



**Workers'  
Compensation  
Board**

**BETTER FOR WORKERS**

**BETTER FOR BUSINESS**



**Workers'  
Compensation  
Board**



## ***New York Workers' Compensation Drug Formulary***

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

# AGENDA

1. Drug Formulary
2. Prior Authorization Requests
3. Observations
4. Penalties
5. Questions and Answers

# Drug Formulary Background

2017

- Legislation signed in 2017 required that the New York State Workers' Compensation Board (Board) establish a prescription drug formulary.
- In December 2017, the Board released the first version of the *New York Workers' Compensation Drug Formulary (Drug Formulary)* for public comment.

# *Drug Formulary* Background

2018 – 2019

- Feedback from the public comment period resulted in a second version of the *Drug Formulary* being released in October 2018.
- Feedback from the second public comment period resulted in the final version of the *Drug Formulary* being released in January 2019.

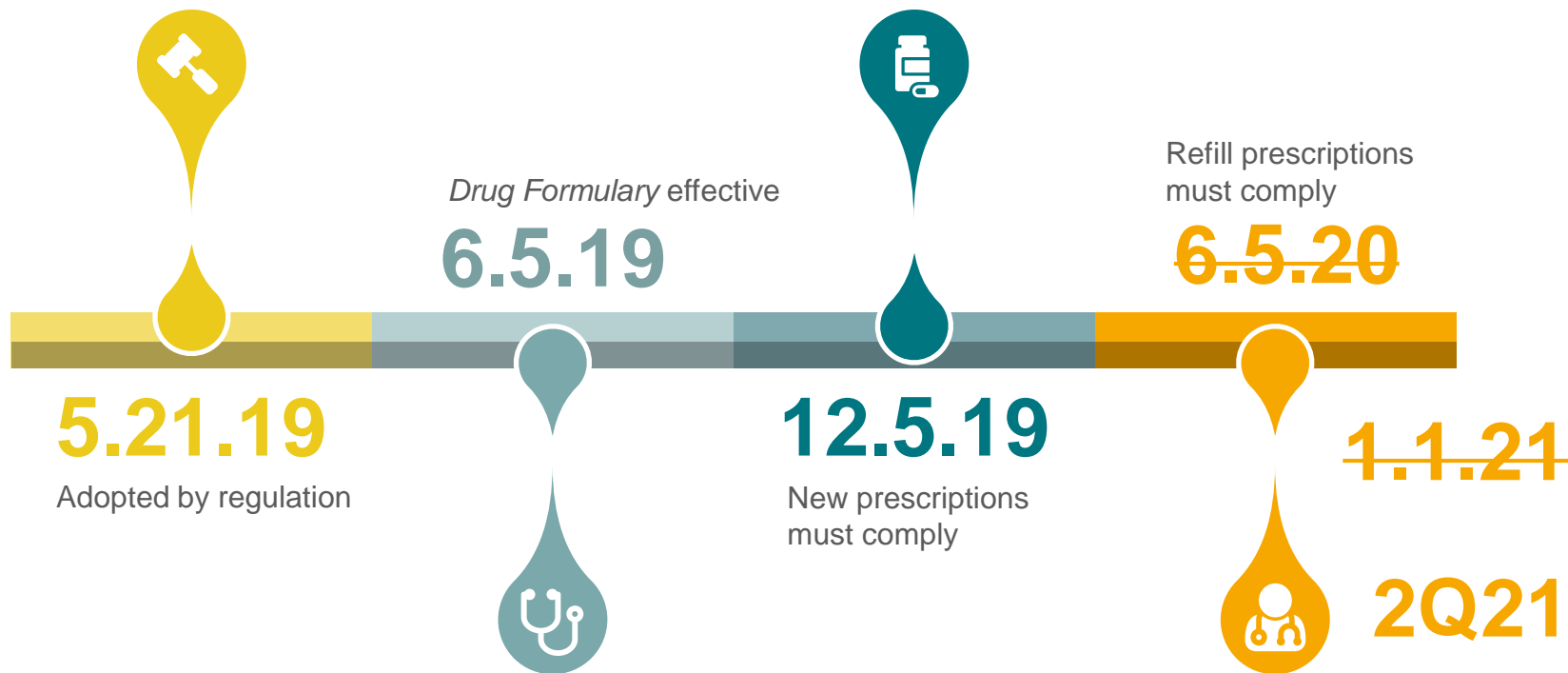
# *Drug Formulary* Medications

Medications in the *Drug Formulary* are:

- 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 Board's applicable *New York Medical Treatment Guidelines (MTGs)*.

