



**Workers'  
Compensation  
Board**

**BETTER FOR WORKERS**

**BETTER FOR BUSINESS**

**Prescription Drug Formulary**

**WCB.NY.GOV**

# AGENDA

1

Medical Portal

2

Drug Formulary

3

Prior Authorization



**Workers'  
Compensation  
Board**



# Medical Portal

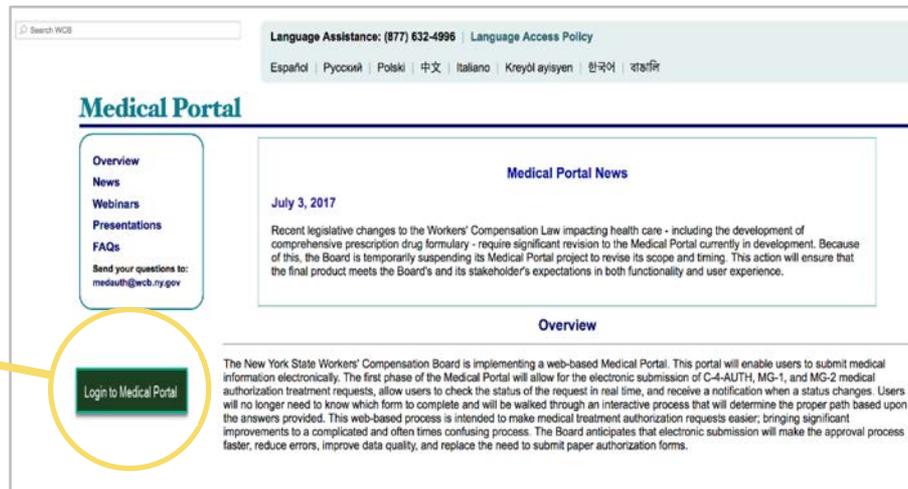
# Medical Portal

- Starting point to access a variety of Board functionality
- Functionality available varies by user type

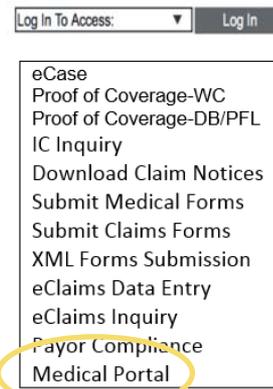


# Medical Portal

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



The screenshot shows the NY.gov ID login interface. At the top is a dark blue navigation bar with the following links: NY.gov ID, Online Services, FAQs, About NY.gov ID, Help Desk Information, Privacy Policy, and Terms of Service. Below the navigation bar, a white box contains the text "Please login after reading the Acceptable Use Policy below". In the center of this box is a smaller white box with a dark blue header that says "NY.gov ID" next to a white outline of the state of New York. Below the header are two input fields: "Username:" and "Password:". Below the input fields is a grey "Sign In" button. At the bottom of the white box, there are two links: "Forgot your [Username](#) or [Password](#)" and "[NY.gov ID - Terms of Service](#)".



### Medical Providers

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HEALTH CARE PROVIDER AND IME SEARCH

ONLINE SERVICES AVAILABILITY

# Medical Providers Section

- Starting point for provider-specific information
- Training available
- Apply to become Board-authorized
- Update provider registration information



## Medical Providers

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# Treatment Section

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



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# 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](#)

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**Workers'  
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## **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

