

<<Payer Letterhead>>

<<Date>>

Dear <<Prescriber's Name>>

On June 5, 2019, the New York State Workers' Compensation Board (Board) implemented the ***New York Workers' Compensation Drug Formulary (Drug Formulary)***.

The ***Drug Formulary*** required that all **new** prescriptions comply with the requirements of the ***Drug Formulary*** no later than December 5, 2019, and all **refills and renewals** comply no later than June 5, 2020. The date by which refills and renewals must comply with the ***Drug Formulary*** has subsequently been moved to June 7, 2021. Please take note of the following terms when using the ***Drug Formulary***:

- A **new** prescription means a prescription for a medication that the patient is not currently taking (different drug or different strength or frequency).
- A **refill** means any subsequent fill of a prescription when the number of refills is explicitly included in the original prescription.
- A **renewal** means a prescription that the patient has been taking but for which there are no available refills.

Our records indicate that the patient(s) listed below are currently receiving non-formulary medications. As such, you must either:

- 1) switch them to a ***Drug Formulary*** medication, or
- 2) request a prior authorization to obtain approval to continue prescribing the non-formulary medication.

As a reminder, after June 7, a refill or renewal for a non-formulary medication will not be filled by the pharmacy without an approved prior authorization request.

Please be advised that we are also notifying affected patients about these requirements, noting that they should speak with their health care provider about the plan(s) for their prescriptions.

Specific requirements associated with the ***Drug Formulary*** and information about the prior authorization process for non-formulary medications can be found on the Board's website: [wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp](http://wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp). If you have any questions, please feel free to contact our provider relations office at <<Payer's Provider Relations number>>.

Thank you,

<<Payer's signature>>

Patient Name	Patient DOB	Medication Name	Date of Accident	WCB Case Number	Payer Case Number