Note: The *Drug Formulary* does not apply to drugs administered in a hospital or health care provider's office.

# Drug Formulary Implementation Timeline



# Application of the *Drug Formulary*

The *Drug Formulary* consists of three drug lists:

## Phase A Drugs



## Phase B Drugs



## Perioperative Drugs





# Application of the *Drug 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 insurer 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 *Drug 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 insurer 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 *Drug Formulary*

## Phase B Drugs

### Phase A 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 **MTGs**.
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 **MTGs**.

### Perioperative Drugs



# Application of the *Drug 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 *Drug 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 *MTGs*.

# Application of the *Drug Formulary*

## Special Considerations include:

- Special Consideration 1: Not to exceed a single seven-day supply
  - The *Drug Formulary* drug can be prescribed and dispensed:
    - One time only, without a prior authorization request
    - For a maximum of a seven-day supply
    - During the phase of the *Drug Formulary* under which it is contained
    - Example: narcotics for acute pain following an injury

# Application of the *Drug Formulary*

## Special Considerations (cont'd):

- Special Consideration 2: For the prescribed course of therapy
  - The *Drug Formulary* drug can be prescribed or dispensed:
    - During the applicable phase of the *Drug Formulary*
    - For the course of treatment indicated by the prescriber
    - Example: antibiotics

# Application of the *Drug Formulary*

## Special Considerations (cont'd):

- Special Consideration 3: Short-acting formulation only
  - The *Drug Formulary* drug can be prescribed or dispensed:
    - For the short-acting formulation of the medication only
    - Example: opioids/skeletal muscle relaxant



# Application of the *Drug Formulary*

## Special Considerations (cont'd):

- Special Consideration 4: As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care.
- The *Drug Formulary* drug can be prescribed and dispensed:
  - When there is no adopted *MTGs* 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 *MTGs*.
  - Example: treatment of post-operative infection following knee replacement

# Drug 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													

# Over-the-Counter Drugs (OTC)

- Certain OTCs are included in the *Drug Formulary*.
- When a prescription is written, the OTC will be processed by the pharmacy and paid for by the insurer.



**Workers'  
Compensation  
Board**



## Prior Authorization Requests

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

# Prior Authorization Requests

A health care provider must request and obtain prior authorization from the insurer before prescribing or dispensing:

1. A drug not listed on the *Drug Formulary*
2. A brand name drug, when a *Drug Formulary* generic is available
3. Combination products, unless specifically listed on the *Drug Formulary*

# Prior Authorization Requests

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

Note: The insurer or self-insured employer may deny payment when prior authorization was *not* obtained.

# Prior Authorization Requests



## Treatment

[Medical Treatment Guidelines](#)

 [MTG Look Up Tool](#)

[Drug Formulary Overview](#)

[Drug Formulary Look Up](#)

 [Drug Formulary Prior Authorization](#)

[Guidelines for Determining Impairment](#)

[Diagnostic Testing Network Look Up](#)

[Medical Treatment Guidelines - Insurer Requirements](#)

 = Under Development

# 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> 0014W61102 <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> 0016W22253 <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
<div><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</div> <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.

