AGENDA

1 Medical Portal

2 Drug Formulary
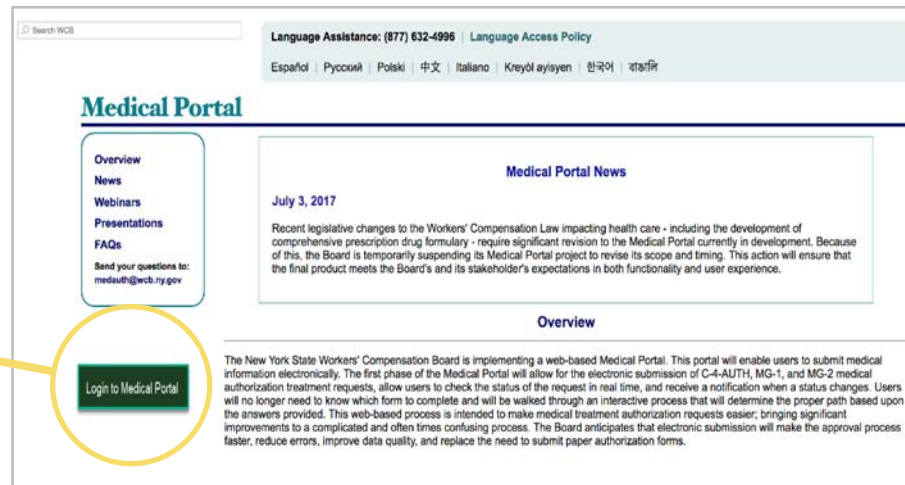
3 Prior Authorization

Medical Portal

Medical Portal

- **Starting point to access a variety of Board functionality**

- **Functionality available varies by user type**
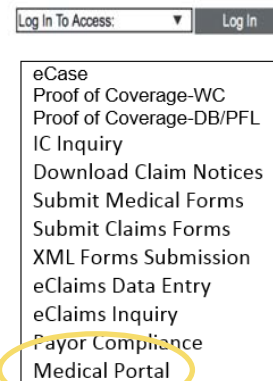

MEDICAL PORTAL

Medical Portal

Formulary Prior Authorization System accessed from secure Medical Portal landing page

Registered users can log in via the "Login to Medical Portal" or the WCB Home Page "Login to Access" drop down

NY.gov ID

Registered users may log in to the Medical Portal using their NY.gov ID

Once logged in, users will be redirected to the secure Medical Portal landing page

Video about accessing the Medical Portal available on the Board's website

Welcome: UATPROVAP1 UATPROVAP1 - provider - Physician

Log out

MEDICAL PORTAL

Medical Providers

Training

🔧 New Provider Authorization Request

Authorized Provider Registration Update

Physician Specialty Classification Codes

New Provider Legislation

Independent Medical Examinations

Learn more about the Impartial Specialist Program

Preferred Provider Organizations

Treatment

Medical Treatment Guidelines

🔧 MTG Look Up Tool

Drug Formulary Overview

Drug Formulary Look Up

🔧 Drug Formulary Prior Authorization

Authorization Request (C4-AUTH)

Variance Request (MG-2)

Guidelines for Determining Impairment

Diagnostic Testing Network Look Up

NYS DOH I-STOP/PMP 🔗

Billing

Medical Fee Schedules

What To Do When a Bill for Treatment Isn't Paid (HP-1 and HP-J1 Forms)

Employer Coverage Search

Web Submission of Medical Forms

CMS-1500 Initiative

XML Forms Submission

🔧 = Under Development

HEALTH CARE PROVIDER AND IME SEARCH

ONLINE SERVICES AVAILABILITY

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

Medical Providers Section

- **Starting point for provider-specific information**

- **Training available**

- **Apply to become Board-authorized**

- **Update provider registration information**

Medical Providers

Training

🔧 New Provider Authorization Request

Authorized Provider Registration Update

Physician Specialty Classification Codes

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Learn more about the Impartial Specialist Program

Preferred Provider Organizations

Treatment Section

Provides direct access to information and functionality that providers will be using most frequently when treating injured workers

