

A Guide to Understanding the New York Workers' Compensation Formulary



Workers' Compensation Board

Use this Guide as a quick reference on how to use the *New York Workers' Compensation Formulary (NY WC Formulary)*. The truncated version of the *NY WC Formulary* shown below is for illustrative purposes and should not be considered a full version of the *NY WC Formulary*.

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	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)			
2																				
3	Codeine-Acetaminophen	1,3	x		x															
4	Hydrocodone-Acetaminophen	1,3	x		x															
5	Acetaminophen		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Aspirin		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	Divalproex		x																	
8	Gabapentin		x	x	x			2nd		2nd										
9	Lamotrigine		x	x	x			2nd		2nd										
10	Levetiracetam		x																	
11	Oxcarbazepine		x	x				2nd		2nd										
12	Citalopram	4	x	x																
13	Clomipramine	4		x																
14	Clindamycin	2,4	x	x																
15	Linezolid	2,4		x																
16	Metronidazole	2,4	x	x																
17	Sulfamethoxazole-Trimethoprim	2,4	x	x																
18	Celecoxib		x	x		2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd
19	Diclofenac		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Etodolac		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Ibuprofen		x	x	x	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22	Carvedilol		x																	
23	Metoprolol Tartrate		x																	
24	Cefprozil	2	x	x		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25	Cefazolin	2	x	x		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Format

- The *NY WC Formulary* is organized by **Therapeutic Category** (Column A), and then by the medication **Generic Name** (Column B).
- **Special Considerations**, described below, if any, are listed (Column C). Special Considerations may apply to any Phase (e.g., Phase A, Phase B and/or Perioperative Phase) that includes the listed medication.
- The letter “**X**” indicates if the drug is included in the Phase A (Column E), Phase B (Column F) and/or Perioperative Phase (Column H) drug list.
- *New York Workers’ Compensation Medical Treatment Guidelines (NY WC MTG)* that have been adopted are identified (Columns J – U). For each drug, there may be a notation under the *NY WC MTG* stating “Yes” or “2nd”, which will be described below.

Phases

- There are three “Phases” of the *NY WC Formulary*: Phase A, Phase B and Perioperative Phase. For purposes of this Guide, these will be referred to collectively as “Phase”.
- If a drug is included within a Phase of the *NY WC Formulary*, it is indicated by an “X” under the name of the Phase.
- **Phase A Drug List** (Column E):
 - Applies during the first 30 days following an accident or injury, or until the payer accepts the claim, or the Board establishes a claim, whichever comes first.
Example:
 - Injury occurs (day one); Phase A drug list is applicable.
 - Payer accepts the case on day 15; Phase B drug list then becomes applicable.
 - Drugs may be prescribed for up to a 30-day supply. This can be a prescription for a 30-day supply, or a prescription for a less than 30-day supply with refills equaling a total of 30 days.
 - The 30-day supply rule is applicable unless there is a Special Consideration associated with the medication (see below).
- **Phase B Drug List** (Column F):
 - Applies after 30 days following an accident or injury, or when the payer accepts the claim, or the Board establishes the claim, whichever comes first.
 - For up to a 90-day supply. This can be a single prescription for a 90-day supply, or a prescription for less than 90 days with refills equaling a total of 90 days. After this, a new prescription would need to be written.
 - The 90-day supply rule is applicable unless there is a Special Consideration associated with the medication.
 - If the injured worker’s claim is established or accepted for a body part for which there are applicable *NY WC MTG*, the Phase B medication must be indicated under the *NY WC MTG* with a “Yes” in order to be considered formulary. If a “Yes” is not present, a prior authorization request would be required before the medication could be prescribed or dispensed.
 - Second-line drugs (“2nd”) are relevant in Phase B only and are included in the *NY WC MTG*. The *NY WC MTG* should be reviewed to see what is considered first-line (which would be indicated by a “Yes” under the specific *NY WC MTG*).
 - Although there is no required duration of use for a “Yes” drug, a “2nd” drug would be deemed appropriate if the “Yes” drug:
 - Has been tried by the injured worker and discontinued due to provider-documented:
 - Lack of efficacy or effectiveness, or
 - Diminished effectiveness, and/or
 - Adverse effect.

or

 - Would be considered contraindicated because of the injured worker’s comorbid condition(s).
- **Perioperative Drug List** (Column H)
 - Medication used specifically related to an operative procedure during the perioperative period defined as four days before through four days following the surgery.

Special Considerations

Special Considerations pertain to all drug lists (Phase A, Phase B and Perioperative Phase) that include the medication.

- **Special Consideration #1** – Not to exceed a single seven (7) day supply
 - One time only prescription – across all Phases.
 - Maximum of a single seven-day supply of the medication.
 - Example: Narcotic for acute pain following an injury (e.g., Row 4 – Hydrocodone-Acetaminophen).
- **Special Consideration #2** – For the prescribed course of therapy
 - When the medication is dispensed, regardless of the Phase, for the course of therapy prescribed by the provider.
 - Example: Antibiotics (e.g., Row 24 – Cefprozil).
- **Special Consideration #3** – Short-acting formulation only
 - The formulary item can only be prescribed and dispensed in the short-acting formulation.
 - Example: Opioids / skeletal muscle relaxant (e.g., Row 4 – Hydrocodone-Acetaminophen).
- **Special Consideration #4** – As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care
 - Phase B formulary medication can be prescribed or dispensed:
 - When there is no adopted **NY WC MTG** for the established / accepted body part or conditions.
Example: Treatment of depression (e.g., Row 12 – Citalopram).

and/or

- For a condition directly associated with an established / accepted body part, but not specifically addressed in the **NY WC MTG**.
Example: Treatment of a post-operative infection following a knee replacement (e.g., Row 14 – Clindamycin).

Prior Authorization Requirements

A prior authorization request must be submitted and approved by the payer before prescribing or dispensing:

1. A medication not listed on the **NY WC Formulary**;
2. A brand name medication when a generic version is available on the **NY WC Formulary**;
3. Combination products, unless specifically listed on the **NY WC Formulary**;
4. A brand name medication when a generic version of the same active ingredient is commercially available and on the **NY WC Formulary** in a different strength/dosage.
5. Any compounded drug.
6. A medication included on the **NY WC Formulary** Phase B list, but not indicated with a “Yes” under the **NY WC MTG** for which the injured worker has been established by the Board or accepted by the payer and for which Special Consideration #4 is not associated.

Example: Diclofenac (Row 19) is included in the Phase B drug list and has a series of “Yes” indicators under body parts or conditions that have applicable **NY WC MTG**. It is therefore considered formulary if the injured worker’s claim has been established by the Board or accepted by the payer for an applicable **NY WC MTG**. Diclofenac (Row 19) does not carry a “Yes” indicator under Asthma and does not carry Special Consideration #4; therefore, a prior authorization would be required prior to prescribing or dispensing for an injured worker established/accepted for Asthma.