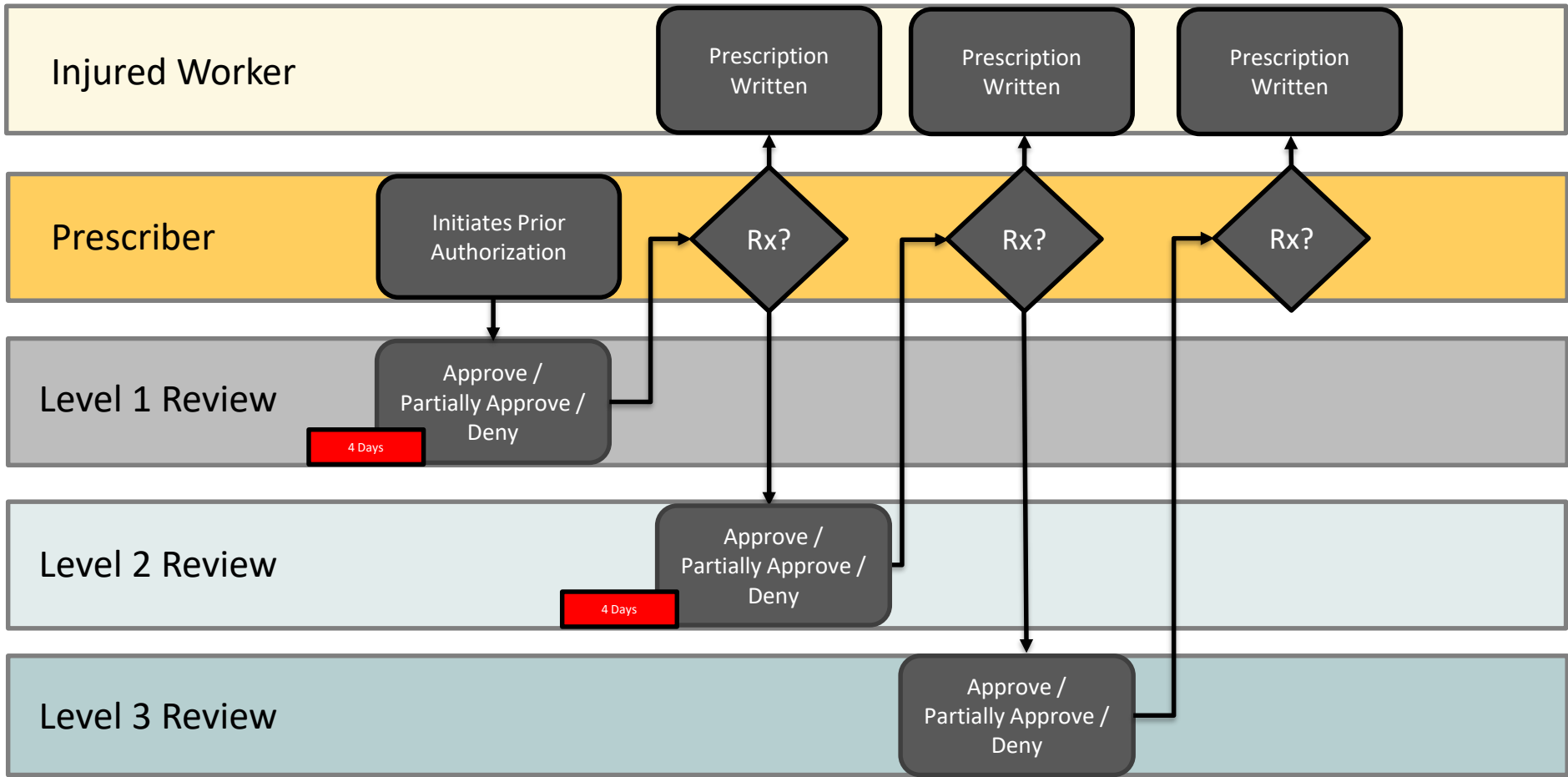
PRIOR AUTHORIZATION REQUEST			
WCB Case #:		Claim Administrator Claim (Carrier case) #:	
*Date of Injury/Illness: 10/01/2010			
Injured Worker Information			
*Last Name: Smith		*First Name: John	*M: M
Social Security Number: 012-34-5678	*Date of Birth: 06/01/1971		*Gender: Male ▼
*Mailing Address: 301 State Street			
Address Line 2:			
*City: Schenectady	State: New York ▼	Zip Code: 12305-	Country: USA ▼
Employer Information			
*Employer's Name: Smith's Forge			
*Work Address: 301 State Street			
Address Line 2:			
*City: Schenectady	State: New York ▼	Zip Code: 12305-	Country: USA ▼
Payer Information <input checked="" type="checkbox"/> Unknown			
Insurer's Name:		Insurer's ID (W#):	
Claim Administrator Name (TPA):		Claim Administrator ID (T#):	
Provider's Information			
Last Name: UATPROVAP1		First Name: UATPROVAP1	MI:
WCB Authorization No.: 122705-7		NPI No.: 1417984980	
*Email address: its.sm.csc.medportal.issues@its.ny.gov			



