BETTER FOR WORKERS

BETTER FOR BUSINESS

Prescription Drug Formulary for Payers
AGENDA

1. Medical Portal
2. Drug Formulary
3. Prior Authorization
Medical Portal

- Starting point to access a variety of Board functionality
- Functionality available varies by user type
Requesting an NY.gov ID

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

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.

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.
Identifying Contacts

The User Administrator must enter email addresses for the contacts in Level 1, Level 2, and Order of the Chair notifications.
The Online Administrator must enter designated staff for each type of User
- Level 1
- Level 2
- Work Load Administrator
- Online Administrator
Each user screen will display three sections:

- Registered users designated for that level
- Registered users not designated for that level
- Add new users
Requesting an NY.gov ID - Payers

Enter the following information:

- First and last name
- Address
- Phone number
- Email address
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
Click the Register button to start the process to request an NY.gov ID for PBM users.

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.
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 WCBCustomerSupport@wcb.ny.gov if you have any questions regarding this registration.
Registration Process – PBMs

Enter the PBM required organizational information:

- FEIN
- PBM name
- PBM address
Registration Process – PBMs

Enter the required user information:
• Name
• Address
• Phone number
• Email address

Choose user role(s):
■ Work Load Administrator
■ Reviewer
■ User Administrator
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
Payers Section

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

Provides direct access to information and functionality that payers will be using most frequently regarding the treatment of injured workers.
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
Drug Formulary Background

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

In December 2017, the Board released the first version of the Formulary for public comment
Review of those comments resulted in a second version of the Formulary 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

- **5.21.19**: Adopted by regulation
- **6.5.19**: Formulary effective
- **12.5.19**: New prescriptions must comply
- **6.5.20**: Refill prescriptions must comply
Application of the Formulary

Formulary consists of three drug lists:

- Phase A Drugs
- Phase B Drugs
- Perioperative Drugs
Application of the Formulary

Phase A Drugs

Drugs on this list may be prescribed and dispensed:

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

Phase B Drugs

Perioperative Drugs
Application of the Formulary

Phase B Drugs

Drugs on this list may be prescribed and dispensed:

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

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.

Phase A Drugs

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
Special Considerations (cont’d):

- Special Consideration 4 – As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care.
  - Meaning the item can be prescribed and dispensed:
    - When there is no adopted MTG for the established / accepted body part or condition, and/or
    - For a condition directly associated with an established / accepted body part, but not specifically addressed in the MTG
    - Example: treatment of post-operative infection following knee replacement
### Formulary Format

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<th>Special Considerations</th>
<th>Phase A</th>
<th>Phase B</th>
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<th>Asthma</th>
<th>Back Mid / Low (MTG)</th>
<th>Carpal Tunnel (MTG)</th>
<th>ORPS</th>
<th>Elbow</th>
<th>Eye</th>
<th>Hip / Grain</th>
<th>Knee (MTG)</th>
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</table>
System Functionality

Key

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

** Prescriber should consider appropriateness of naloxone when prescribing opioids. The WCB supports the NYS DOH recommendations. After appropriate claimant assessment, if in the prescriber's judgement it is appropriate for the claimant to obtain naloxone, the provider should submit a prior authorization request.

Therapeutic Category

Generic Name

Ace

Acetaminophen
Antipyrene-Benzocaine-Glycerin-Zinc Ace
Codeine-Acetaminophen
Fluocinolone Acetonide
Chlorpheniramine-Acetaminophen
Hydrocodone-Acetaminophen
Levetiracetam
Tramadol-Acetaminophen
Triamcinolone Acetonide Inh
Acetylcysteine Inhal

New York State Workers’ Compensation Board
## Formulary Functionality

**Special Considerations**

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

**Prescriber should consider appropriateness of naloxone when prescribing opioids. The WCB supports the NYS DOH recommendations. After appropriate claimant assessment, if in the prescriber’s judgement it is appropriate for the claimant to obtain naloxone, the provider should submit a prior authorization request.**

### Therapeutic Category

- **Generic Name**: Acetaminophen

### Phase

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Formulary Functionality

** 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.

- Not to exceed a single seven (7) day supply.
- For the prescribed course of therapy.
- Short acting only.
## Formulary Functionality

Formulary Functionality

### Special Considerations

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

**Prescriber should consider appropriateness of naloxone when prescribing opioids. The WCB supports the NYSDOH 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...**

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<th>Spec. Cons.</th>
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Formulary: Over-The-Counter Drugs (OTC)

- Certain OTCs are included in the Formulary
- When a prescription is written, the OTC will be processed by the pharmacy and paid for by the payer
Prior Authorization

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
### Case Search Results - Established