Treatment

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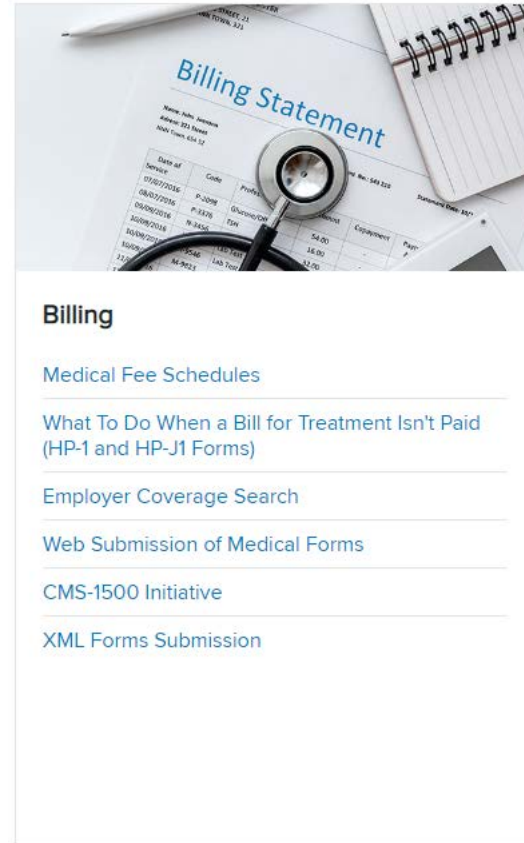Diagnostic Testing Network Look Up

NYS DOH I-STOP/PMP 🔗

🔧 = Under Development

Billing Section

Provides access to fee schedules and information about what to do when a bill isn't paid by the payer

Billing

Medical Fee Schedules

What To Do When a Bill for Treatment Isn't Paid (HP-1 and HP-J1 Forms)

Employer Coverage Search

Web Submission of Medical Forms

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XML Forms Submission

NYS Workers' Compensation Drug Formulary

Drug Formulary Background

2017

- **Legislation signed in 2017 required that the New York State Workers' Compensation Board (Board) establish a prescription Drug Formulary (Formulary)**

- **In December 2017, the Board released the first version of the Formulary for public comment**
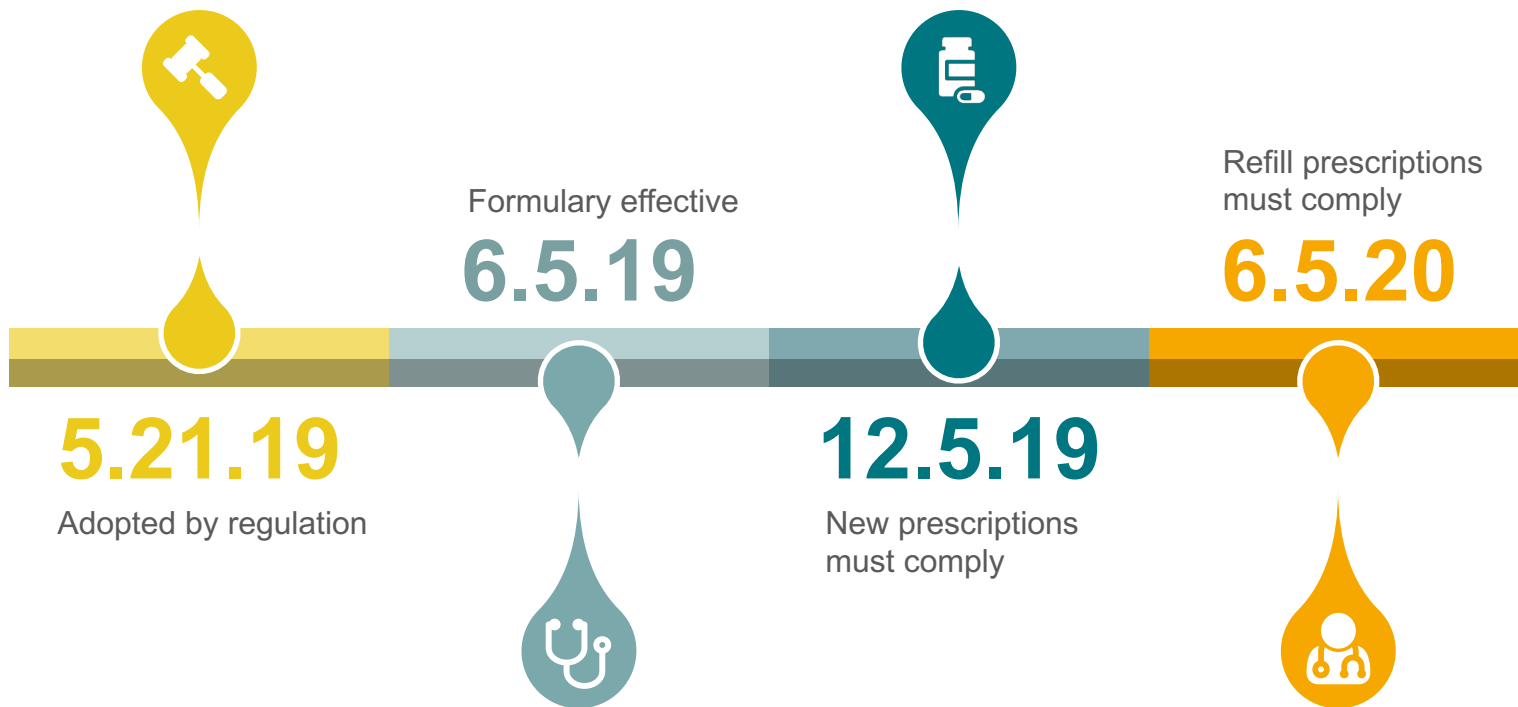
Drug Formulary Background