# Case Search Results



Required Clinical Information		
<b>*Provide/attach all relevant clinical information to support this request.</b> Include 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)).		
Enter text in the space provided, or attach documentation using the paper clip found at the top right of the browser window. Patient has had an allergic reaction to the medications in the formulary list.		
<b>List the condition(s) associated with this request:</b>		
*Condition: sprain/strain to lower back		
MTG Reference (when applicable):		
*Is the request for one of the following therapeutic categories: <input type="radio"/> Narcotic <input type="radio"/> Antianxiety <input checked="" type="radio"/> Skeletal Muscle Relaxant <input type="radio"/> None of the above		
<b>Medical and Dispensing Information – This authorization is the lesser of a 90-day supply or quantity and number of refills requested by the provider.</b>		
*Medication Requested: Orphenadrine		
*Strength: 50mg		*Dosage/Frequency: twice daily
*Qty. Requested (# of units): 20	*#Refills: 1	<input checked="" type="radio"/> Brand Name <input type="radio"/> Generic
*Continuation of medication that was previously approved via prior authorization? <input type="radio"/> Yes <input checked="" type="radio"/> No		
*Route of Administration: Oral/SL ▼		
Have any Formulary drugs been tried for this condition? <input type="radio"/> Yes <input checked="" type="radio"/> No		
*Was a request for a substantially similar Formulary prior authorization previously denied? <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Provider's Attestation</b>		
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: UATPROVAP1 UATPROVAP1		Date:
		 <input type="button" value="Submit"/>



# Insurer 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

[Medical Treatment Guidelines](#)

 [MTG Look Up Tool](#)

[Drug Formulary Overview](#)

[Drug Formulary Look Up](#)

[Drug Formulary Prior Authorization](#)

[Guidelines for Determining Impairment](#)

[Diagnostic Testing Network Look Up](#)

[Medical Treatment Guidelines - Insurer Requirements](#)

 = Under Development

# Insurer Dashboard

[Return to Landing Page](#)

Welcome: Workload Administrator

[Log out](#)

⬆ - Click to sort (Shift + Click for multiple)

## Drug Formulary - Dashboard

[Assign/Reassign](#)

Show 10 entries

Filter records: 


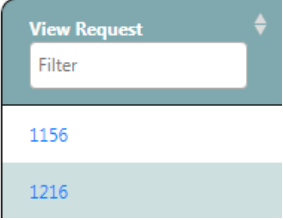
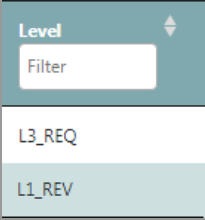
View Request	Level	Status	Due Date	Claimant Name	WCD Case ID#	Carrier Case ID#	Employer Name	Carrier Name	Claim Admin Name	Medication Requested	Current Status Date/Time	Assigned To	Assign/Reassign
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
1266	L1_REQ	Submitted	10/10/2019 9:39:20 AM	Smith, John	G1111111	1111111-11	Smith's Forge	Church Mutual Insurance Co	Church Mutual Insurance Co	Med4	10/9/2019 9:39:20 AM	mreviewer	<input type="checkbox"/>
1227	L2_REQ	Submitted	10/14/2019 2:12:36 AM	Mouse, Minnie	G1111112	1111111-12	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Medication 1	10/9/2019 2:12:36 PM	alowell	<input type="checkbox"/>
802	L3_REV	Submitted	9/14/2019 1:34:19 PM	Doe, Jane	G1111113	1111111-13	St. Sophia's	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/4/2019 1:34:19 PM		<input type="checkbox"/>
843	L3_REV	Submitted	9/16/2019 2:37:58 PM	Charles, Raymond	G1111114	1111111-14	Motown Records	Church Mutual Insurance Co	Church Mutual Insurance Co	test Narcotics	9/6/2019 2:37:58 PM		<input type="checkbox"/>
847	L3_REV	Submitted	9/16/2019 3:06:47 PM	Jones, Jen	G1111115	1111111-15	Gotham City Police	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Anxiety	9/6/2019 3:06:47 PM		<input type="checkbox"/>
848	L3_REV	Submitted	9/16/2019 3:06:47 PM	Mouse, Mickey	G1111116	1111111-16	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/6/2019 3:06:47 PM		<input type="checkbox"/>
852	L3_REV	Submitted	9/16/2019 4:04:13 PM	Duck, Donald	G1111117	1111111-17	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test	9/6/2019 4:04:13 PM		<input type="checkbox"/>
953	L3_REQ	Submitted	9/27/2019 10:28:29 AM	Warbucks, Annie	G1111118	1111111-18	Warbucks, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	meds	9/26/2019 10:28:29 AM		<input type="checkbox"/>
1005	L1_REV	Granted in Part	10/4/2019 12:58:39 PM	Parker, Peter	G1111119	1111111-19	The Daily Planet	Church Mutual Insurance Co	Church Mutual Insurance Co	Drug Test 45	9/24/2019 12:58:40 PM	alowell	<input type="checkbox"/>
954	L1_REV	Granted in Part	9/26/2019 2:37:04 PM	Graham-Bell, Alex	G1111120	1111111-20	Bell Phone	Church Mutual Insurance Co	Church Mutual Insurance Co	wine	9/16/2019 2:37:04 PM	smccarthyL	<input type="checkbox"/>

