



NY WC Formulary Frequently Asked Questions

Weaning

1: The Workers' Compensation Law Judge (WCLJ) has ordered weaning (a weaning directive), but the physician submitted a prior authorization request that does not conform to the order. Do we deny the request?

- a: Unfortunately, there is no simple answer since each patient's clinical situation is different. The prior authorization process (which should be reviewed based on documentation of medical necessity and consistency with the Medical Treatment Guidelines (MTG) as applicable), should not be utilized as a mechanism for enforcing weaning directives.

Any time a patient has been on long-term opioids, review of a prior authorization request should be based on the information that the prescriber submits as part of the prior authorization request. The prior authorization request should be reviewed based on the medical facts of the case.

When there is a weaning directive in place which has not been implemented, the carrier should work directly with the prescriber to ensure that a specific weaning approach is developed and implemented. There should be ongoing dialog and mutual agreement/understanding between the provider and carrier about how a tapering/discontinuation plan will be implemented. Again, the prior authorization process should not be utilized as a mechanism to enforce weaning directives.

When responding to a prior authorization request where a weaning directive has been issued, a copy of that directive must be attached in the response back to the prescriber.

Refills

2: Is a decrease in the strength of a medication considered a refill?

- a: Any time the dosage or frequency of a medication is changed (either upwards or downwards) it is considered a new prescription. As such, if the medication is non-formulary, a prior authorization request would need to be submitted and approved before the medication could be dispensed.

3: What time frame is considered a refill?

- a: If the injured worker has had the medication within the past year, it should be considered a refill.



Prior Authorization

4: Can a prior authorization request be approved for the maximum allowable 365-day supply for a narcotic that can only be prescribed for a maximum of 30 days?

- a: There is no relationship between how prescriptions can legally be written (e.g., NYS CIII – CV; 30-day supply with up to five refills, CII and benzodiazepines 30-day supply with zero refills) and the approval of a prior authorization request.

If a prior authorization request is approved for a 365-day supply of a narcotic, the prescriber would need to issue prescriptions in accordance with NYS regulations but would have approval (via the approved prior authorization request) to do so for up to the 365-day supply.

5: How should we be responding when a provider submits both an Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2) and a portal prior authorization request at the same time to “cover their bases”?

- a: New prescriptions must comply with the NY WC Formulary as of 12/5/2019. After this date, all prior authorization requests for new non-formulary medications must be submitted via the medical portal.

Refill prescriptions must comply with the NY WC Formulary as of 6/5/2020. On and after this date, prior authorization requests for refills of non-formulary medications must be submitted via the medical portal.

See question #8 posted in the 12/18/19 Q&As regarding requests for refills. Between now and 6/5/2020, if a prescriber is submitting both a MG-2 and a portal prior authorization request simultaneously, it is recommended that the MG-2 be denied, noted as duplicate and being responded to via the medical portal prior authorization process.

Medical marijuana is not part of the medical portal prior authorization process and should continue to be requested via Form MG-2.

6: How should we handle prior authorization if a case is apportioned?

- a: If the injured worker indicates the case is apportioned, the prescriber should submit the prior authorization request to both carriers if there are separate WCB case numbers. An approval by one of the carriers is all that is required to obtain the non-formulary medication.



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- 7: How should requests submitted via the medical portal prior authorization system for medications that are included on the NY WC Formulary be handled?**
- a: The medication should be approved (since it's on the NY WC Formulary), but the prescriber should be informed that prior authorization is not required since the medication is considered NY WC Formulary.
- 8: If a provider submits a prior authorization via the medical portal and there is a denial or partial approval, and the provider does not submit a request for the next level of review within the ten-day time frame, would the next request submitted via the portal (for the same medication) be considered a second level review?**
- a: All new requests, whether for a medication previously submitted via the portal or a new medication never before submitted, would be a Level I review. If the prescriber requests additional review of a Level I denial or partial approval, the system automatically moves the request to a Level II review. The same is true if the provider requests a Level III request after having received a Level II denial or partial approval. The prescriber does not request the level of review; the system automatically moves it through the process from Level I to Level II to Level III based on the prescriber's action.
- 9: What if the prescriber does not submit prior authorization requests via the portal, but rather just sends the patient to the pharmacy with a prescription for a non-formulary medication?**
- a: As of 12/5/2019, all new prescriptions must comply with the NY WC Formulary; as of 6/5/2020, all refills need to comply. If the prescriber does not request and receive a prior authorization for a non-formulary medication before writing the prescription, the pharmacy can: (a) contact the prescriber and let them know the medication is non-formulary and as such they need an approved prior authorization before it can be processed, or (b) refer the patient back to the prescriber.
- 10: What happens if a Level I prior authorization request is either denied or partially approved and the prescriber does not submit for a Level II review?**
- a: In this scenario, the Level I decision would stand.

