



**Workers'
Compensation
Board**

BETTER FOR WORKERS

BETTER FOR BUSINESS

Prescription Drug Formulary for Payers

WCB.NY.GOV

AGENDA

1

Medical Portal

2

Drug Formulary

3

Prior Authorization



**Workers'
Compensation
Board**



Medical Portal

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

Medical Portal

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



Requesting an NY.gov ID

On-line Services

Payers and Pharmacy Benefit Managers (PBM) must register to request an NY.gov ID to access to the Medical Portal

Visit the On-line Services page on the wcb.ny.gov and select the Drug Formulary Administration link

If you are using an Internet Explorer 11 web browser and are having trouble logging into any of the Board's web applications, please refer to these instructions. [NY.gov Login Problems and IE 11](#)

- eCase (Electronic Case Folder)
- Find a Health Care Provider
- Diagnostic Testing Network Look-Up
- Diagnostic Testing Network Look-Up - Administrator Log-In
- Digital Audio Recording Request
- **Drug Formulary Administration**
- eClaims
 - Register for eClaims
 - eClaims Administrators
 - eClaims Inquiry
 - eClaims Data Entry
- **Submit Claim Forms On-line**

Drug Formulary Administration

Visit the User Administrator (Payer or PBM) Responsibilities section

The Payer User Administrator will login to the Drug Formulary Administration application to register users

SECTIONS
Overview
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User Administrator (Payer or PBM) Responsibilities
Pharmacy Benefit Manager (PBM) Registration
Administrator Log-In

User Administrator (Payer or PBM) Responsibilities

The User Administrators are responsible for creating and maintaining the required contacts and appropriate users needed to review and respond to Formulary Prior Authorization requests. The User Administrators are required to maintain accurate information within the application. The Formulary Prior Authorization requests will be routed using the contacts and users identified by the Administrator.

[Administrator Log-In](#)

Payer User Administrators

The Payer User Administrator is an employee of the insurer, self-insured employer, or Third-party Administrator (TPA). The Payer User Administrator will use the online Formulary Administration application to keep designated contact and user information up to date.

NOTE: The payer organizational profiles have been based on existing eClaims trading partner agreements, therefore the user designated as the eClaims Administrator will be the initial User Administrator for Formulary Administration. It will be this individual's responsibility to add additional Payer User Administrator(s). It is recommended that multiple individuals be assigned to the role of Payer User Administrator. If an individual is no longer performing user administration for the payer, their access should be removed.

Responsibilities include:

1. **Maintenance of Organizational Notification Contact Information:** The Board strongly

Drug Formulary Administration

The User Administrator must enter the payer's contacts and users in the Drug Formulary Administration application

- My Info
- Notifications
 - Level 1
 - Level 2
- Order of the Chair
- Users
 - Level 1
 - Level 2
- Work Load Administrator
- Online Administrators

Online Administrator

Welcome Jane Smithson to Online Administrator for WeCare Benefits Please select from the menu. Thanks!

← Contact Email addresses

← User information

Identifying Contacts

The User Administrator must enter email addresses for the contacts in Level 1, Level 2, and Order of the Chair notifications

- My Info
- Notifications
 - Level 1
 - Level 2
 - Order of the Chair
- Users
 - Level 1
 - Level 2
 - Work Load Administrator
 - Online Administrators

Online Administrator

Level 1 Notifications

Claim Administrators for WeCare Benefits

Show entries Search:

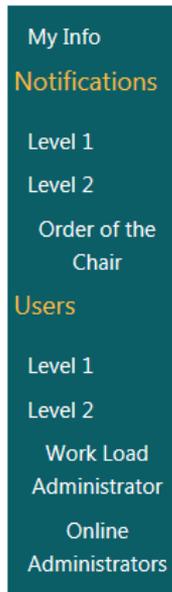
Organization	ID	Current Email	Email Should Be	Name of PBM
Apply To ALL			<input type="text"/>	<input type="text" value="v"/>
ALL American Insurance Co.	W011111		<input type="text"/>	<input type="text" value="v"/>
ALL American Underwriters insurance Company	W011112		<input type="text"/>	<input type="text" value="v"/>
ALL American Property and Casualty Insurance Company	W011113		<input type="text"/>	<input type="text" value="v"/>



Requesting an NY.gov ID - Payers

The Online Administrator must enter designated staff for each type of User

- Level 1
- Level 2
- Work Load Administrator
- Online Administrator



A vertical menu with a dark teal background and white text. The menu items are: My Info, Notifications (highlighted in yellow), Level 1, Level 2, Order of the Chair, Users (highlighted in yellow), Level 1, Level 2, Work Load Administrator, and Online Administrators.

