

NYS Pharmacy Formulary

Introduction

Legislation enacted in April 2017 required the New York State Workers' Compensation Board to establish a drug formulary. The New York State Pharmacy Formulary (Formulary) is based on a medication's effectiveness and appropriateness for the treatment of illnesses and injuries covered under the Workers' Compensation Law.

The Formulary is a list of drugs that are designated as either "Preferred" (Yes) or "Non-Preferred" (No). Additionally, some drugs are listed as second or subsequent line therapy (2nd) and should only be used when the preferred drug has been deemed ineffective. Drugs not listed in the Formulary are considered "Non-Preferred".

Preferred drugs do not typically require prior authorization. Prior authorization from the insurance carrier or self-insured employer is required for non-preferred drugs including:

1. Drugs not listed on the formulary;
2. Formulary brand name drug, when a generic is available;
3. Combination products, unless specifically listed in the formulary; and
4. Compound medications (topical, oral and/or systemic).

Initial Prescriptions

Initial prescriptions are prescriptions written when first seeking medical attention for a work related injury or illness. There are three types of initial prescriptions:

1. First fill for a preferred drug.
2. "NYS Special Fill" – Drugs listed on the Formulary as a non-preferred drug but may be prescribed/dispensed without prior authorization if: (a) it is prescribed at the initial visit occurring within seven days of the date of injury, and (b) does not exceed the number of days' supply indicated on the NYS Drug Formulary.
3. "NYS Perioperative Fill" – Drugs listed on the Formulary as a non-preferred drug but may be prescribed/dispensed without prior authorization if: (a) prescribed during the perioperative period (four days before through four days following surgery), and (b) does not exceed the number of days' supply indicated on the NYS Drug Formulary.

Subsequent Prescriptions

Subsequent prescriptions are refills of initial prescriptions or new prescriptions that are written subsequent to the first visit. There are two types of subsequent prescriptions:

1. Preferred - For those drugs listed as "Preferred", the prescriber should review the categories listed under "Subsequent Prescriptions" to see if it is appropriate for the

applicable body part and, where applicable, in conformance with the NYS Medical Treatment Guidelines (MTGs). If “Yes” is listed for the body part, then the prescription may be obtained without prior authorization. If “Yes” is not listed for the body part, prior authorization is required.

2. Non-Preferred - If the drug is non-preferred, prior authorization is normally required. However, if the Formulary indicates “2nd” for the particular body part, the medication may be prescribed without prior authorization as appropriate per the MTGs so long as it is not prescribed/dispensed as an initial prescription. They may only be prescribed after a trial of the appropriate preferred drug(s) has failed or there are other associated conditions (per the MTG recommendations).

Finally, if the claimant requires a refill of a prescription(s) which was the first fill of a preferred drug and subsequent fill criteria for the applicable body part is not met, it is the carrier’s responsibility to:

1. Contact the prescriber to discuss:
 - (a) changing the prescription to a preferred drug for that body part / condition, or
 - (b) submitting a prior authorization request for the non-preferred medication.
2. Continue to authorize payment for the medication until the prescriber has either:
 - (a) changed to a preferred drug for the applicable body part, or
 - (b) received the denial of the prior authorization request.

Formulary		Initial Prescription			Subsequent Prescriptions											
CATEGORY	DRUG	NYS WCB Formulary Preferred?	NYS Special Fill	NYS Peri Operative Fill	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)
Analgesics	ACETAMINOPHEN (APAP)	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	CELECOXIB	No	7 days													
Analgesics - NSAIDs	DICLOFENAC K	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	ETODOLAC	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	FENOPROFEN CA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	FLURBIPROFEN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	IBUPROFEN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	INDOMETHACIN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	KETOPROFEN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	MECLOFENAMATE NA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	MEFENAMIC ACID	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	MELOXICAM	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	NABUMETONE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	NAPROXEN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	OXAPROZIN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	SULINDAC	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - NSAIDs	TOLMETIN NA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Opioids	CODEINE/APAP	No	7 days	7 days												
Analgesics - Opioids	HYDROCODONE/APAP	No	7 days	7 days												
Analgesics - Opioids	MORPHINE SULFATE IR ^l	No	7 days	7 days												
Analgesics - Opioids	OXYCODONE HCL IR ^l	No	7 days	7 days												
Analgesics - Opioids	OXYCODONE/APAP	No	7 days	7 days												
Analgesics - Opioids	OXYCODONE/ASPIRIN	No	7 days	7 days												
Analgesics - Opioids	TRAMADOL HCL IR ^l	No	7 days	7 days												
Analgesics - Opioids	TRAMADOL HCL/APAP	No	7 days	7 days												
Analgesics - Topical	CAPSAICIN	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	DICLOFENAC NA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