Notifications/Time Frames

- 11: How does the prescriber know when the four days is up since they submitted a prior authorization request?**
- a: The prior authorization system automatically tracks the time frames associated with the process. If the four-day turnaround for response (Level 1 or Level 2) has not been complied with, the prescriber will receive a copy of the Order of the Chair if one is issued. If the four-day turnaround is met, the prescriber will automatically receive a response from the reviewer with their decision (approved, denied, partially approved).



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The prescriber has 10 days to request the next level review and provide a response to the denial or partial approval. This is automatically sent to the next level of review. If the prescriber does not request a next level review within the allocated 10 days, the decision submitted would stand.

12: How is a carrier notified of a Level 3 determination and an Order of the Chair?

- a: Order of the Chair notifications get emailed to the address provided by the Online Administrator in the Order of the Chair Notifications section.

Level 3 determinations are sent to the notification email from the previous level of review completed by the payer.

13: When the payer's workload administrator assigns a prior authorization request to a reviewer, will the reviewer receive an email notification?

- a: No, the reviewer should monitor their dashboard for assigned reviews. However, the designated contact that receives the notification can forward that email to the reviewer. All reviews need to be responded to via the dashboard.

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14: I have been seeing letters to my patients from insurance carriers that as of June 5, 2020, their antidepressant medications will not be covered even though the medications are listed on the NY WC Formulary Phase 2.

- a: To be considered Phase 2 NY WC Formulary, the medication would need to be consistent with the MTG. If there is not an applicable MTG for a patient's established/accepted condition/body part, the medication would need to be designated with Special Consideration #4 in order to be utilized. All other scenarios would need prior authorization.

15: Does physician dispensing from their office need to comply with the NYS WC Formulary?

- a: Yes, NY WC Formulary compliance is required within the NYS-allowed parameters for physician dispensing.

16: What happens if a prescriber enters the brand name of a medication, but checks the generic box, or vice versa? What are they requesting?

- a: Prescribers often use the brand name as shorthand for entering the name of a medication. If the brand name is being requested, the prescriber would need to document the need for the brand name medication and the rationale for the request. Otherwise, it should be assumed that the generic version is being requested.



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17: How should visco supplementation be handled?

- a: Medications provided by the prescriber and administered in the office do not need to comply with the NY WC Formulary; however, Form MG-2 may be required for these medications/procedures.

If the prescriber writes a prescription for the patient to pick up the medication at the pharmacy and bring back to their office to be administered, an approved prior authorization request is needed for a non-formulary medication.

18: Should we be applying Phase B of the NY WC Formulary to all other body parts that are not listed in the NY WC Formulary, or is prior authorization required?

- a: Special Consideration #4 addresses this issue. If a medication is identified as Special Consideration #4, it can be used if there is no MTG for the established/accepted body part. Additionally, medications with Special Consideration #4 can be used for a condition directly associated with an established/accepted body part, but not specifically addressed in the MTG.

19: Do out-of-state, non-Board authorized providers, need to use the medical portal for non-formulary prior authorization requests?

- a: Yes, out-of-state providers need to comply with the NY WC Formulary and are required to use the medical portal prior authorization process for non-formulary requests.

Medical Portal

20: Do/will attorneys have access to the medical portal to determine if a medication has been approved?

- a: No, however, all transactions associated with medical portal prior authorization requests are filed in the claimant's eCase folder.

21: How long will prior authorization requests stay visible on the portal?

- a: The prior authorization request is removed from the reviewer's dashboard after an action has been taken. At this point, requests stay on the workload administrator's dashboard indefinitely. The Board is currently reviewing a mechanism to archive historical requests.

22: Please explain the different dates that are listed on the medical portal dashboard.

- a: The "Current Status Date/Time" is the date and time of the "Status". "Due Date" is the date and time the next required action is due.



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23: How can providers determine the injured worker's established injury sites?

- a: If the provider uses the "New Request" button on their dashboard, they are taken to a Case Search (which is used to initiate new prior authorization requests). After looking up the injured worker's case (using WCB Case Number or Claim Admin Claim number and two of the following four items: Date of Injury, last four digits of the claimant's Social Security number, claimant's date of birth or claimant's last name) the prescriber is presented with a "Search Result Detail" screen. In addition to demographic information about the claimant and carrier, the "Case established for site(s):" displays the established injury sites.

Dentists

24: Are dentists required to comply with the NYS WC Drug Formulary?

- a: At this point dentists are exempt from NY WC Formulary compliance. The Board does not currently have the capability to incorporate dentists as a provider type into the systems needed to support NY WC Formulary compliance. This functionality will be developed in the future.