BETTER FOR WORKERS

BETTER FOR BUSINESS

Prescription Drug Formulary
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

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.
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
  - New Provider Legislation
  - Independent Medical Examinations
  - 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.
Billing Section

Provides access to fee schedules and information about what to do when a bill isn’t paid by the payer.
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.
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
- **6.5.19**: Formulary effective
- **12.5.19**: New prescriptions must comply
- **6.5.20**: Refill prescriptions must comply
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 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
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.
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
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

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<th>Phase B</th>
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System Functionality

**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

**Acetaminophen**

- Antipyrine-Benzocaine-Glycerin-Zinc Ace
- Codeine-Acetaminophen
- Fluocinolone Acetonide
- Chlorpheniramine-Acetaminophen
- Hydrocodone-Acetaminophen
- Levetiracetam
- Tramadol-Acetaminophen
- Triamcinolone Acetonide Inh
- Acetylcysteine Inh
# Formulary Functionality

**Special Considerations**
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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.

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# Formulary Functionality

**Special Considerations**
1. Not to exceed a single seven (7) day supply.
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**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.**

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### Therapeutic Category
**Analgesics - Narcotic**

### Generic Name
Start typing to find a drug...

### Phase

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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
- 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

* = 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
### Case Search Results - Established

<table>
<thead>
<tr>
<th>Claimant:</th>
<th>Jim Jones</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>08/30/1965</td>
<td>AUXILIARY SERVICES CORP OF</td>
</tr>
<tr>
<td>SSN:</td>
<td>XXX-XX-1234</td>
<td>STATE UNIVERSITY COLLEGE AT CORTL</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td>WCB Employer #: 1724693</td>
</tr>
<tr>
<td>Address:</td>
<td>13 Garden Avenue</td>
<td>Address: STATE UNIVERSITY AT CORTLAND, NY 130450000 USA</td>
</tr>
<tr>
<td></td>
<td>Cortland, NY 130450000 USA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WCB Case ID:</th>
<th>G1234567</th>
<th>Date of Injury:</th>
<th>4/15/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCB Controverted:</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Number:</th>
<th>001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurer Name:</td>
<td>Manufacturers Alliance Ins Co Attn. Workers' Comp Mgmt.</td>
</tr>
<tr>
<td>Insurer ID:</td>
<td>W133508</td>
</tr>
<tr>
<td>Claim Admin Name:</td>
<td>Manufacturers Alliance Ins Co Attn. Workers' Comp Mgmt.</td>
</tr>
<tr>
<td>Claim Admin ID:</td>
<td>W133508</td>
</tr>
</tbody>
</table>

- **Case established for site(s):** to the left shoulder
### Case Search Results – Not Established

**Claimant:** Jennifer Jones  
**Date of Birth:** 09/23/1965  
**SSN:** XXX-XX-1234  
**Gender:** Female  
**Address:** 432 West Avenue  
Manhattan NY  
10022 USA

**Employer:** ADVANCED CARE STAFFING LLC  
**WCB Employer #:** 2445659  
**Address:** 545 BROADWAY STE 3  
BROOKLYN NY  
112062062 USA

**WCB Case ID:** G1234567  
**Date of Injury:** 10/13/2015  
**Controverted:** Yes

**Claim Number:** 001  
**Insurer Name:** Pennsylvania Manufacturers' Indemnity Co  
**Insurer ID:** W173504  
**Claim Admin Name:** Pennsylvania Manufacturers' Indemnity Co  
**Claim Admin ID:** W173504

**Nature of Injury:**  
- 52 - Strain or Tear  
- 43 - Disc in the trunk  
- 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.
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.
### Case Search Results

