

<<Payer Letterhead>>

<<Date>>

Dear <<Prescriber's Name>>

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

The Formulary requires that all **new** prescriptions comply with the requirements of the Formulary no later than December 5, 2019, and all **refills** and **renewals** comply no later than June 5, 2020.

- 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 injured worker 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 Formulary drug, or (2) request a prior authorization to seek 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 June 5, 2020.

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. To search, enter "Drug Formulary" in the Search WCB box in the top left corner of the Board's home page. To go to the information directly, select Health Care Information 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