4		x													
Antineoplastic	Dabrafenib	4		x													
Antineoplastic	Doxorubicin	4		x													
Antineoplastic	Interferon Gamma-1B	4		x													
Antineoplastic	Methotrexate	4		x													
Antineoplastic	Trametinib	4		x													
Antineoplastic	Vandetanib	4		x													
Antineoplastic	Vismodegib	4		x													
Antipsychotics	Aripiprazole	4	x	x													
Antipsychotics	Asenapine Maleate	4		x													
Antipsychotics	Chlorpromazine	4	x	x													
Antipsychotics	Haloperidol	4	x	x													
Antipsychotics	Lithium	4	x	x													
Antipsychotics	Lurasidone	4		x													
Antipsychotics	Olanzapine	4	x	x													
Antipsychotics	Paliperidone	4		x													
Antipsychotics	Perphenazine	4		x													
Antipsychotics	Prochlorperazine	4		x													
Antipsychotics	Quetiapine	4	x	x													
Antipsychotics	Risperidone	4		x													
Antipsychotics	Ziprasidone	4		x													
Antiretrovirals	Atazanavir	2	x														
Antiretrovirals	Darunavir	2	x														

Therapeutic Category	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)
Antiretrovirals	Emtricitabine	2	x														
Antiretrovirals	Fosamprenavir	2	x														
Antiretrovirals	Lamivudine	2	x														
Antiretrovirals	Raltegravir	2	x														
Antiretrovirals	Ritonavir	2	x														
Antiretrovirals	Stavudine	2	x														
Antiretrovirals	Tenofovir	2	x														
Antiretrovirals	Zidovudine	2	x														
Antitubercular	Ethambutol	2,4		x													
Antitubercular	Isoniazid	2,4		x													
Antitubercular	Rifabutin	2,4		x													
Antitubercular	Rifampin	2,4		x													
Antiviral	Acyclovir	2	x														
Antiviral	Oseltamivir	2	x														
Antiviral	Zanamivir	2	x														
Beta Blockers	Carvedilol		x														
Beta Blockers	Metoprolol Tartrate		x														
Beta Blockers	Nebivolol		x														
Beta Blockers	Propranolol HCl		x														
Calcium Blockers	Amlodipine		x														
Calcium Blockers	Diltiazem		x														
Calcium Blockers	Nifedipine		x														
Cephalosporins	Cefaclor	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefadroxil	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefdinir	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefixime	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefpodoxime	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefprozil	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cephalexin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Corticosteroids	Methylprednisolone		x	x				Yes	Yes						Yes		
Corticosteroids	Prednisolone		x	x				Yes	Yes						Yes		
Corticosteroids	Prednisone		x	x				Yes	Yes						Yes		
Cough/Cold	Acetylcysteine Inhal		x														
Cough/Cold	Benzonate		x														
Cough/Cold	Cetirizine-Pseudoephedrine		x														
Cough/Cold	Chlorpheniramine - Phenylephrine		x														
Cough/Cold	Chlorpheniramine-Acetaminophen		x														
Cough/Cold	Chlorpheniramine-DM		x														
Cough/Cold	Dextromethorphan		x														
Cough/Cold	Dextromethorphan-APAP-Chlorpheniramine		x														
Cough/Cold	Dextromethorphan-Diphenhyd-APAP		x														
Decongestants	Oxymetazoline		x														
Decongestants	Phenylephrine Nasal		x														
Decongestants	Pseudoephedrine		x														
Decongestants	Saline Nasal		x														
Decongestants	Tetrahydrozoline Nasal		x														
Decongestants	Triamcinolone Acetonide Nasal		x														
Decongestants (Nasal Steroids)	Budesonide Nasal		x														
Decongestants (Nasal Steroids)	Flunisolide Nasal		x														
Decongestants (Nasal Steroids)	Fluticasone Propionate Nasal		x														
Decongestants (Nasal Steroids)	Mometasone Furoate Nasal		x														
Dermatological	Bacitracin	4	x	x													
Dermatological	Betamethasone	4	x	x													
Dermatological	Ciclopirox Olamine	4	x	x													
Dermatological	Clobetasol	4	x	x													