Showing 1 to 10 of 53 entries

[Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [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 for 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

Filter

1156

1216

Opens the prior authorization request

Full form with request and responses

Level

Filter

L3\_REQ

L1\_REV

REQUEST or REVIEW

L1\_REQ  
L1\_REV  
L2\_REQ  
L2\_REV  
L3\_REQ  
L3\_REV

Status

✓

Due Date	The date the next action is due by
Claimant Name	Claimant for whom the medication was requested
WCB Case ID	The Board assigned ID number for the claimant's case
Carrier Case ID	The insurance carrier assigned ID number for the claimant's case
Employer Name	The name of the employer the claimant works for
Carrier Name	The insurance carrier handling the claim
Claim Admin Name	The entity administering the claims.
Medication Requested	Name of the Requested Medication
Current Status Date/Time	Date and Time of the Current Status (described above)
Assigned to	This will display the username of the person assigned to review the request
Assign/Reassign	Check the box to assign/reassign the request to a reviewer

# Work Load Administrator Assigns Request

Return to Landing Page Welcome: Workload Administrator Log out

Click to sort (Shift + Click for multiple)

## Drug Formulary - Dashboard

Assign/Reassign

Show 10 entries

Filter records:

Reassign the user

MedicalPortalOne, User

Save changes Close

View	Request	Level	Status	Due Date	Current Status Date/Time	Assigned To	Assign/Reassign
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
1266	L1_REQ	Submitted	10/10/2019 9:39:20 AM		10/9/2019 9:39:20 AM	mreviewer	<input type="checkbox"/>
1227	L2_REQ	Submitted	10/14/2019 2:12:36 AM		10/9/2019 2:12:36 PM	alowell	<input type="checkbox"/>
802	L3_REV	Submitted	9/14/2019 1:34:19 PM		9/14/2019 1:34:19 PM		<input checked="" type="checkbox"/>
843	L3_REV	Submitted	9/16/2019 2:37:58 PM	Charles, Raymond G11111114 11111111-14	9/16/2019 2:37:58 PM		<input type="checkbox"/>
847	L3_REV	Submitted	9/16/2019 3:06:47 PM	Jones, Jen G11111115 11111111-15	9/16/2019 3:06:47 PM		<input type="checkbox"/>
848	L3_REV	Submitted	9/16/2019 3:06:47 PM	Mouse, Mickey G11111116 11111111-16	9/16/2019 3:06:47 PM		<input type="checkbox"/>
852	L3_REV	Submitted	9/16/2019 4:04:13 PM	Duck, Donald G11111117 11111111-17	9/16/2019 4:04:13 PM		<input type="checkbox"/>
953	L3_REQ	Submitted	9/27/2019 10:28:29 AM	Warbucks, Annie G11111118 11111111-18	9/26/2019 10:28:29 AM		<input type="checkbox"/>
1005	L1_REV	Granted in Part	10/4/2019 12:58:39 PM	Parker, Peter G11111119 11111111-19	9/24/2019 12:58:40 PM	alowell	<input type="checkbox"/>
954	L1_REV	Granted in Part	9/26/2019 2:37:04 PM	Graham-Bell, Alex G11111120 11111111-20	9/16/2019 2:37:04 PM	smccarthy1	<input type="checkbox"/>