<table>
<thead>
<tr>
<th>Claimant:</th>
<th>Jim Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>08/30/1965</td>
</tr>
<tr>
<td>SSN:</td>
<td>XXX-XX-1234</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>13 Garden Avenue</td>
</tr>
<tr>
<td></td>
<td>Cortland NY</td>
</tr>
<tr>
<td></td>
<td>130450000 USA</td>
</tr>
<tr>
<td>Employer:</td>
<td>AUXILIARY SERVICES CORP OF STATE UNIVERSITY COLLEGE AT CORTL</td>
</tr>
<tr>
<td>WCB Employer #:</td>
<td>1724693</td>
</tr>
<tr>
<td>Address:</td>
<td>STATE UNIVERSITY AT CORTLAND NY</td>
</tr>
<tr>
<td></td>
<td>130450000 USA</td>
</tr>
<tr>
<td>WCB Case ID:</td>
<td>G1234567</td>
</tr>
<tr>
<td>Date of Injury:</td>
<td>4/15/2015</td>
</tr>
<tr>
<td>Controverted:</td>
<td>No</td>
</tr>
<tr>
<td>Claim Number:</td>
<td>0014W61102</td>
</tr>
<tr>
<td>Insurer Name:</td>
<td>Manufacturers Alliance Ins Co Attn. Workers' Comp Mgmt.</td>
</tr>
<tr>
<td>Insurer ID:</td>
<td>W133508</td>
</tr>
<tr>
<td>Claim Admin Name:</td>
<td>Manufacturers Alliance Ins Co Attn. Workers' Comp Mgmt.</td>
</tr>
<tr>
<td>Claim Admin ID:</td>
<td>W133508</td>
</tr>
</tbody>
</table>

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

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

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

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

Employer: ADVANCED CARE STAFFING LLC
WCB Employer #: 2445659
Address: 545 BROADWAY STE 3
BROOKLYN NY 112062362 USA

Claim Number: 0016W22253
Insurer Name: Pennsylvania Manufacturers’ Indemnity Co
Insurer ID: W173504
Claim Admin Name: Pennsylvania Manufacturers’ Indemnity Co
Claim Admin ID: W173504

Disclaimer: This claimant does not have an established claim. This authorization request does not represent an acceptance of a claim by the insurer, self-insured employer, employer or Special Fund or guarantee payment for the services requested. The insurer, self-insured employer, employer or Special Fund will only provide payment for these services if they accept liability for the claim or the Claim is established by the Board and the Insurer, self-insured employer, employer or Special Fund is found to be responsible for the claim. Contact the insurer if further clarification is needed.
No Results Found. Please return to the WCB Case Number search and enter new search criteria or select Continue to provide minimum required information and proceed through the request process. A WCB Case Number will not be generated by this request.
## Case Search Results

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

### Prior Authorization Request

- **WCB Case #**
- **Claim Administrator Claim (Carrier case) #**
- **Date of Injury/Illness: 10/01/2010**

### Injured Worker Information

- **First Name:** John
- **Last Name:** Smith
- **Social Security Number:** 012-34-5678
- **Date of Birth:** 06/01/1971
- **Gender:** Male
- **Mailing Address:** 301 State Street
- **City:** Schenectady
- **State:** New York
- **Zip Code:** 12305
- **Country:** USA

### Employer Information

- **Employer's Name:** Smith's Forge
- **Work Address:** 301 State Street
- **City:** Schenectady
- **State:** New York
- **Zip Code:** 12305
- **Country:** USA

### Payer Information

- **Unknown**

### Provider's Information

- **Last Name:** UATPROVAP1
- **First Name:** UATPROVAP1
- **WCB Authorization No.:** 122705-7
- **NPI No.:** 1417964980
- **Email address:** its.sm.csc.medportal.issues@its.ny.gov
**Case Search Results**

<table>
<thead>
<tr>
<th>Required Clinical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Provide 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)).</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List the condition(s) associated with this request:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Condition: sprain/strain to lower back</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MTG Reference (when applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="MTG Reference" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the request for one of the following therapeutic categories?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Therapeutic categories" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical and Dispensing Information – This authorization is the lesser of a 365-day supply or quantity and number of refills requested by the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Dispensing information" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider’s Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider’s Name: UATPROVAPI UATPROVAPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
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
# Payer Dashboard

## Drug Formulary - Dashboard

<table>
<thead>
<tr>
<th>Key Request</th>
<th>Level</th>
<th>Status</th>
<th>Due Date</th>
<th>Claimant Name</th>
<th>WCR Case #</th>
<th>Carrier Case #</th>
<th>Employee Name</th>
<th>Claim Admin Name</th>
<th>Medication Requested</th>
<th>Current Status Date/Time</th>
<th>Assigned To</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1286</td>
<td>L3_REQ</td>
<td>Submitted</td>
<td>2021-06-19</td>
<td>08:20:29 AM</td>
<td>Smith, John</td>
<td>00123122</td>
<td>Smith's Forge</td>
<td>Church Mutual Insurance Co</td>
<td>Milk</td>
<td>19/05/2019 09:50:20 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>802</td>
<td>L3_REV</td>
<td>Submitted</td>
<td>2021-06-19</td>
<td>14:19:39 PM</td>
<td>Don, Jane</td>
<td>00111113</td>
<td>St. Sophia's</td>
<td>Church Mutual Insurance Co</td>
<td>Test Med</td>
<td>04/12/2019 14:19:30 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>852</td>
<td>L3_REV</td>
<td>Submitted</td>
<td>2021-06-19</td>
<td>04:11:30 PM</td>
<td>Dink, Donald</td>
<td>00111117</td>
<td>Disney Productions, Inc.</td>
<td>Church Mutual Insurance Co</td>
<td>Test</td>
<td>08/02/2019 04:11:30 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>994</td>
<td>L3_REV</td>
<td>Granted in</td>
<td>2021-06-19</td>
<td>16:42:39 PM</td>
<td>Graham-Bell, Alice</td>
<td>00111120</td>
<td>Bell Phone</td>
<td>Church Mutual Insurance Co</td>
<td>Other</td>
<td>16/04/2019 16:42:39 PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Dashboard Field Definitions