2018 - 2019

- Review of those comments resulted in a second version of the Formulary which was released in October 2018

- Additional comments received resulted in the final version of the Formulary which was released in January 2019

The Drug Formulary

- **Based on a medication's effectiveness and appropriateness for the treatment of illnesses and injuries covered under the Workers' Compensation Law (WCL)**

- **Consistent with the applicable New York State Workers' Compensation Board Medical Treatment Guidelines (NYS WCB MTG)**

Note: The Formulary does not apply to drugs administered in a hospital or medical provider's office

Formulary Implementation Timeline

5.21.19
Adopted by regulation

Formulary effective
6.5.19

12.5.19
New prescriptions must comply

Refill prescriptions must comply
6.5.20

Application of the Formulary

The Formulary consists of three drug lists:

Phase A Drugs	Phase B Drugs	Perioperative Drugs

Application of the Formulary

Phase A Drugs

Drugs on this list may be prescribed and dispensed:

1. Within the first 30 days following an accident or injury, or until the payer accepts the claim or the Board establishes a claim, whichever occurs sooner
2. For up to a 30-day supply, unless a Special Consideration is identified

Phase B Drugs

Perioperative Drugs

Application of the Formulary

Phase A Drugs

Phase B Drugs

Drugs on this list may be prescribed and dispensed:

1. After 30 days following an accident or injury
2. Or, less than 30 days after the date of injury if the payer has accepted the claim or the Board has established a claim
3. For up to a 90-day supply, unless a Special Consideration is identified

Perioperative Drugs

Application of the Formulary

Phase A Drugs

Phase B Drugs

4. 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 adopted NYS WCB MTG
5. Phase B drugs designated as second-line drugs 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 NYS WCB MTG

Perioperative Drugs

Application of the Formulary

Phase A Drugs

Phase B Drugs

Perioperative Drugs

Drugs approved for use during the perioperative period (four days before through four days following surgery)

Application of the Formulary

Second-line Drugs

- Drugs designated as second-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 NYS WCB MTG

Application of the Formulary

Special Considerations include:

- Special Consideration 1 – Not to exceed a single (7) day supply
  - Meaning the 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 Formulary under which it is contained
    - Example: narcotics for acute pain following an injury

Application of the Formulary

Special Considerations (cont'd):