Showing 1 to 10 of 53 entries

Previous 1 2 3 4 5 6 Next

# Level 1 Reviewer Reviews Request

[Return to Landing Page](#)

Welcome: Workload Administrator

[Log out](#)

⚡ - Click to sort (Shift + Click for multiple)

## Drug Formulary - Dashboard

[Assign/Reassign](#)Show  entriesFilter records: 

View Request	Level	Status	Due Date	Claimant Name	WCB Case ID#	Carrier Case ID#	Employer Name	Carrier Name	Claim Admin Name	Medication Requested	Current Status Date/Time	Assigned To	Assign/Reassign
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	
1266	L1_REQ	Submitted	10/10/2019 9:39:20 AM	Smith, John	G1111111	1111111-11	Smith's Forge	Church Mutual Insurance Co	Church Mutual Insurance Co	Med4	10/9/2019 9:39:20 AM	mreviewer	<input type="checkbox"/>
1227	L2_REQ	Submitted	10/14/2019 2:12:36 AM	Mouse, Minnie	G1111112	1111111-12	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Medication 1	10/9/2019 2:12:36 PM	alowell	<input type="checkbox"/>
802	L3_REV	Submitted	9/14/2019 1:34:19 PM	Doe, Jane	G1111113	1111111-13	St. Sophia's	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/4/2019 1:34:19 PM		<input type="checkbox"/>
843	L3_REV	Submitted	9/16/2019 2:37:58 PM	Charles, Raymond	G1111114	1111111-14	Motown Records	Church Mutual Insurance Co	Church Mutual Insurance Co	test Narcotics	9/6/2019 2:37:58 PM		<input type="checkbox"/>
847	L3_REV	Submitted	9/16/2019 3:06:47 PM	Jones, Jen	G1111115	1111111-15	Gotham City Police	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Anxiety	9/6/2019 3:06:47 PM		<input type="checkbox"/>
848	L3_REV	Submitted	9/16/2019 3:06:47 PM	Mouse, Mickey	G1111116	1111111-16	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/6/2019 3:06:47 PM		<input type="checkbox"/>
852	L3_REV	Submitted	9/16/2019 4:04:13 PM	Duck, Donald	G1111117	1111111-17	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test	9/6/2019 4:04:13 PM		<input type="checkbox"/>
953	L3_REQ	Submitted	9/27/2019 10:28:29 AM	Warbucks, Annie	G1111118	1111111-18	Warbucks, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	meds	9/26/2019 10:28:29 AM		<input type="checkbox"/>
1005	L1_REV	Granted in Part	10/4/2019 12:58:39 PM	Parker, Peter	G1111119	1111111-19	The Daily Planet	Church Mutual Insurance Co	Church Mutual Insurance Co	Drug Test 45	9/24/2019 12:58:40 PM	alowell	<input type="checkbox"/>
954	L1_REV	Granted in Part	9/26/2019 2:37:04 PM	Graham-Bell, Alex	G1111120	1111111-20	Bell Phone	Church Mutual Insurance Co	Church Mutual Insurance Co	wine	9/16/2019 2:37:04 PM	smccarthy1	<input type="checkbox"/>

Showing 1 to 10 of 53 entries

Previous  2 3 4 5 6 Next

# Level 1 Reviewer Completes & Submits

## LEVEL I Response by Payer or Pharmacy Benefit Manager

**Response is due within 4 calendar days receipt of this request or the request may be approved (NYCRR 441.4(b)).**

\*The provider's request is: ☐ Granted ☐ Partially Granted ☐ Denied

**IF PARTIALLY GRANTED OR DENIED, REASONS MUST BE INCLUDED, SPECIFICALLY RESPONDING TO DOCUMENTATION BY THE PROVIDER.**

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

\*Name of Reviewer:

\*Title:

Date:

Submit



**Workers'  
Compensation  
Board**



## Observations

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

If an item is on the **Drug Formulary**, and the injured worker has been established in accordance with applicable **MTGs**, the injured worker should receive the medication “no questions asked.”

- This is not an opportunity to do utilization review or require that the health care provider submit updated medical or to submit a letter of medical necessity.

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												
Lidocaine Patch (4% Only)		X	X				Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical																

We’re getting a number of reports of adjusters/claims examiners indicating they have “hard blocks” in place for items that are **Drug Formulary**. Please check your blocks.