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Analgesics - Topical	LIDOCAINE	Yes			2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Analgesics - Topical	LIDOCAINE PATCH	Yes			2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Analgesics - Topical	METHYL SALICYLATE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antiasthmatic / Bronchodilators	ALBUTEROL SULFATE	Yes				Yes										
Antiasthmatic / Bronchodilators	BECLOMETHASONE DIPROPIONATE	Yes				Yes										
Antiasthmatic / Bronchodilators	BUDESONIDE	Yes				Yes										
Antiasthmatic / Bronchodilators	BUDESONIDE/ FORMOTEROL	Yes				Yes										
Antiasthmatic / Bronchodilators	CICLESONIDE	Yes				Yes										
Antiasthmatic / Bronchodilators	CROMOLYN NA	Yes				Yes										
Antiasthmatic / Bronchodilators	FLUNISOLIDE	Yes				Yes										
Antiasthmatic / Bronchodilators	FLUTICASONE PROPIONATE	Yes				Yes										
Antiasthmatic / Bronchodilators	FLUTICASONE-SALMETEROL	Yes				Yes										
Antiasthmatic / Bronchodilators	FORMOTEROL FUMARATE	Yes				Yes										
Antiasthmatic / Bronchodilators	FORMOTEROL/ MOMETASONE	Yes				Yes										
Antiasthmatic / Bronchodilators	LEVALBUTEROL	Yes				Yes										
Antiasthmatic / Bronchodilators	MOMETASONE FUROATE	Yes				Yes										
Antiasthmatic / Bronchodilators	MONTELUKAST NA	Yes				Yes										
Antiasthmatic / Bronchodilators	OMALIZUMAB	Yes				Yes										
Antiasthmatic / Bronchodilators	SALMETEROL	Yes				Yes										
Antiasthmatic / Bronchodilators	THEOPHYLLINE	Yes				Yes										

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Antiasthmatic / Bronchodilators	ZAFIRLUKAST	Yes				Yes											
Antiasthmatic / Bronchodilators	ZILEUTON	Yes				Yes											
Antibiotic - Misc.	CLINDAMYCIN HCL	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic - Misc.	METRONIDAZOLE ORAL	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic - Misc.	SULFAMETHOXAZOLE/ TRIMETHOPRIM	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Cephalosporins)	CEFAZOLIN NA	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Cephalosporins)	CEPHALEXIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Fluoroquinolones)	CIPROFLOXACIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Fluoroquinolones)	LEVOFLOXACIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Fluoroquinolones)	MOXIFLOXACIN HCL	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Macrolides)	AZITHROMYCIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Macrolides)	ERYTHROMYCIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Penicillins)	AMOXICILLIN/CLAVULA NATE K	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Penicillins)	DICLOXACILLIN NA	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Penicillins)	PENICILLIN V K	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Tetracyclines)	DOXYCYCLINE	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Antibiotic (Tetracyclines)	MINOCYCLINE HCL	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Anticoagulants	APIXABAN	Yes										Yes	Yes				
Anticoagulants	DALTEPARIN	Yes										Yes	Yes				
Anticoagulants	ENOXAPARIN NA	Yes										Yes	Yes				
Anticoagulants	FONDAPARINUX NA	Yes										Yes	Yes				

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Anticoagulants	HEPARIN NA	Yes										Yes	Yes			
Anticoagulants	RIVAROXABAN	Yes										Yes	Yes			
Anticoagulants	WARFARIN NA	Yes										Yes	Yes			
Anticonvulsants	CARBAMAZEPINE	No					2nd		2nd					2nd	2nd	
Anticonvulsants	GABAPENTIN	No		7 day			2nd		2nd					2nd	2nd	
Anticonvulsants	LAMOTRIGINE	No					2nd		2nd					2nd	2nd	
Anticonvulsants	OXCARBAZEPINE	No					2nd		2nd					2nd	2nd	
Anticonvulsants	PREGABALIN	No					2nd		2nd					2nd	2nd	
Anticonvulsants	TOPIRAMATE	No					2nd		2nd					2nd	2nd	
Antidepressants SNRI	DULOXETINE HCL	No					2nd		2nd					2nd	2nd	
Antidepressants SNRI	MILNACIPRAN	No					2nd		2nd					2nd	2nd	
Antidepressants SNRI	VENLAFAXINE HCL	No					2nd		2nd					2nd	2nd	
Antidepressants SSRI's	BUPROPION HCL	No					2nd		2nd					2nd	2nd	
Antidepressants SSRI's	DULOXETINE	No					2nd		2nd					2nd	2nd	
Antidepressants SSRI's	VENLAFAXINE	No					2nd		2nd					2nd	2nd	
Antidepressants Tricyclic	AMITRIPTYLINE	Yes					Yes		Yes					Yes	Yes	
Antidepressants Tricyclic	DESIPRAMINE	Yes					Yes		Yes					Yes	Yes	
Antidepressants Tricyclic	DOXEPIN HCL	Yes					Yes		Yes					Yes	Yes	
Antidepressants Tricyclic	IMIPRAMINE	Yes					Yes		Yes					Yes	Yes	
Antidepressants Tricyclic	NORTRIPTYLINE	Yes					Yes		Yes					Yes	Yes	
Antidepressants Tricyclic	TRIMIPRAMINE	Yes					Yes		Yes					Yes	Yes	
H2 Blockers	CIMETIDINE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
H2 Blockers	FAMOTIDINE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