- Special Consideration 2 – For the prescribed course of therapy
  - Meaning the item can be prescribed or dispensed:
    - During the applicable phase of the Formulary
    - For the course of treatment indicated by the prescriber
    - Example: antibiotics

Application of the Formulary

Special Considerations (cont'd):

- Special Consideration 3 – Short acting formulation only
  - Meaning the item can be prescribed or dispensed:
    - For the short acting formulation of the medication only
    - Example: opioids / skeletal muscle relaxant

Application of the Formulary

Special Considerations (cont'd):

- Special Consideration 4 – As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care

  - Meaning the item can be prescribed and dispensed:

    - When there is no adopted 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 MTG
    - Example: treatment of post-operative infection following knee replacement

Formulary Format

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Peri Operative	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)
Antihistamines	Hydroxyzine		x	x													
Antihistamines	Levocetirizine		x	x													
Antihistamines	Loratadine		x	x													
Antihistamines	Promethazine		x	x													
Antihypertensive	Clonidine HCl		x														
Antihypertensive	Lisinopril		x														
Antihypertensive	Losartan		x														
Antihypertensive	Prazosin		x														
Anti-Infectives, Misc.	Clindamycin	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Linezolid	2		x													
Anti-Infectives, Misc.	Metronidazole	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Sulfamethoxazole-Trimethoprim	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Vancomycin	2	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			x													
Antineoplastic	Dabrafenib			x													

System Functionality

Key | Special Considerations
1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.

** 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.

Therapeutic Category

Generic Name: Ace

- **Ace**taminophen
- Antipyrine-Benzocaine-Glycerin-Zinc **Ace**
- Codeine-**Ace**taminophen
- Fluocinolone **Ace**tonide
- Chlorpheniramine-**Ace**taminophen
- Hydrocodone-**Ace**taminophen
- Levetir**ace**tam
- Tramadol-**Ace**taminophen
- Triamcinolone **Ace**tonide Inh
- **Ace**tylcysteine Inhal

Formulary Functionality

Key | Special Considerations

1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.

** 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.

Therapeutic Category [▼]

Generic Name [Acetaminophen] ✖

Generic Name	Spec. Cons.	Phase		Peri-Op	Ankle/ Foot	Asthma	Back, Mid/Low	Carpal Tunnel	CRPS	Elbow	Eye	Hip/ Groin	Knee	Neck	Pain, Non-Acute	Shoulder
		A	B													
Acetaminophen		X	X	X	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic																

Formulary Functionality

Formulary Functionality

Key

Special Considerations
1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.

** 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.

Therapeutic Category Analgesics - Narcotic**

Generic Name Start typing to find a drug...

Generic Name	Spec. Cons.	A	B	Peri-Op	Ankle/ Foot	Asthma	Back, Mid/Low	Carpal Tunnel	CRPS	Elbow	Eye	Hip/ Groin	Knee	Neck	Pain, Non-Acute	Shoulder
Codeine-Acetaminophen Analgesics - Narcotic**	1,3	X		X												
Hydrocodone-Acetaminophen Analgesics - Narcotic**	1,3	X		X												
Hydrocodone-Ibuprofen Analgesics - Narcotic**	1,3	X		X												
Morphine Analgesics - Narcotic**	1,3	X		X												
Oxycodone HCl Analgesics - Narcotic**	1,3	X		X												
Oxycodone-Acetaminophen Analgesics - Narcotic**	1,3	X		X												
Oxycodone-Aspirin Analgesics - Narcotic**	1,3	X		X												
Tapentadol Analgesics - Narcotic**	1,3	X														

The "Phase" heading spans the A, B, and Peri-Op columns.