Online Administrator

Welcome Jane Smithson to Online Administrator for WeCare Benefits Please select from the menu. Thanks!



User information

Requesting an NY.gov ID - Payers

Each user screen will display three sections:

- Registered users designated for that level
- Registered users not designated for that level
- Add new users

- My Info
- Notifications
- Level 1
- Level 2
- Order of the Chair
- Users
- Level 1
- Level 2
- Work Load Administrator
- Online Administrators

Online Administrator

Level 1 Reviewer

Below is a list of users who **have** a Level 1 Reviewer designation for **WeCare Benefits**.

Show entries Search:

First Name	Last Name	Phone #	eMail	Remove
Jane	Smithson	(518)555-1212	jsmithson@wecare.com	Remove
User	MedicalPortalOne	(518) 402-7359	medicalone@wecare.com	Remove

Showing 1 to 2 of 2 entries Previous Next

Below is a list of users who **DON'T have** a Level 1 Reviewer designation who are associated with **WeCare Benefits** for the Medical Portal in some manner.

Show entries Search:

First Name	Last Name	Phone #	eMail	Add
John	Smith	(518)555-1212	jsmith@wecare.com	Add

Showing 1 to 1 of 1 entries Previous Next

Need to add someone new?

[Add New User](#)

Requesting an NY.gov ID - Payers

Online Administrator

Enter the following information:

- First and last name
- Address
- Phone number
- Email address

Add New User

*First Name:	MI:	*Last Name:
<input type="text" value="First Name"/>	<input type="text"/>	<input type="text" value="Last Name"/>
*Address Line 1:	Address Line 2:	
<input type="text" value="Address"/>	<input type="text" value="Floor, Suite, Apt."/>	
*City:	*State:	*Zip Code:
<input type="text" value="City"/>	<input style="border: none; border-bottom: 1px solid #ccc;" type="text" value="Select State"/>	<input type="text" value="12345"/>
*Area Code:	*Phone Number:	ext:
<input type="text" value="123"/>	<input type="text" value="456-7890"/>	<input type="text"/>
*E-mail Address:		
<input type="text" value="test@test.com"/>		
Comments:		
<input type="text"/>		

Requesting an NY.gov ID – PBMs

PBMs will also visit the online services page on the Board's website and select the Drug Formulary Administration link.

Navigate to Pharmacy Benefit Manager (PBM) Registration

SECTIONS
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Pharmacy Benefit Manager (PBM) Registration
Administrator Log-In

Pharmacy Benefit Manager (PBM) Registration

Online Registration Process

To access the online system to perform Level 1 Formulary Prior Authorization Request reviews, the Pharmacy Benefit Manager (PBM) must first complete an online registration.

All information must be complete and accurate.

- **PBM Organization Information - Enter information in the following fields:**
 - Federal Tax Identification Number (FEIN)
 - PBM's organization name
 - PBM's address
- **User Information** - As part of the registration process, PBMs may also designate; (1) User Administrator(s), (2) Work Load Administrator(s) and (3) Reviewers.
 - **User Administrator** - Accesses the online Formulary Administration application to add/remove users and to keep the PBM's information up-to-date. It is recommended that multiple individuals be assigned to the role of PBM User Administrator.
 - **Work Load Administrator** - Assigns work within the Formulary dashboard.
 - **Reviewer** - Responds to assigned Level 1 requests within the Formulary Prior Authorization system.
- Information required for each user includes:
 - Name

Requesting an NY.gov ID – PBMs

Click the Register button to start the process to request an NY.gov ID for PBM users

SECTIONS
Overview
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User Administrator (Payer or PBM) Responsibilities
Pharmacy Benefit Manager (PBM) Registration
Administrator Log-In

Confirmation of Submission to the Board

Upon submission of your registration, a confirmation that it was successfully submitted to the Board will appear in your web browser. **If you do not receive confirmation of your submission in your browser, the application was not successfully submitted and you will need to resubmit.**

After Application Has Been Submitted

It typically takes three to five business days for the Board to complete the review of a registration. Upon approval, emails will be sent to each user designated in the application with their Ny.gov ID, temporary password, and additional instructions related to their role.