# Prior Authorizations are for Non-Formulary Medications

- As such the medication is not on the *Drug Formulary*.
- Rejection of a prior authorization request as “non-formulary” is not appropriate. This the reason for submitting the prior authorization request.
- Response should specifically address the rationale submitted by the provider in the prior authorization request.



# Prior Authorizations Submitted for a Non-Formulary Medication

- If the prior authorization request provides appropriate clinical rationale/justification that would justify the use of the non-formulary medication, it may be approved for up to a one-year supply.
- If the prior authorization request does not provide appropriate clinical rationale/justification for use of the non-formulary medication, then an approval (for up to a 30-day supply of the medication) should be granted. The reviewer should indicate that it is being approved as a refill/renewal for no more than a 30-day supply in anticipation that a subsequent request will be submitted with appropriate documentation to fully support the use of the non-formulary medication.

[NY WC Formulary for Payers FAQ Question #23](#)

# Medications That Patients Have Been On Are Being Rejected as Non-Formulary

- Refills (regardless of *Drug Formulary* status) are not required to comply with the *Drug Formulary* until a TBD date second quarter of 2021.
- A refill is a medication that the injured worker has been on in the last year.

# Questions About Handling of Non-MTG Body Parts

## Special Consideration #4: non-MTG body parts

- **Drug Formulary** drugs with Special Consideration #4
- “As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care.”
- When there are no **MTGs** for the established/accepted body part or condition, and/or
- Condition directly associated with and established/accepted body part, but not specifically addressed in the **MTGs**.

## 2Q 2021

- Ankle and Foot Injuries
- Elbow Injuries
- Hand, Wrist and Forearm Injuries
- Hip and Groin Injuries
- Major Depressive Disorder
- Occupational/Work-Related Asthma
- Occupational Interstitial Lung Disease
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury

# The *Drug Formulary* Should Not Be Used to Challenge Dosages of *Drug Formulary* Medications

- “Above maximum daily dosage” is not an appropriate denial reason.
- Limiting to a 20-day supply when the prescriber writes for 30 days is not appropriate.

If the medication is non-formulary, these issues can be questioned/challenged.

# Items Marked as “2nd” Do Not Require Prior Authorization, But Rather History of Use of Other Agents in the Therapeutic Category

- Can be requested as first line via a prior authorization request.

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												
<b>Celecoxib</b> <small>Anti-Inflammatory</small>			X		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd

# **Review of a Prior Authorization Request is the Opportunity for the Insurer to Deny as “Not Causally Related,” Not When the Prescription is Being Filled at the Pharmacy**

- Once a prior authorization has been approved, either at Level 1, Level 2, or Level 3, the prescription should be processed.

## Level 3 Review (WCB Medical Director's Office) is Done Based on Medical Necessity

- “This determination is purely based on medical necessity of the procedure/medication in question, and does not consider whether or not causation has been established, and should not be used to infer payment for any claim for which causation has not been established.”

# When the Provider Submits a Prior Authorization Request, the Rationale the Provider Submits Should be Specifically Addressed

- Level 1 and Level 2
- “Not on formulary” is not an appropriate response; this is the reason a prior authorization request is being submitted.



# Pharmacy Benefits Manager Has Their Own Formulary

- Alternate formulary may be utilized, but the Board's *Drug Formulary* must be the baseline.



**Workers'  
Compensation  
Board**



## Penalties

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

## **Inappropriate actions, such as:**

- Denial of a prior authorization request on grounds that it is non-formulary, or
- Failure to communicate approval of a prior authorization request to the Pharmacy Benefits Manager, leading to delays or denial at point of fill

## **Will subject the insurer and/or the TPA to penalties via adjudication (conciliation):**

- WCL section 114-a(3)(i) of
  - \$500 per instance;
  - \$2,500 for chronic and repeat violations.
  - This will *not* involve re-litigation of any issues of medical necessity.
  - Baseless objections may result in trebling of initial penalty at hearing.

# More Information/Questions



[wcb.ny.gov/content/ebiz/drugformulary](http://wcb.ny.gov/content/ebiz/drugformulary)



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



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



Subscribe for email notifications at [wcb.ny.gov](http://wcb.ny.gov)