#### Provider's Request for Formulary Prior Authorization and Insurer's Response

<table>
<thead>
<tr>
<th>Provider's Information</th>
<th>Insurer's Information</th>
<th>Claim Administrator Information</th>
<th>Payer Information</th>
<th>Employer Information</th>
<th>Injured Worker Information</th>
<th>Prior Authorization Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Smith</td>
<td><strong>Name:</strong> Jones</td>
<td><strong>Name:</strong> Joseph</td>
<td>Unknown</td>
<td><strong>Name:</strong> Auxiliary Services Corp</td>
<td><strong>Name:</strong> Jim</td>
<td><strong>Case #:</strong> G1234567</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
<td><strong>Date of Injury/ILLNESS:</strong> Apr 15, 2015</td>
</tr>
<tr>
<td><strong>City:</strong> Cortland</td>
<td><strong>City:</strong></td>
<td><strong>City:</strong></td>
<td><strong>City:</strong></td>
<td><strong>City:</strong></td>
<td><strong>City:</strong></td>
<td><strong>First Name:</strong> Jim</td>
</tr>
<tr>
<td><strong>State:</strong> New York</td>
<td><strong>State:</strong></td>
<td><strong>State:</strong></td>
<td><strong>State:</strong></td>
<td><strong>State:</strong></td>
<td><strong>State:</strong></td>
<td><strong>Last Name:</strong> Jones</td>
</tr>
<tr>
<td><strong>Zip Code:</strong> 130450000</td>
<td><strong>Zip Code:</strong></td>
<td><strong>Zip Code:</strong></td>
<td><strong>Zip Code:</strong></td>
<td><strong>Zip Code:</strong></td>
<td><strong>Zip Code:</strong></td>
<td><strong>Social Security Number:</strong> 1234</td>
</tr>
<tr>
<td><strong>Country:</strong> USA</td>
<td><strong>Country:</strong></td>
<td><strong>Country:</strong></td>
<td><strong>Country:</strong></td>
<td><strong>Country:</strong></td>
<td><strong>Country:</strong></td>
<td><strong>Date of Birth:</strong> 08/30/1965</td>
</tr>
<tr>
<td><strong>WCE Authorization No:</strong> 111222-1</td>
<td><strong>NPI No.:</strong> 11122211111</td>
<td><strong>WCE Case #:</strong></td>
<td><strong>Social Security Number:</strong> 1234</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Email address:</strong> <a href="mailto:joseph.smith@wecare.com">joseph.smith@wecare.com</a></td>
<td><strong>Email address:</strong></td>
<td><strong>Email address:</strong></td>
<td><strong>Gender:</strong> Male</td>
<td><strong>Gender:</strong> Male</td>
<td><strong>Gender:</strong></td>
<td><strong>Address:</strong> 36 Garden Avenue</td>
</tr>
</tbody>
</table>

**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.
Case Search Results

Required Clinical Information

*Provide 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 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
- NM Relevance
- 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
## Drug Formulary - Dashboard

<table>
<thead>
<tr>
<th>Claimant Name</th>
<th>Claimant ID</th>
<th>Medication Requested</th>
<th>Current Status/Date/Time</th>
<th>Status</th>
<th>Local</th>
<th>State</th>
<th>Net Date</th>
<th>Source</th>
<th>Form</th>
<th>filing</th>
<th>filing Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Jones</td>
<td>123456</td>
<td>Hydromorphone</td>
<td>11/10/2021 12:00 AM</td>
<td>Pending</td>
<td>CLIP</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td>Joan Jones</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td></td>
</tr>
<tr>
<td>John Smith</td>
<td>678901</td>
<td>Fentanyl</td>
<td>12/10/2021 12:00 AM</td>
<td>Completed</td>
<td>CLIP</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td>John Smith</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td></td>
</tr>
<tr>
<td>Mary Lee</td>
<td>111222</td>
<td>Morphine</td>
<td>13/10/2021 12:00 AM</td>
<td>Pending</td>
<td>CLIP</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td>Mary Lee</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td></td>
</tr>
<tr>
<td>David Brown</td>
<td>333333</td>
<td>Oxycodone</td>
<td>14/10/2021 12:00 AM</td>
<td>Completed</td>
<td>CLIP</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td>David Brown</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td></td>
</tr>
<tr>
<td>Susan Green</td>
<td>444444</td>
<td>Ketamine</td>
<td>15/10/2021 12:00 AM</td>
<td>Pending</td>
<td>CLIP</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td>Susan Green</td>
<td>NY</td>
<td>12/01/2021 12:00 AM</td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 10 of 29 entries
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

### View Request

- 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

- **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)

<table>
<thead>
<tr>
<th>View Request</th>
<th>Level</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opens the prior authorization request</td>
<td>REQuest or REVieuw</td>
<td></td>
</tr>
<tr>
<td>Full form with request and responses</td>
<td>L1_REQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L1_REV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L2_REQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L2_REV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L3_REQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L3_REV</td>
<td></td>
</tr>
<tr>
<td>Due Date</td>
<td>The date the next action is due by</td>
<td></td>
</tr>
<tr>
<td>Claimant Name</td>
<td>Claimant for whom the medication was requested</td>
<td></td>
</tr>
<tr>
<td>Claimant DOB</td>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Medication Requested</td>
<td>Name of the Requested Medication</td>
<td></td>
</tr>
<tr>
<td>Current Status Date/Time</td>
<td>Date and Time of the Current Status (described above)</td>
<td></td>
</tr>
</tbody>
</table>
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