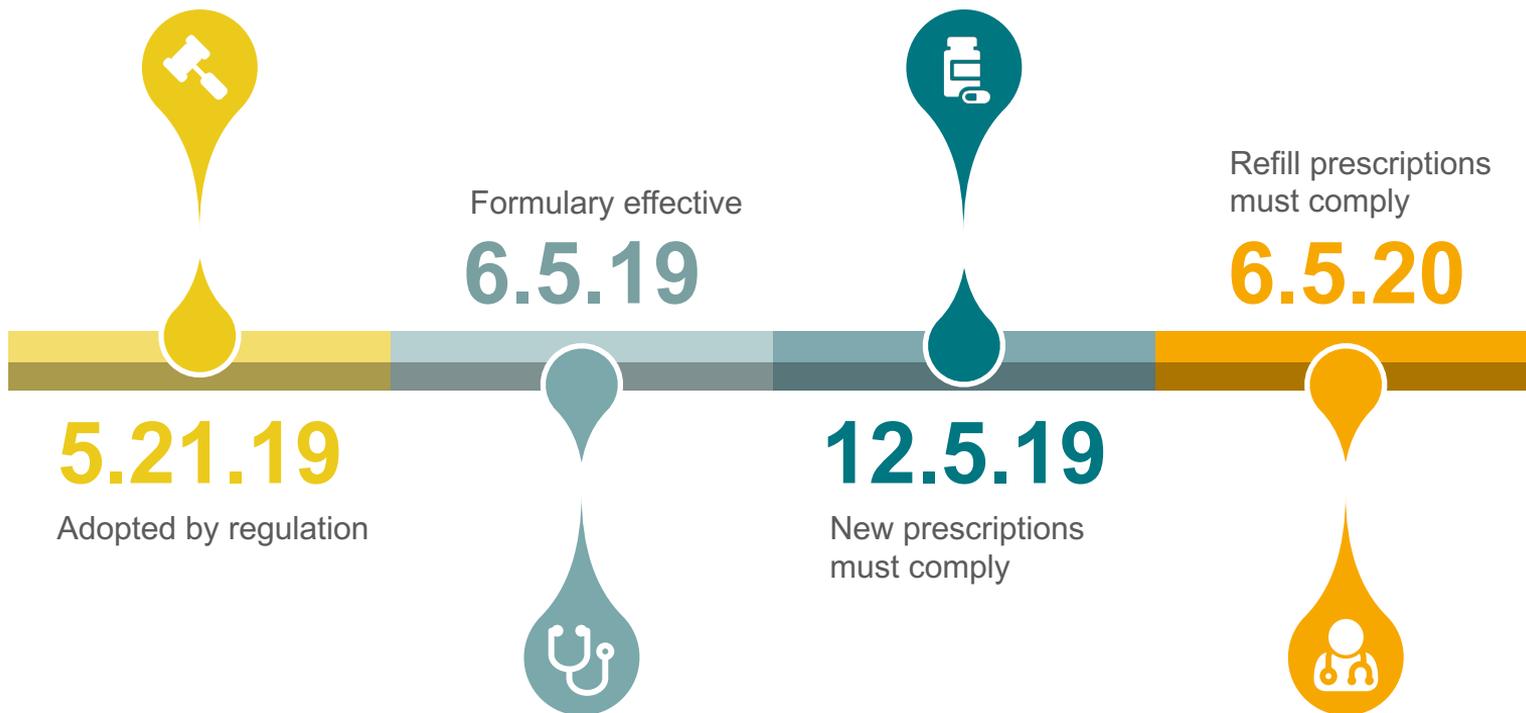
- Review of those comments resulted in a second version of the Formulary which was released in October 2018
- Additional comments received resulted in the final version of the Formulary which was released in January 2019

# 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



# 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	Perf 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

**Acetaminophen**

Antipyrine-Benzocaine-Glycerin-Zinc **Ace**

Codeine-**Acetaminophen**

Fluocinolone **Acetonide**

Chlorpheniramine-**Acetaminophen**

Hydrocodone-**Acetaminophen**

Levetir**acetam**

Tramadol-**Acetaminophen**

Triamcinolone **Acetonide** Inh

**Acetylcysteine** 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			Ankle/ Foot	Asthma	Back, Mid/Low	Carpal Tunnel	CRPS	Elbow	Eye	Hip/ Groin	Knee	Neck	Pain, Non-Acute	Shoulder
		A	B	Peri-Op												
Acetaminophen		X	X	X	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

*Analgesics - Nonnarcotic*

# 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

▼

▲

- Analgesics - Narcotic\*\*
- Analgesics - Nonnarcotic
- Analgesics - Topical
- Antacids
- Antianxiety Agents
- Antiasthmatics
- Anticoagulants
- Anticonvulsant
- Antidepressants
- Antidiabetics
- Antidiarrheals
- Antiemetic - Antivertigo
- Antifungals
- Antihistamines
- Antihypertensive
- Anti-Infectives, Misc.
- Anti-Inflammatory
- Antimalarial
- Antineoplastic



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

# 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



**Workers'  
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## 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



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 = Under Development

# Start a New Prior Authorization Request

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

The screenshot displays the 'Drug Formulary - Dashboard' page on the Workers' Compensation Board website. The page includes a navigation bar with 'New Request' highlighted. Below the navigation bar is a table with the following columns: Level, Status, Current Status Date/Time, Due Date/Time, Request ID, Medication Requested, Brand or Generic, WCB Case ID#, Carrier Case ID#, Insurer Name, Insurer ID, Claim Admin Name, Claim Admin ID, and Therapeutic Category. The table contains 18 rows of data, including entries for Amoxicillin, Tylenol, Ranitidine, Zanax, Famotidine, Sulfasalazin, and Tylenol. A 'New Request' button is located at the bottom right of the table area.