NOTE: Until the Formulary Prior Authorization system becomes available (November 2019) the entering and updating of contacts and users, by the User Administrator (Payer or PBM) in the Formulary Administration application, will be the only functionality available. Updates about the Formulary Prior Authorization system will be posted on the Board's website; please watch for more information. Additionally, you can [subscribe for WCB updates](#) to get notifications by email.

Register

Requesting an NY.gov ID – PBMs

The PBM's User Administrator will need to complete the registration process

On-line Registrations

Medical Portal Registration - Pharmacy Benefit Manager

Pharmacy Benefit Managers must complete this registration to request initial access to the Drug Formulary Prior Authorization System.

Note: The registration process must be completed prior to a payer designation.

Upon completion and submission of the on-line registration form you will see a web page indicating that the registration form was successfully received and providing you with a confirmation number for future reference. If you do not get a confirmation number your registration form was not successfully received.

Continue

Cancel Registration

You can send an e-mail to WBCCustomerSupport@wcb.ny.gov if you have any questions regarding this registration.

Registration Process – PBMs

Online Registration

Enter the PBM required organizational information:

- FEIN
- PBM name
- PBM address

Medical Portal - Pharmacy Benefits Manager - Initial Registration

PBM Information User Information

*** Pharmacy Benefit Manager's Information:**

*FEIN:

*Name:

Address:

*Address Line 1: Line 2:

*City: *State: *Zip Code:

Cancel Registration

Registration Process – PBMs

Online Registration

Medical Portal - Pharmacy Benefits Manager - Initial Registration

Enter the required user information:

- Name
- Address
- Phone number
- Email address

Choose user role(s):

- Work Load Administrator
- Reviewer
- User Administrator

User's Information:

Portal Role:

Work Load Administrator - Will Assign Tasks - More Info

Reviewer - Will Respond to Assigned Tasks - More Info

User Administration:

Will Manage Work Load Administrators and Reviewers for this PBM - More Info

*First Name: MI: *Last Name:

*Address Line 1: Address Line 2:

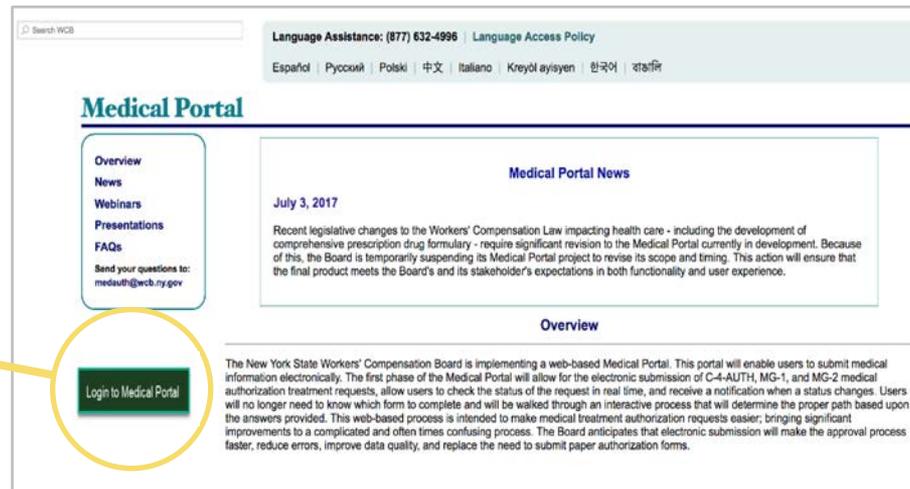
*City: *State: *Zip Code:

*Area Code: Phone Number: Extension:

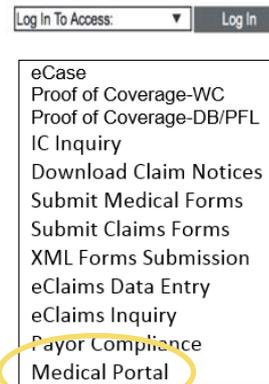
*Email:

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

NY.gov ID Online Services FAQs About NY.gov ID Help Desk Information Privacy Policy Terms of Service

Please login after reading the Acceptable Use Policy below

NY.gov ID

Username:

Password:

Sign In

Forgot your [Username](#) or [Password](#)

[NY.gov ID - Terms of Service](#)



Payers

- Training
- 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
- Guidelines for Determining Impairment
- Diagnostic Testing Network Look Up
- Medical Treatment Guidelines - Insurer Requirements

= Under Development



Billing

- Medical Fee Schedules
- Employer Coverage Search
- Web Submission of Claim Forms
- CMS-1500 Initiative
- XML Forms Submission

Payers Section

- Starting point for payer-specific information
- Training available
- Learn more about:
 - New Provider Legislation
 - Independent Medical Examinations



Payers

[Training](#)

[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 payers will be using most frequently regarding the treatment of injured workers



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

Billing Section

Provides access to fee schedules and information about the CMS-1500 initiative



Billing

[Medical Fee Schedules](#)

[Employer Coverage Search](#)

[Web Submission of Claim Forms](#)

[CMS-1500 Initiative](#)

[XML Forms Submission](#)



**Workers'
Compensation
Board**



The Drug Formulary

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

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

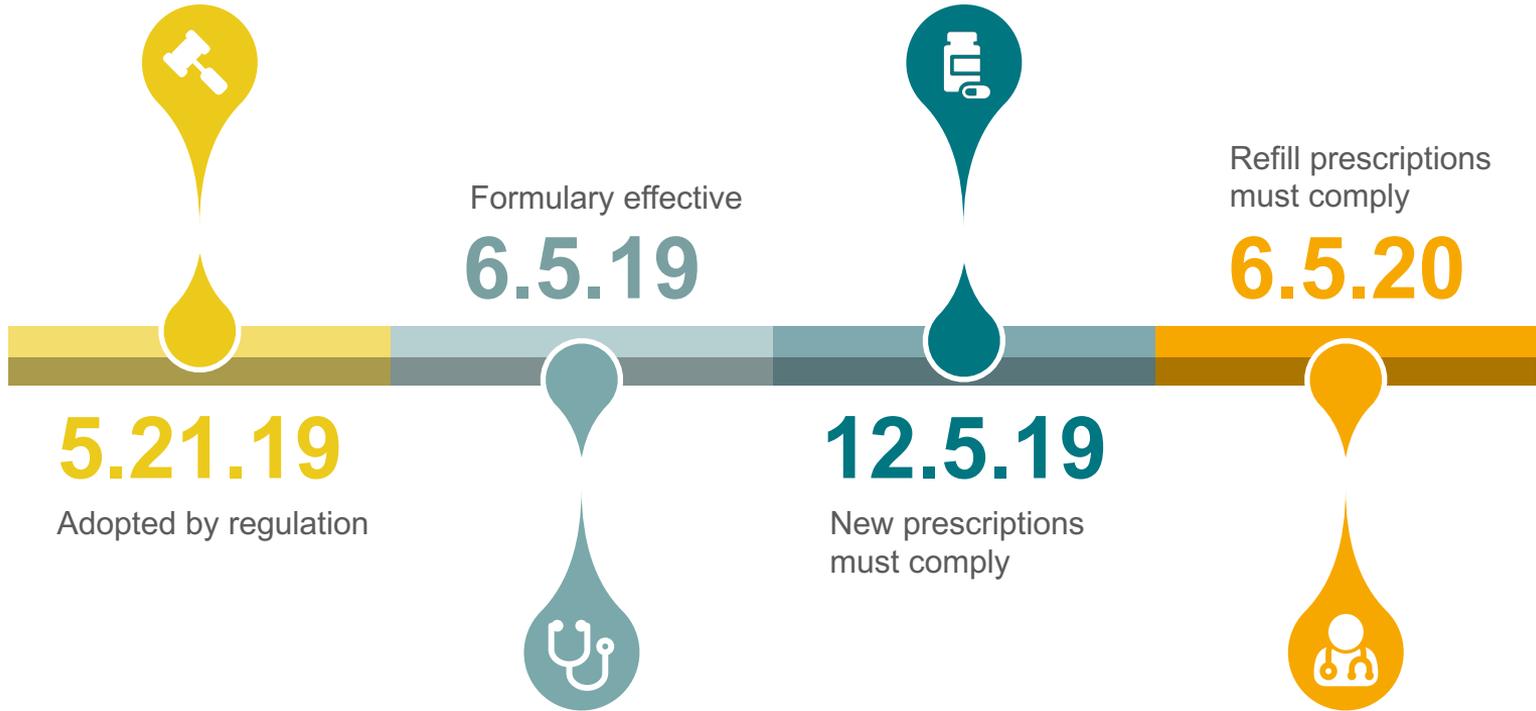
- Review of those comments resulted in a second version of the Formulary being released in October 2018
- Additional comments received resulted in the final version of the Formulary being released in January 2019