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H2 Blockers	NIZATIDINE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
H2 Blockers	RANITIDINE HCL	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Injectables	VISCO-SUPPLEMENTATION (Intracapsular Acid Salts)	Yes											Yes				
Injectables (Intra-articular Anesthetic)	BUPIVACAINE	Yes			Yes		Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Injectables (Intra-articular Anesthetic)	LIDOCAINE	Yes			Yes		Yes		Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Injectables (Intra-articular Steroid)	METHYLPREDNISOLONE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Injectables (Intra-articular Steroid)	TRIAMCINOLONE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Ophthalmic Agents	ALCAFTADINE	Yes									Yes						
Ophthalmic Agents	ARTIFICIAL TEAR OINTMENTS	Yes									Yes						
Ophthalmic Agents	AZELASTINE OPHTH	Yes									Yes						
Ophthalmic Agents	AZITHROMYCIN OPHTH	Yes									Yes						
Ophthalmic Agents	BEPOTASTINE OPHTH	Yes									Yes						
Ophthalmic Agents	BESIFLOXACIN OPHTH	Yes									Yes						
Ophthalmic Agents	BEVACIZUMAB	Yes									Yes						
Ophthalmic Agents	BROMFENAC	Yes									Yes						
Ophthalmic Agents	CARBOXYMETHYLCELLULOSE NA OPHTH SOLN	Yes									Yes						
Ophthalmic Agents	CIPROFLOXACIN HCL OPHTH	Yes									Yes						
Ophthalmic Agents	CROMOLYN SODIUM	Yes									Yes						
Ophthalmic Agents	DEXAMETHASONE NA PHOS OPHTH	Yes									Yes						
Ophthalmic Agents	DICLOFENAC NA OPHTH	Yes									Yes						

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Ophthalmic Agents	EMEDASTINE OPHTH	Yes									Yes					
Ophthalmic Agents	EPINASTINE HCL	Yes									Yes					
Ophthalmic Agents	ERYTHROMYCIN OPHTH OINT	Yes									Yes					
Ophthalmic Agents	FLUOROMETHOLONE	Yes									Yes					
Ophthalmic Agents	FLURBIPROFEN NA	Yes									Yes					
Ophthalmic Agents	GATIFLOXACIN	Yes									Yes					
Ophthalmic Agents	GENTAMICIN SULFATE OPHTH	Yes									Yes					
Ophthalmic Agents	HOMATROPINE HBR	Yes									Yes					
Ophthalmic Agents	IRRIGATING EYEWASH	Yes									Yes					
Ophthalmic Agents	KETOROLAC TROMETH OPHTH	Yes									Yes					
Ophthalmic Agents	KETOTIFEN FUMARATE	Yes									Yes					
Ophthalmic Agents	LEVOFLOXACIN OPHTH SOLN	Yes									Yes					
Ophthalmic Agents	LIDOCAINE HCl OPHTH	Yes									Yes					
Ophthalmic Agents	LODOXAMIDE OPHTH	Yes									Yes					
Ophthalmic Agents	LOTEPREDNOL ETABONATE OPHTH	Yes									Yes					
Ophthalmic Agents	MOXIFLOXACIN HCL OPHTH	Yes									Yes					
Ophthalmic Agents	NATAMYCIN OPHTH	Yes									Yes					
Ophthalmic Agents	NEDOCROMIL	Yes									Yes					
Ophthalmic Agents	OFLOXACIN OPHTH SOLN	Yes									Yes					
Ophthalmic Agents	OLOPATADINE HCL	Yes									Yes					
Ophthalmic Agents	PREDNISOLONE ACETATE	Yes									Yes					
Ophthalmic Agents	PREDNISOLONE NA OPHTH	Yes									Yes					
Ophthalmic Agents	PROPARACAINE HCL	Yes									Yes					
Ophthalmic Agents	SODIUM CHLORIDE OPHTHALMIC	Yes									Yes					