Level	Status	Current Status Date/Time	Due Date/Time	Request ID	Medication Requested	Brand or Generic	WCB Case ID#	Carrier Case ID#	Insurer Name	Insurer ID	Claim Admin Name	Claim Admin ID	Therapeutic Category
1	Submitted	02/25/2019 9:33am	03/11/2019 9:32am	A34CDAE4	Amoxicillin	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
1	Denied	02/25/2019 12:15pm	03/11/2019 12:14pm	A34CDAE4	Tylenol	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
1	Granted	02/26/2019 7:48am	03/12/2019 7:47am	A34CDAE4	Ranitidine	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	N
1	Approved OOC	02/26/2019 10:53am	03/12/2019 10:52am	A34CDAE4	Zanax	B	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
1	Granted	02/26/2019 8:16pm	03/12/2019 8:15pm	A34CDAE4	Famotidine	B	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
1	Submitted	02/27/2019 8:37am	03/13/2019 8:36am	A34CDAE4	Sulfasalazin	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	N
1	Granted in Part	02/27/2019 8:59am	03/13/2019 8:58am	A34CDAE4	Tylenol	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
2	Denied	02/26/2019 7:29am	03/26/2019 7:28am	A34CDAE4	Amoxicillin	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
2	Submitted	02/26/2019 6:02pm	03/26/2019 6:01pm	A34CDAE4	Famotidine	B	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
2	Submitted	02/27/2019 4:38pm	03/27/2019 4:37pm	A34CDAE4	Tylenol	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	N
2	Submitted	02/28/2019 5:28am	03/28/2019 5:27am	A34CDAE4	Amoxicillin	G	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y
3	Granted	02/28/2019 9:17am	03/28/2019	A34CDAE4	Amoxicillin	B	GI23456789	ABC123456	NYSIF	W204002	Corvel	T100136	Y

# 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

<b>Claimant:</b> Jim Jones <b>Date of Birth:</b> 08/30/1965 <b>SSN:</b> XXX-XX-1234 <b>Gender:</b> <b>Address:</b> 13 Garden Avenue Cortland NY 130450000 USA	<b>Employer:</b> AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL <b>WCB Employer #:</b> 1724893 <b>Address:</b> STATE UNIVERSITY AT CORTLAND NY 130450000 USA
<b>WCB Case ID:</b> G1234567 <b>Date of Injury:</b> 4/15/2015 <b>Controverted:</b> No	<b>Claim Number:</b> 001 <b>Insurer Name:</b> Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. <b>Insurer ID:</b> W133508 <b>Claim Admin Name:</b> Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. <b>Claim Admin ID:</b> W133508
<b>Case established for site(s):</b> <ul style="list-style-type: none"><li>• to the left shoulder</li></ul>	

# Case Search Results – Not Established

<b>Claimant:</b> Jennifer Jones <b>Date of Birth:</b> 09/23/1965 <b>SSN:</b> XXX-XX-1234 <b>Gender:</b> Female <b>Address:</b> 432 West Avenue Manhattan NY 10032 USA	<b>Employer:</b> ADVANCED CARE STAFFING LLC <b>WCB Employer #:</b> 2445659 <b>Address:</b> 545 BROADWAY STE 3 BROOKLYN NY 112062962 USA
<b>WCB Case ID:</b> G1234567 <b>Date of Injury:</b> 10/13/2015 <b>Controverted:</b> Yes	<b>Claim Number:</b> 001 <b>Insurer Name:</b> Pennsylvania Manufacturers' Indemnity Co <b>Insurer ID:</b> W173504 <b>Claim Admin Name:</b> Pennsylvania Manufacturers' Indemnity Co <b>Claim Admin ID:</b> W173504
<b>Nature of Injury:</b> 52 - Strain or Tear <b>Part of Body:</b> 43 - Disc in the trunk <b>Cause of Injury:</b> 57 - Strain or Injury By - Pushing or Pulling	
<p><b>Disclaimer:</b> 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.</p>	

