

<<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 (Formulary)*.

The *Formulary* required that all **new** prescriptions comply with the requirements of the *Formulary* no later than December 5, 2019.

- A **new** prescription means a prescription for a medication that the patient is not currently taking (different drug or different strength or frequency).

Due to the COVID-19 pandemic and the ongoing development of the Board's new business information system, OnBoard: Limited Release (OBLR), the compliance date for **refills** and **renewals** has been postponed until OBLR is implemented. The Board will announce the rollout date of OBLR, via a WCB Notification email, at least four weeks before launch.

To ensure that you are notified of the exact date for compliance, you are encouraged to sign up for WCB Notification emails at: <https://public.govdelivery.com/accounts/NYWCB/subscriber/new>.

- 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 injured worker has been taking but for which there are no available refills.

Important – Action Required

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 *Formulary* drug, or (2) submit a prior authorization request for approval to continue the non-Formulary drug.

Please be reminded that refills and renewals for a non-Formulary drug, in the absence of an approved prior authorization request, will not be filled by the pharmacy after the compliance date becomes effective.

Specific requirements associated with the *Formulary* and information about the prior authorization process for non-Formulary drugs can be found on the Board's website at www.wcb.ny.gov. Select Health Care Providers from the home page, and then select Drug Formulary.

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