Formulary: Over-The-Counter Drugs (OTC)

■ **Certain OTCs are included in the Formulary**

■ **When a prescription is written, the OTC will be processed by the pharmacy and paid for by the payer**

Prior Authorization

Prior Authorization

A medical provider must request and obtain Prior Authorization from the payer before prescribing or dispensing:

1. A drug not listed on the Formulary

2. A brand name drug, when a Formulary generic is available

3. Combination products, unless specifically listed on the Formulary

Prior Authorization

4. A brand name drug when a generic version of the same active ingredient(s) is commercially available in a different strength/dosage

5. Any compounded drug

Note: The payer or self-insured employer may deny payment when Prior Authorization was *not* obtained

Prior Authorization

Treatment

Medical Treatment Guidelines

🔧 MTG Look Up Tool

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🔧 Drug Formulary Prior Authorization

Authorization Request (C4-AUTH)

Variance Request (MG-2)

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NYS DOH I-STOP/PMP ↗

🔧 = Under Development

Start a New Prior Authorization Request

Select the "New Request" button on the dashboard to start a new request

Case Search

If case is found, specific case details will pre-fill the form

1 of 2

and

2 of 4

To start a new request search for a case

First, enter either a Case Number or a claim Number

WCB Case Number:

Claim Admin Claim Number:

Next, enter at least two of the following details about the claimant

Date of Injury:

Last 4 Digits of SSN:

Date of Birth:

Last Name:

Case Search Results - Established

Claimant:	Jim Jones	**Employer:**	AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL
Date of Birth:	08/30/1965	**WCB Employer #:**	1724893
SSN:	XXX-XX-1234	**Address:**	STATE UNIVERSITY AT
Gender:			CORTLAND NY
Address:	13 Garden Avenue		130450000 USA
	Cortland NY		
	130450000 USA		
WCB Case ID:	G1234567	**Claim Number:**	001
Date of Injury:	4/15/2015	**Insurer Name:**	Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.
Controverted: No		**Insurer ID:**	W133508
		Claim Admin Name:	Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.
		Claim Admin ID:	W133508

Case established for site(s):
- to the left shoulder

Case Search Results – Not Established

Claimant:	Jennifer Jones	**Employer:**	ADVANCED CARE STAFFING LLC
Date of Birth:	09/23/1965	**WCB Employer #:**	2445659
SSN:	XXX-XX-1234	**Address:**	545 BROADWAY STE 3
Gender:	Female		BROOKLYN NY
Address:	432 West Avenue		112062962 USA
	Manhattan NY		
	10032 USA		
WCB Case ID:	G1234567	**Claim Number:**	001
Date of Injury:	10/13/2015	**Insurer Name:**	Pennsylvania Manufacturers' Indemnity Co
Controverted:	Yes	**Insurer ID:**	W173504
		Claim Admin Name:	Pennsylvania Manufacturers' Indemnity Co
		Claim Admin ID:	W173504

Nature of Injury:	52 - Strain or Tear
Part of Body:	43 - Disc in the trunk
Cause of Injury:	57 - Strain or Injury By - Pushing or Pulling

Disclaimer: This claimant does not have an established claim. This authorization request does not represent an acceptance of a claim by the insurer, self-insured employer, employer or Special Fund or guarantee payment for the services requested. The insurer, self-insured employer, employer or Special Fund will only provide payment for these services if they accept liability for the claim or the Claim is established by the Board and the insurer, self-insured employer, employer or Special Fund is found to be responsible for the claim. Contact the insurer if further clarification is needed.

Case Search Results – Results Not Found

Search Result Detail

No Results Found. Please return to the WCB Case Number search and enter new search criteria or select Continue to provide minimum required information and proceed through the request process. A WCB Case Number will not be generated by this request.