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Ophthalmic Agents	TETRACAINE HCL	Yes									Yes						
Ophthalmic Agents	TOBRAMYCIN OPHTH	Yes									Yes						
Ophthalmic Agents	TRANEXAMIC ACID	Yes									Yes						
Proton Pump Inhibitors	DEXLANSOPRAZOLE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	ESOMEPRAZOLE MG	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	LANSOPRAZOLE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	MISOPROSTOL	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	OMEPRAZOLE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	PANTOPRAZOLE NA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	RABEPRAZOLE NA	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Proton Pump Inhibitors	SUCRALFATE	Yes			Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
Skeletal Muscle Relaxants	BACLOFEN	No					2nd		2nd					2nd	2nd		
Skeletal Muscle Relaxants	CARISOPRODOL	No					2nd		2nd					2nd	2nd		
Skeletal Muscle Relaxants	CYCLOBENZAPRINE HCL	Yes					Yes		Yes					Yes	Yes		
Skeletal Muscle Relaxants	METAXALONE	No					2nd		2nd					2nd	2nd		
Skeletal Muscle Relaxants	METHOCARBAMOL	No					2nd		2nd					2nd	2nd		
Skeletal Muscle Relaxants	TIZANIDINE HCL	No					2nd		2nd					2nd	2nd		
Steroids - Oral	BETAMETHASONE	Yes					Yes	Yes						Yes			
Steroids - Oral	CORTISONE	Yes					Yes	Yes						Yes			
Steroids - Oral	DEXAMETHASONE	Yes					Yes	Yes						Yes			
Steroids - Oral	HYDROCORTISONE	Yes					Yes	Yes						Yes			
Steroids - Oral	METHYLPREDNISOLONE	Yes					Yes	Yes						Yes			

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Steroids - Oral	PREDNISOLONE	Yes					Yes	Yes						Yes			
Steroids - Oral	PREDNISON	Yes					Yes	Yes						Yes			
Steroids - Oral	TRIAMCINOLONE HEXACETONIDE	Yes					Yes	Yes						Yes			
Topical	AMCINONIDE	Yes			Yes												
Topical	BACITRACIN	Yes			Yes		Yes			Yes		Yes	Yes	Yes		Yes	
Topical	BECAPLERMIN	Yes			Yes												
Topical	BETAMETHASONE DIPROPIONAT	Yes			Yes												
Topical	BETAMETHASONE VALERATE	Yes			Yes												
Topical	BUTENAFINE HCL	Yes			Yes												
Topical	CICLOPIROX OLAMINE	Yes			Yes												
Topical	CLOTRIMAZOLE	Yes			Yes												
Topical	DESONIDE	Yes			Yes												
Topical	DESOXIMETASONE	Yes			Yes												
Topical	ECONAZOLE NITRATE	Yes			Yes												
Topical	FLUCONAZOLE	Yes			Yes												
Topical	FLUCINOLONE ACETONIDE	Yes			Yes												
Topical	FLUTICASON PROP	Yes			Yes												
Topical	GENTAMICIN	Yes			Yes												
Topical	HYDROCORTISONE	Yes			Yes												
Topical	HYDROCORTISONE VALERATE	Yes			Yes												
Topical	ITRACONAZOLE	Yes			Yes												
Topical	KETOCONAZOLE	Yes			Yes												
Topical	METRONIDAZOLE	Yes			Yes												
Topical	MICONAZOLE NITRATE	Yes			Yes												
Topical	MOMETASONE FUR	Yes			Yes												
Topical	MUPIROCIN	Yes			Yes												

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Topical	NEOMYCIN SULFATE	Yes			Yes												
Topical	NEOMYCIN/POLYMYXIN /BACITR	Yes			Yes												
Topical	NYSTATIN/TRIAMCINOL ONE	Yes			Yes												
Topical	PREDNICARBATE	Yes			Yes												
Topical	SILVER SULFADIAZINE	Yes															
Topical	TACROLIMUS	Yes			Yes												
Topical	TERBINAFINE HCL	Yes			Yes												
Topical	TERBINAFINE HCL	Yes			Yes												
Topical	TOLNAFTATE	Yes			Yes												
Topical	TRIAMCINOLONE ACETONIDE	Yes			Yes												
Topical	TROLAMINE SALICYLATE	Yes			Yes												

ⁱ IR (Immediate Release) / Short Acting