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

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

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.
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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.

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 <small>Analgesics - Nonnarcotic</small>		X	X	X	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

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.
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Therapeutic Category:

Generic Name:

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													
Codeine-Acetaminophen <small>Analgesics - Narcotic**</small>	1,3	X		X													
Hydrocodone-Acetaminophen <small>Analgesics - Narcotic**</small>	1,3	X		X													
Hydrocodone-Ibuprofen <small>Analgesics - Narcotic**</small>	1,3	X		X													
Morphine <small>Analgesics - Narcotic**</small>	1,3	X		X													
Oxycodone HCl <small>Analgesics - Narcotic**</small>	1,3	X		X													
Oxycodone-Acetaminophen <small>Analgesics - Narcotic**</small>	1,3	X		X													
Oxycodone-Aspirin <small>Analgesics - Narcotic**</small>	1,3	X		X													
Tapentadol <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'
Compensation
Board**



Prior Authorization

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

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](#)

[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

<p>Claimant: Jim Jones</p> <p>Date of Birth: 08/30/1965</p> <p>SSN: XXX-XX-1234</p> <p>Gender:</p> <p>Address: 13 Garden Avenue Cortland NY 130450000 USA</p>	<p>Employer: AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL</p> <p>WCB Employer #: 1724893</p> <p>Address: STATE UNIVERSITY AT CORTLAND NY 130450000 USA</p>
<p>WCB Case ID: G1234567</p> <p>Date of Injury: 4/15/2015</p> <p>Controverted: No</p>	<p>Claim Number: 0014W61102</p> <p>Insurer Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.</p> <p>Insurer ID: W133508</p> <p>Claim Admin Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.</p> <p>Claim Admin ID: W133508</p>
<p>Case established for site(s): • to the left shoulder</p>	

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 10032 USA	Employer: ADVANCED CARE STAFFING LLC WCB Employer #: 2445659 Address: 545 BROADWAY STE 3 BROOKLYN NY 112062962 USA
WCB Case ID: G1234567 Date of Injury: 10/13/2015 Controverted: Yes	Claim Number: 0016W22253 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 Part of Body: 43 - Disc in the trunk Cause of Injury: 57 - Strain or Injury By - Pushing or Pulling	
<p>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.</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