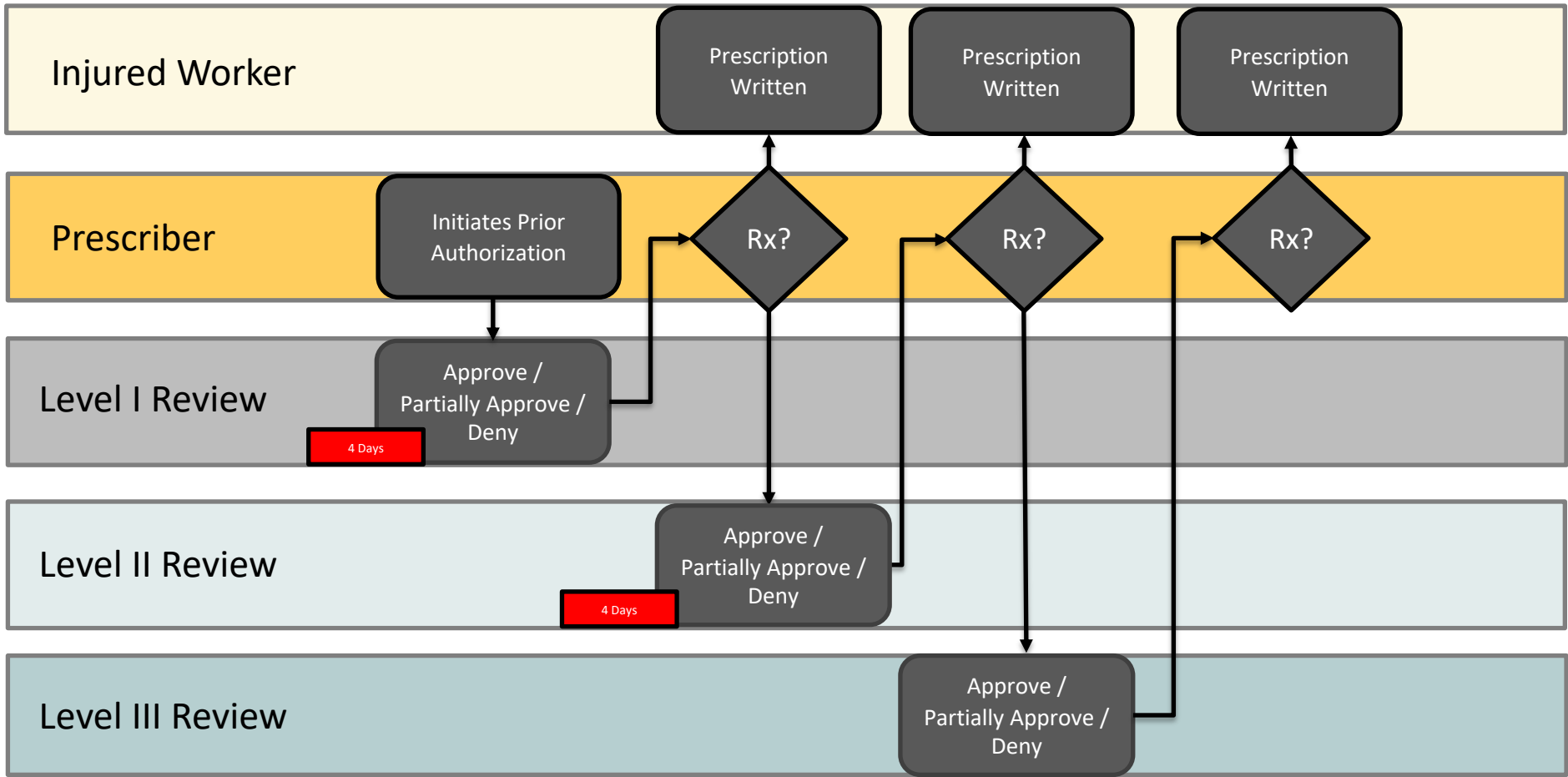Return to Search

Start Blank Request

Case Search Results

PROVIDER'S REQUEST FOR FORMULARY PRIOR AUTHORIZATION AND INSURER'S RESPONSE

Instructions: Please fill out this form in its entirety. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the Formulary prior authorization request.