# 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



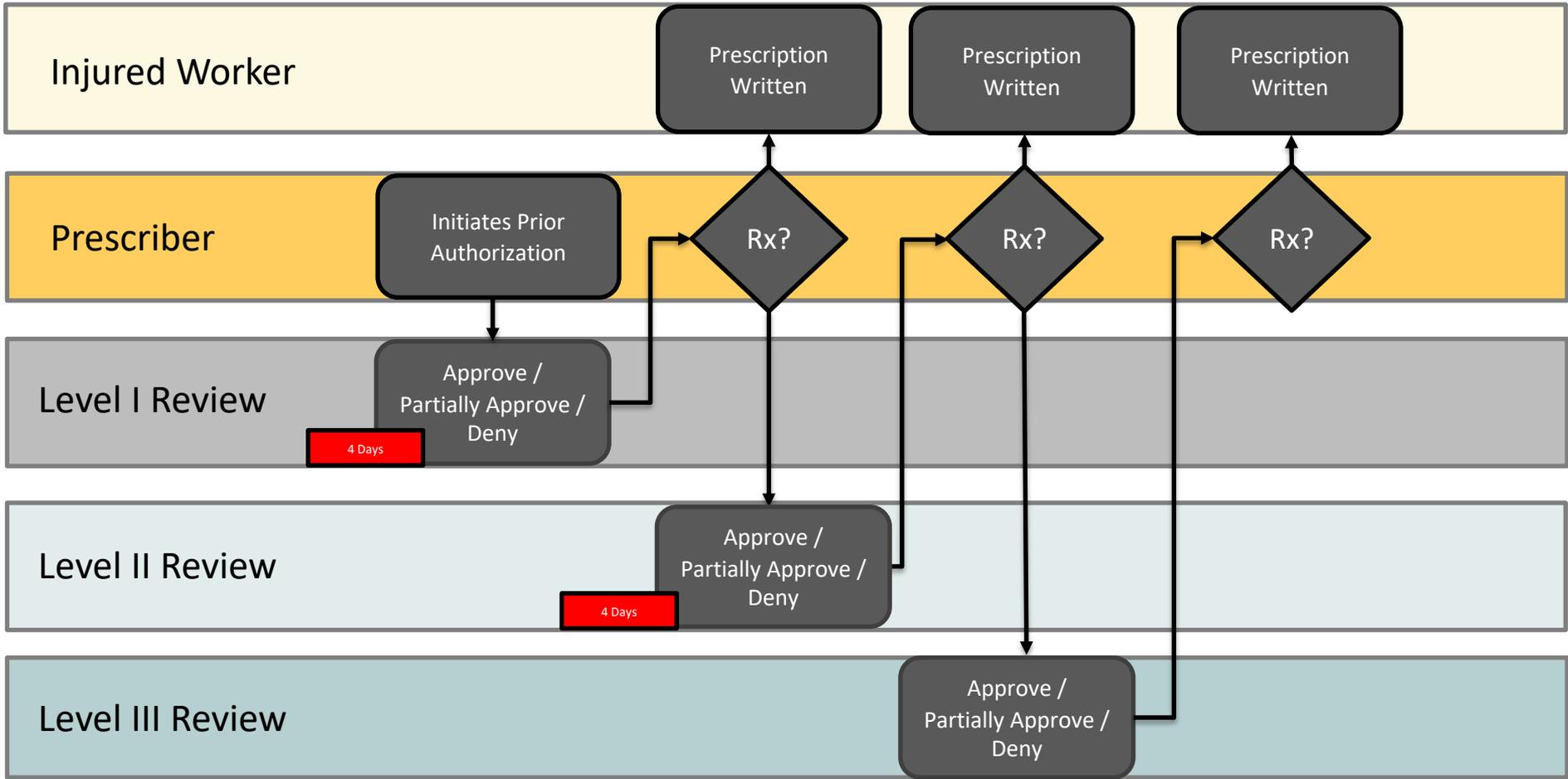
## PROVIDER'S REQUEST FOR FORMULARY PRIOR AUTHORIZATION AND INSURER'S RESPONSE

**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 <input type="checkbox"/> 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	
<p><b>*Provide/attach all relevant clinical information to support this request.</b> 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.</p>	
Enter text in the space provided, or attach documentation using the paper clip found at the top of the browser window.	
<input type="text"/>	
List the condition(s) associated with this request:	
*Condition:	
MTG Reference (when applicable):	
*Is the request for one of the following therapeutic categories?:	
<ul style="list-style-type: none"><li>Narcotics</li><li>Antianxiety</li><li>SM Relaxants</li><li>None of the above</li></ul>	
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: <input type="radio"/> Brand Name <input type="radio"/> Generic
*Continuation of medication that was previously approved via prior authorization? <input type="radio"/> Yes <input type="radio"/> No	
*Administration: <input checked="" type="checkbox"/>	
Have any Formulary drugs been tried for this condition? <input type="radio"/> Yes <input type="radio"/> No	
*Was a previously request for a substantially similar Formulary prior authorization previously denied? <input type="radio"/> Yes <input type="radio"/> 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:
<input type="button" value="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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# Provider Dashboard

## Workers' Compensation Board

Workers Employers Health Care Providers Payers Representatives Forms Locations

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### Drug Formulary - Dashboard

[New Request](#)

Click to sort (Shift + Click for multiple)

Show 10 entries Filter records:

View Request	Lead	Status	Due Date	Claimant Name	Claimant DOB	Medication Requested	Current Status Date/Time