Therapeutic Category	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)
Dermatological	Clotrimazole	4	x	x													
Dermatological	Clotrimazole w/ Betamethasone Topical	4	x	x													
Dermatological	Desonide	4	x	x													
Dermatological	Desoximetasone	4	x	x													
Dermatological	Econazole	4	x	x													
Dermatological	Fluocinolone Acetonide	4	x	x													
Dermatological	Fluticasone Prop	4	x	x													
Dermatological	Gentamicin	4	x	x													
Dermatological	Hydrocortisone	4	x	x													
Dermatological	Ketoconazole	4	x	x													
Dermatological	Metronidazole	4	x	x													
Dermatological	Miconazole Nitrate	4	x	x													
Dermatological	Mupirocin		x														
Dermatological	Neomycin Sulfate	4	x	x													
Dermatological	Neomycin-Polymyxin-Bacitracin	4	x	x													
Dermatological	Nystatin	4	x	x													
Dermatological	Nystatin-Triamcinolone	4	x	x													
Dermatological	Silver Sulfadiazine		x														
Dermatological	Tolnaftate	4	x	x													
Dermatological	Triamcinolone	4	x	x													
Diuretics	Bumetanide		x														
Diuretics	Furosemide		x														
Diuretics	Spirolactone		x														
Fluoroquinolones	Ciprofloxacin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Fluoroquinolones	Levofloxacin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Fluoroquinolones	Moxifloxacin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
GI, Misc	Metoclopramide	4		x													
GI, Misc	Simethicone	4	x	x													
Hematopoetic Agents	Folic Acid	4		x													
Hypnotics	Doxepin	4		x													
Hypnotics	Temazepam	4		x													
Hypnotics	Zolpidem	4		x													
Laxatives	Bisacodyl	4	x	x													
Laxatives	Docusate Calcium	4	x	x													
Laxatives	Docusate Na	4	x	x													
Laxatives	Glycerin	4	x	x													
Laxatives	Lactulose	4	x	x													
Laxatives	Mineral Oil	4	x	x													
Laxatives	Na Phosphates - Enema	4	x	x													
Laxatives	Polyethylene Glycol 3350	4	x	x													
Laxatives	Psyllium	4	x	x													
Macrolide Antibiotics	Azithromycin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Macrolide Antibiotics	Clarithromycin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Macrolide Antibiotics	Erythromycin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Migraine Products	Butalbital-Acetaminophen-Caffeine	4	x	x													
Migraine Products	Butalbital-Aspirin-Caffeine	4	x	x													
Mouth - Throat (local)	Clotrimazole Troche	4	x	x													
Mouth - Throat (local)	Lidocaine Viscous 2%	4	x	x													
Mouth - Throat (local)	Nystatin Suspension	4	x	x													
Ophthalmic	Alcaftadine		x	x								Yes					
Ophthalmic	Apraclonidine HCL		x	x								Yes					
Ophthalmic	Artificial Tear Ophth		x	x								Yes					
Ophthalmic	Atropine Sulfate Solution		x	x								Yes					
Ophthalmic	Azelastine		x	x								Yes					
Ophthalmic	Azithromycin		x	x								Yes					

Therapeutic Category	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)
Ophthalmic	Bacitracin Opth		x	x								Yes					
Ophthalmic	Bacitracin-Polymyxin B		x	x								Yes					
Ophthalmic	Bacitracin-Polymyxin-Neomycin-HC		x	x								Yes					
Ophthalmic	Bepotastine		x	x								Yes					
Ophthalmic	Besifloxacin		x	x								Yes					
Ophthalmic	Betaxolol		x	x								Yes					
Ophthalmic	Bevacizumab		x	x								Yes					
Ophthalmic	Bimatoprost Opth		x	x								Yes					
Ophthalmic	Brimonidine Tartrate Opth		x	x								Yes					
Ophthalmic	Brimonidine Tartrate-Timolol Maleate Opth		x	x								Yes					
Ophthalmic	Brinzolamide Opth		x	x								Yes					
Ophthalmic	Bromfenac Na Opth		x	x								Yes					
Ophthalmic	Carboxymethylcell-Glycerin-Polysorb 80 Opth		x	x								Yes					
Ophthalmic	Carboxymethylcellulose		x	x								Yes					
Ophthalmic	Carteolol		x	x								Yes					
Ophthalmic	Carteolol HCL		x	x								Yes					
Ophthalmic	Ciprofloxacin		x	x								Yes					
Ophthalmic	Cromolyn		x	x								Yes					
Ophthalmic	Cyclopentolate		x	x								Yes					
Ophthalmic	Dexamethasone		x	x								Yes					
Ophthalmic	Diclofenac		x	x								Yes					
Ophthalmic	Dorzolamide		x	x								Yes					
Ophthalmic	Dorzolamide HCL		x	x								Yes					
Ophthalmic	Emedastine		x	x								Yes					
Ophthalmic	Epinastine		x	x								Yes					
Ophthalmic	Erythromycin		x	x								Yes					
Ophthalmic	Fluorometholone		x	x								Yes					
Ophthalmic	Flurbiprofen		x	x								Yes					
Ophthalmic	Gatifloxacin		x	x								Yes					
Ophthalmic	Gentamicin		x	x								Yes					
Ophthalmic	Glycerin (Opht Lubricant)		x	x								Yes					
Ophthalmic	Glycerin-Hypromellose-PEG 400		x	x								Yes					
Ophthalmic	Homatropine		x	x								Yes					
Ophthalmic	Hypromellose		x	x								Yes					
Ophthalmic	Irrigating Eyewash		x	x								Yes					
Ophthalmic	Ketorolac Trometh		x	x								Yes					
Ophthalmic	Ketotifen		x	x								Yes					
Ophthalmic	Latanoprost Opth		x	x								Yes					
Ophthalmic	Levobunolol HCL		x	x								Yes					
Ophthalmic	Levofloxacin		x	x								Yes					
Ophthalmic	Lodoxamide		x	x								Yes					
Ophthalmic	Loteprednol		x	x								Yes					
Ophthalmic	Methylcellulose Opth		x	x								Yes					
Ophthalmic	Metipranolol		x	x								Yes					
Ophthalmic	Moxifloxacin HCl		x	x								Yes					
Ophthalmic	Na Chloride Hypertonic		x	x								Yes					
Ophthalmic	Naphazoline HCl		x	x								Yes					
Ophthalmic	Natamycin		x	x								Yes					
Ophthalmic	Nedocromil		x	x								Yes					
Ophthalmic	Neomycin-Bacitracin-Polymyxin		x	x								Yes					
Ophthalmic	Neomycin-Polymyxin-Dexamethasone		x	x								Yes					
Ophthalmic	Neomycin-Polymyxin-Gramicidin		x	x								Yes					
Ophthalmic	Neomycin-Polymyxin-HC		x	x								Yes					
Ophthalmic	Ofloxacin		x	x								Yes					