PRIOR AUTHORIZATION REQUEST

WCB Case #: G1234567	Claim Administrator Claim (Carrier case) #: 0014WI

*Date of Injury/Illness: Apr 15, 2015

Injured Worker Information

*Last Name: Jones	*First Name: Jim	*MI:
Social Security Number: ***** 1234	*Date of Birth: 08/30/1965	*Gender: Male

*Mailing Address: 38 Garden Avenue

Address Line 2:

*City:Cortland	State: New York	Zip Code: 130450000	Country: USA

Employer Information

*Employer's Name: AUXILIARY SERVICES CORP

*Work Address: STATE UNIVERSITY AT

Address Line 2:

*City:CORTLAND	State: New York	Zip Code: 13045-0000	Country: USA

Payer Information   ☐ Unknown

Insurer's Name: Workers' Comp Mgmt.	Insurer's ID (W#): W133508
Claim Administrator Name (TPA): Workers' Comp Mgmt.	Claim Administrator ID (T#): W133508

Provider's Information

Last Name: Smith	First Name: Joseph	MI:
WCB Authorization No.: 11122-1	NPI No.: 1112221111	

*Email address: joseph.smith@wecare.com

Case Search Results

Required Clinical Information

*Provide/attach all relevant clinical information to support this request.** Including narrative and other relevant supporting documentation (i.e.: symptoms, justification for initial or ongoing therapy, any contraindications or adverse effect(s) of the Formulary drug, and, if applicable, evaluation of efficacy of Formulary drug(s)). Please provide/attach any additional clinical information or comments pertinent to this request.

Enter text in the space provided, or attach documentation using the paper clip found at the top of the browser window.

List the condition(s) associated with this request:

*Condition:

MTG Reference (when applicable):

*Is the request for one of the following therapeutic categories? ▼

| Narcotics |
| Antianxiety |
| SM Relaxants |
| None of the above |

Medical and Dispensing Information – This authorization is the lesser of a 365-day supply or quantity and number of refills requested by the provider.

*Specific Medication Requested:

| *Strength: | *Dosage/Frequency: |

| *Qty. Requested (# of units): | * #Refills: | ○ Brand Name ○ Generic |

*Continuation of medication that was previously approved via prior authorization? ○ Yes ○ No

*Administration: ▼

Have any Formulary drugs been tried for this condition? ○ **Yes** ○ **No**

*Was a previously request for a substantially similar Formulary prior authorization previously denied? ○ Yes ○ No

Provider's Attestation

By submission of this request for approval of a non-formulary medication, I certify that my statements are true and correct. I am requesting this prior authorization before prescribing/dispensing medication that varies from the Formulary. In addition, I certify that I do not have a substantially similar request pending.

Provider's Name: Date:

Submit

Provider Dashboard

- **Accessed through the Medical Portal**

- **Contains real-time information on the status of all submitted requests**

- **Mechanism by which all requests are communicated and responded to**

Treatment

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🔧 = Under Development

Provider Dashboard

Dashboard Field Definitions

View Request	Level	Status
Opens the prior authorization request Full form with request and responses	**REQuest or REView** L1_REQ L1_REV L2_REQ L2_REV L3_REQ L3_REV	

Status	Description
Submitted	A request has been submitted by the provider. This will remain in submitted status until an action is taken.
Denied	The request has been denied
Granted	The request has been granted
Granted in Part	The drug has been approved, but for a limited length of time, quantity or number of refills (from what was requested)
Approved OOC	The reviewer has not responded and the request is deemed approved by an Order of the Chair
Granted Final	The provider's timeframe to respond to the Level 1 or Level 2 review has lapsed or the MDO has made a decision.
Granted in Part Final	The provider's timeframe to respond to the Level 1 or Level 2 review has lapsed or the MDO has made a decision.
Denied Final	When the provider's timeframe to respond to a Level 1 or Level 2 review has lapsed or the MDO has made a decision

Dashboard Field Definitions (Cont'd)

View Request	Level	Status
Opens the prior authorization request Full form with request and responses	**REQuest or REView** L1_REQ L1_REV L2_REQ L2_REV L3_REQ L3_REV	

Due Date	The date the next action is due by
Claimant Name	Claimant for whom the medication was requested
Claimant DOB	Date of Birth
Medication Requested	Name of the Requested Medication
Current Status Date/Time	Date and Time of the Current Status (described above)

More Information / Questions

wcb.ny.gov/content/ebiz/drugformulary

General Formulary questions: WCBFormularyQuestions@wcb.ny.gov

Technical support questions: WCBCustomerSupport@wcb.ny.gov

Subscribe for email notifications: wcb.ny.gov