<a href="#">Filter</a>	<a href="#">Filter</a>						
127	L3_REQ	Submitted	8/13/2019 11:33:10 AM	Doi, Jane	11/09/1963	Amoxicillin	8/12/2019 11:33:10 AM
1106	L3_REQ	Submitted	9/27/2019 11:44:21 AM	John Smith	06/18/1954	Ranibin	9/26/2019 11:44:21 AM
1216	L3_REQ	Submitted	10/5/2019 1:05:39 PM	Mouze, Miriy	06/25/1982	Hydropermorphone/Oxaloid	10/4/2019 1:05:39 PM
1215	L3_REQ	Submitted	10/5/2019 11:45:01 AM	Duck, Donald	10/17/1973	Sulfasalazine	10/5/2019 11:45:01 AM
1228	L3_REQ	Submitted	10/8/2019 3:44:19 PM	Parker, Peter	02/11/1978	Hydrocodone	10/7/2019 3:44:19 PM
1248	L3_REQ	Submitted	10/9/2019 10:55:32 AM	McQueen, Steve	08/19/1963	Diphenhydramine	10/8/2019 10:55:32 AM
1252	L3_REQ	Submitted	10/9/2019 4:42:02 PM	Doolittle, Eliza	10/19/1974	Oxycodone	10/8/2019 4:42:02 PM
1266	L3_REQ	Submitted	10/11/2019 12:24:30 PM	Rudick, Bob	06/02/1961	Diphenhydramine	10/10/2019 12:24:30 PM
1287	L3_REQ	Submitted	10/11/2019 3:46:43 PM	Kant, Clark	01/05/1999	Liquid Tylenol	10/10/2019 3:46:43 PM
1323	L3_REQ	Submitted	10/15/2019 10:09:05 AM	Wayne, Bruce	08/15/1965	Tylenol with codeine	10/14/2019 10:09:05 AM

Showing 1 to 10 of 39 entries Previous **1** 2 3 4 Next

# Dashboard Field Definitions

View Request	Level	Status 	
 <p><b>Opens the prior authorization request</b></p> <p>Full form with request and responses</p>	 <p><b>REQuest or REView</b></p> <p>L1_REQ L1_REV L2_REQ L2_REV L3_REQ L3_REV</p>	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 	
 <p><b>Opens the prior authorization request</b></p> <p>Full form with request and responses</p>	 <p><b>REQuest or REView</b></p> <p>L1_REQ L1_REV L2_REQ L2_REV L3_REQ L3_REV</p>	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](http://wcb.ny.gov/content/ebiz/drugformulary)



General Formulary questions: [WCBFormularyQuestions@wcb.ny.gov](mailto:WCBFormularyQuestions@wcb.ny.gov)



Technical support questions: [WCBCustomerSupport@wcb.ny.gov](mailto:WCBCustomerSupport@wcb.ny.gov)



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