Therapeutic Category	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)
Ophthalmic	Olopatadine		x	x								Yes					
Ophthalmic	Phenylephrine HCL		x	x								Yes					
Ophthalmic	Pilocarpine HCL		x	x								Yes					
Ophthalmic	Polyethylene Glycol 400		x	x								Yes					
Ophthalmic	Polyethylene Glycol-Polyvinyl Alcohol		x	x								Yes					
Ophthalmic	Polymyxin B-Trimethoprim		x	x								Yes					
Ophthalmic	Polysorbate 80		x	x								Yes					
Ophthalmic	Polyvinyl Alcohol		x	x								Yes					
Ophthalmic	Polyvinyl Alcohol-Povidone		x	x								Yes					
Ophthalmic	Prednisolone Acetate		x	x								Yes					
Ophthalmic	Prednisolone Na Phosphate		x	x								Yes					
Ophthalmic	Proparacaine HCL		x	x								Yes					
Ophthalmic	Sulfacetamide-Prednisolone		x	x								Yes					
Ophthalmic	Sulfacetamide		x	x								Yes					
Ophthalmic	Tetracaine HCL		x	x								Yes					
Ophthalmic	Timolol Maleate		x	x								Yes					
Ophthalmic	Tobramycin		x	x								Yes					
Ophthalmic	Tobramycin-Dexamethasone		x	x								Yes					
Ophthalmic	Tranexamic Acid		x	x								Yes					
Ophthalmic	Travoprost		x	x								Yes					
Ophthalmic	Trifluridine		x	x								Yes					
Ophthalmic	Tropicamide		x	x								Yes					
Ophthalmic	White Petrolatum-Mineral Oil		x	x								Yes					
OTIC	Acetic Acid		x														
OTIC	Antipyrine-Benzocaine Otic Soln		x														
OTIC	Antipyrine-Benzocaine-Glycerin-Zinc Ace		x														
OTIC	Antipyrine-Benzocaine-Polycosanol		x														
OTIC	Ciprofloxacin		x														
OTIC	Fluocinolone		x														
OTIC	Hydrocortisone w/ Acetic Acid		x														
OTIC	Neomycin-Polymyxin-HC		x														
OTIC	Ofloxacin		x														
OTIC	Pramoxine-Chloroxylenol		x														
OTIC	Pramoxine-HC-Chloroxylenol		x														
Penicillins	Amoxicillin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Penicillins	Amoxicillin-Clavulanate	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Penicillins	Ampicillin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Penicillins	Dicloxacillin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Penicillins	Penicillin	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Pressors	Epinephrine		x														
Respiratory, Misc	Nintedanib Esylate	4		x													
Respiratory, Misc	Pirfenidone	4		x													
Skeletal Muscle Relaxants	Baclofen	1	x	x				2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Carisoprodol	1	x	x				2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Cyclobenzaprine	1, 3	x	x				Yes		Yes					Yes	Yes	
Skeletal Muscle Relaxants	Metaxalone	1	x	x				2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Methocarbamol	1	x	x				2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Tizanidine HCl	1	x	x				2nd		2nd					2nd	2nd	
Tetracyclines	Doxycycline	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Tetracyclines	Minocycline	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Tetracyclines	Tetracycline	2	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Ulcer Drugs	Cimetidine		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Esomeprazole		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

Therapeutic Category	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)
Ulcer Drugs	Famotidine		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Lansoprazole		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Misoprostol		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Nizatidine		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Omeprazole		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Pantoprazole		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Rabeprazole		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Ranitidine		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Sucralfate		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

Rev. November 5, 2019

**SPECIAL CONSIDERATIONS:**

1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.
4. As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care.

\*\* Prescriber should consider appropriateness of naloxone when prescribing opioids. The WCB supports the NYS DOH recommendations. After appropriate claimant assessment, if in the prescriber’s judgement it is appropriate for the claimant to obtain naloxone, the provider should submit a prior authorization request.

[health.ny.gov/professionals/ems/policy/13-10.htm](http://health.ny.gov/professionals/ems/policy/13-10.htm)

[governor.ny.gov/news/governor-cuomo-announces-narcan-now-available-independent-pharmacies](http://governor.ny.gov/news/governor-cuomo-announces-narcan-now-available-independent-pharmacies)