#### View Request
- **Filter:** 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**

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

<table>
<thead>
<tr>
<th><strong>View Request</strong></th>
<th><strong>Level</strong></th>
<th><strong>Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Due Date</strong></td>
<td>The date the next action is due by</td>
</tr>
<tr>
<td><strong>Claimant Name</strong></td>
<td>Claimant for whom the medication was requested</td>
<td></td>
</tr>
<tr>
<td><strong>WCB Case ID</strong></td>
<td>The Board assigned ID number for the claimant’s case</td>
<td></td>
</tr>
<tr>
<td><strong>Carrier Case ID</strong></td>
<td>The insurance carrier assigned ID number for the claimant’s case</td>
<td></td>
</tr>
<tr>
<td><strong>Employer Name</strong></td>
<td>The name of the employer the claimant works for</td>
<td></td>
</tr>
<tr>
<td><strong>Carrier Name</strong></td>
<td>The insurance carrier handling the claim</td>
<td></td>
</tr>
<tr>
<td><strong>Claim Admin Name</strong></td>
<td>The entity administering the claims.</td>
<td></td>
</tr>
<tr>
<td><strong>Medication Requested</strong></td>
<td>Name of the Requested Medication</td>
<td></td>
</tr>
<tr>
<td><strong>Current Status Date/Time</strong></td>
<td>Date and Time of the Current Status (described above)</td>
<td></td>
</tr>
<tr>
<td><strong>Assigned to</strong></td>
<td>This will display the username of the person assigned to review the request</td>
<td></td>
</tr>
<tr>
<td><strong>Assign/Reassign</strong></td>
<td>Check the box to assign/reassign the request to a reviewer</td>
<td></td>
</tr>
</tbody>
</table>
Work Load Administrator Assigns Request

Drug Formulary - Dashboard

Reassign the user

MedicalPortalOne, User

Save changes Close

New York State Workers’ Compensation Board
### Drug Formulary - Dashboard

<table>
<thead>
<tr>
<th>View Issue</th>
<th>Issue Type</th>
<th>Submitted</th>
<th>Claimant Name</th>
<th>Claimant ID</th>
<th>Claimant Insurance Co</th>
<th>Claimant #</th>
<th>Current Status</th>
<th>Date/Time</th>
<th>Assigned To</th>
<th>Assign/Reassign</th>
</tr>
</thead>
<tbody>
<tr>
<td>1217</td>
<td>L2, RQ</td>
<td>10/14/2018 2:05 PM</td>
<td>Mihajlovic, Jovana</td>
<td>G11111111</td>
<td>Church Mutual Insurance Co</td>
<td>111111111-10</td>
<td>Disney Productions, Inc.</td>
<td>10/26/2018 11:20 AM</td>
<td>Jane Smith</td>
<td></td>
</tr>
<tr>
<td>1223</td>
<td>L2, RQ</td>
<td>10/16/2018 2:05 PM</td>
<td>Charles, Raymond</td>
<td>G11111111</td>
<td>Church Mutual Insurance Co</td>
<td>111111111-14</td>
<td>Motion Records</td>
<td>10/28/2018 11:28 PM</td>
<td>John Doe</td>
<td></td>
</tr>
<tr>
<td>1228</td>
<td>L2, RQ</td>
<td>10/16/2018 4:04 PM</td>
<td>Miller, Mickey</td>
<td>G11111111</td>
<td>Church Mutual Insurance Co</td>
<td>111111111-16</td>
<td>Disney Productions, Inc.</td>
<td>10/29/2018 4:04 PM</td>
<td>John Doe</td>
<td></td>
</tr>
<tr>
<td>1231</td>
<td>L2, RQ</td>
<td>10/16/2018 4:04 PM</td>
<td>Clark, Donald</td>
<td>G11111111</td>
<td>Church Mutual Insurance Co</td>
<td>111111111-17</td>
<td>Disney Productions, Inc.</td>
<td>10/29/2018 4:04 PM</td>
<td>John Doe</td>
<td></td>
</tr>
<tr>
<td>1239</td>
<td>L2, RQ</td>
<td>10/17/2018 3:09 PM</td>
<td>Graham, Alex</td>
<td>G11111111</td>
<td>Church Mutual Insurance Co</td>
<td>111111111-20</td>
<td>Bell Phone</td>
<td>10/29/2018 3:09 PM</td>
<td>John Doe</td>
<td></td>
</tr>
</tbody>
</table>
## LEVEL 1 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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