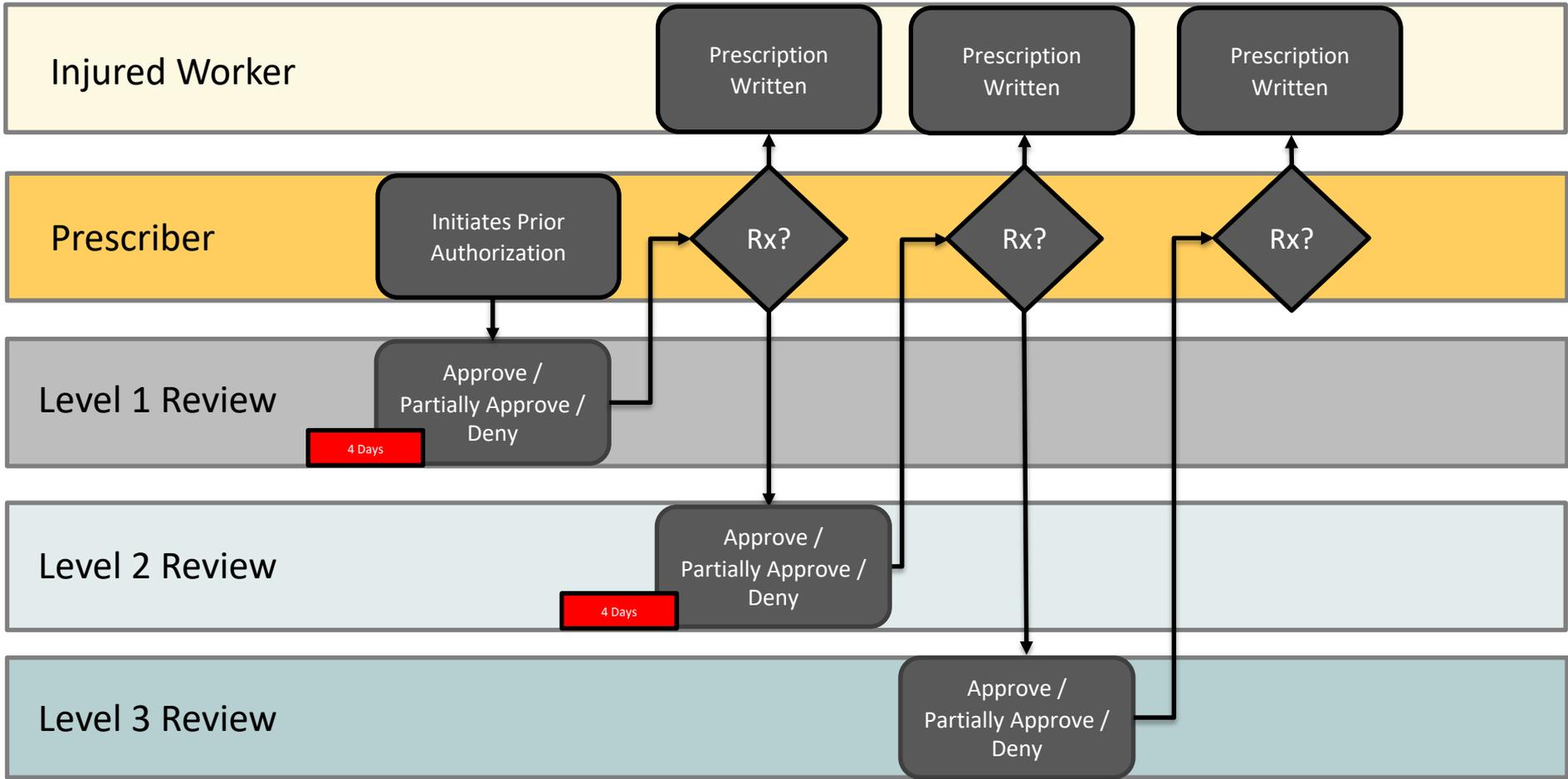
PROVIDER'S REQUEST FOR FORMULARY PRIOR AUTHORIZATION AND INSURER'S RESPONSE

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	*MI: 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	
*Provide/attach all relevant clinical information to support this request. 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. <input type="text" value="Patient has had an allergic reaction to the medications in the formulary list."/>	
List the condition(s) associated with this request:	
*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	
Medical and Dispensing Information – This authorization is the lesser of a 30-day supply or quantity and number of refills requested by the provider.	
*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 <input type="button" value="v"/>	
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	
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: UATPROVAP1 UATPROVAP1	Date:
<input type="button" value="Submit"/>	



Payer 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

Payer Dashboard

[Return to Landing Page](#)

Welcome: Workload Administrator

[Log out](#)

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

Drug Formulary - Dashboard

[Assign/Reassign](#)

 Show 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"/>													
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 2 3 4 5 6 Next

Dashboard Field Definitions

View Request

Level

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 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

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

Dashboard Field Definitions (Cont'd)

View Request

Level

Status

View Request

1156

1216

Opens the prior authorization request

Full form with request and responses

Level

L3_REQ

L1_REV

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
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

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 entries

Filter 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"/>
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Showing 1 to 10 of 53 entries

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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

More Information / Questions



wcb.ny.gov/content/ebiz/drugformulary



General Formulary questions: WCBFormularyQuestions@wcb.ny.gov



Technical support questions: WCBCustomerSupport@wcb.ny.gov



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