

NYS Workers' Compensation Drug Formulary

September 26, 2018

Introduction

Legislation enacted in April 2017 required the New York State Workers' Compensation Board to establish a drug formulary. The New York State Workers' Compensation Drug 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 "Phase A", "Phase B", "Phase C" or "Perioperative". Additionally, some drugs are listed as second-line therapy (2nd) and may only be used when other drugs associated with the phase of treatment have been deemed ineffective. Drugs not listed on the Formulary are considered non-Formulary.

Formulary drugs do not require prior authorization. Prior authorization from the insurer or self-insured employer is required for:

1. Drugs not listed on the formulary,
2. A formulary brand name drug, when a generic is available,
3. Combination products, unless specifically listed in the formulary,
4. A brand name drug when a generic version with the same active ingredient(s) is commercially available in a different strength/dosage, and
5. Compound medications with any non-Formulary ingredient or with Formulary ingredients prescribed for a non-FDA approved route of administration (topical, oral and/or systemic).

Application of the Formulary

The Formulary sets forth drugs in four lists: Phase A, Phase B, Phase C and Perioperative. These four lists of drugs are considered Formulary and can be prescribed per the following framework. For more detailed information about Phase A, Phase B, Phase C and the Perioperative drugs, please see <http://www.wcb.ny.gov/drug-formulary-regulation/Text-Part-441-drug-formulary.pdf>.

Phase A Drug List

Drugs on this list may be prescribed and dispensed when:

- (1) The drug is prescribed at the initial treatment visit following a disability event and such initial treatment is within seven days following a disability event,
- (2) The drug is dispensed within seven days of the initial treatment visit, and
- (3) The supply does not exceed seven days or, if an antibiotic or post-exposure medication, the normal course of treatment.

Note: A drug that is listed on both the Phase A and Phase B lists, may be prescribed and dispensed during Phase A for up to a 30-day supply.

Phase B Drug List

Drugs on this list may be prescribed and dispensed when:

- (1) The prescribing occurs between the eighth and thirtieth day following a disability event, which can be either the initial visit or a follow-up/second treatment,
- (2) The dispensing occurs within seven days of the date of treatment,
- (3) The supply does not exceed thirty days, and
- (4) The case has not been accepted by the insurer or established by the Board.

When a case has not been accepted by the insurer, or the case has not been established, Phase B drugs prescribed and dispensed in accordance with Phase B criteria may be prescribed and dispensed for up to a 30-day supply.

Following the insurer or self-insured employer's acceptance of the injury or illness with or without liability, or establishment by the Board, all drugs must be prescribed and dispensed consistent with the Phase C drug list.

Phase C Drug List

Drugs on this list may be prescribed and dispensed when:

- (1) A body part or illness has been accepted (with or without liability) or established,
- (2) The drug is prescribed in accordance with, as applicable, the adopted Medical Treatment Guidelines,
- (3) The prescription does not exceed a 90-day supply.

Perioperative Formulary

Drugs listed on the Perioperative Drug List may be prescribed/dispensed when:

- (1) The drug is prescribed during the perioperative period (four days before through four days following surgery), and
- (2) Does not exceed a seven-day supply

Second-Line Drugs

Drugs designated as "2nd" line may be prescribed and dispensed following a trial of a first-line drug prescribed in accordance with Phase C and, as applicable, the adopted Medical Treatment Guidelines.

Prior Authorization

A medical provider must obtain Prior Authorization before prescribing or dispensing a drug other than as described in the Application of the Formulary section (see above), or when prescribing:

- (1) A drug not listed on the Formulary,
- (2) A Formulary brand name drug, when a generic is available,
- (3) Combination products, unless specifically listed on the Formulary,
- (4) A brand name drug when a generic version of the same active ingredient(s) is a commercially available in a different strength/dosage, or
- (5) A compound medication with any non-Formulary ingredient and/or for Formulary drugs being prescribed for other than an FDA-approved route of administration.

If prior authorization is not obtained prior to the dispensing of the drug, the insurer or self-insured employer may deny payment.

Prior Authorization Process

The Prior Authorization process shall consist of a review, which may incorporate up to three levels of review. For more detailed information about the Prior Authorization process, please see <http://www.wcb.ny.gov/drug-formulary-regulation/Text-Part-441-drug-formulary.pdf>.

First Level Review

The provider shall submit a request for Prior Authorization, in the manner prescribed by the Chair, to the insurer, self-insured employer, or, when designated, the pharmacy network.

The First Level Review has these requirements and time frames:

- (1) The Prior Authorization request should include the quantity to be prescribed and the number of refills or the duration of the prescription. If the duration is not stated, the default shall be 30 days. In no event may a Prior Authorization request exceed 365 days.
- (2) The carrier, self-insured employer or pharmacy benefits manager shall approve, partially approve or deny a Prior Authorization request within four days of submission by the provider:
 - a. A partial approval authorizes the requested drug, but limits the length of time, quantity prescribed or number of refills from that requested by the prescriber.
 - b. A request for Prior Authorization that is not timely denied or partially approved shall be deemed approved for a period of 30 days.
- (3) A partial approval or denial of a request for Prior Authorization must:
 - a. Provide a specific reason for the denial or partial approval with reference to the specific Prior Authorization request made by the prescriber.
 - b. Provide information regarding how to request review of the denial from the carrier's physician.

Second Level Review

Within ten days of a denial or partial approval of a First Level Prior Authorization request, the prescriber may request review of such denial or partial approval by the carrier's physician.

The Second Level Review has these requirements and time frames:

- (1) The Prior Authorization request shall include:
 - a. All information submitted by the prescriber for the First Level Review and the response from the insurer, self-insured employer, or when designated, the pharmacy network,
 - b. All information provided to the prescriber related to the First Level Review denial or partial approval, and
 - c. Additional information from the prescriber further justifying the need for the requested non-Formulary medication responding to the reason(s) stated in the First Level Denial.
- (2) The insurer's physician shall approve, partially approve or deny a Prior Authorization request within four days of submission by the prescriber.
- (3) A request for Second Level Review that is not timely denied or partially approved shall be deemed approved for a period of 30 days.

Third Level Review – Review by the Board of a Prior Authorization Denial or Partial Approval

Within ten days of a denial or a partial approval by the insurer's physician of a Second Level Review, the prescriber may seek review by the Board's Medical Director's Office.

The Third Level Review has these requirements and time frames:

- (1) The prescriber shall submit the Prior Authorization request to the Medical Director's Office within ten days of Second the Level Review denial date.
- (2) The request must include all documentation submitted in support of the First and Second Level Review and the information associated with the denial or partial approval

issued from the First Level Review and the Second Level Review. The prescriber should respond to the reason(s) stated in the Second Level Denial.

- (3) All requests shall be submitted to the Medical Director's Office in the format prescribed by the Chair.
- (4) To ensure the timely resolution of appeals, the Chair or Medical Director may designate private entities to evaluate such requests for review of denials of a Second Level Review, provided the entity has:
 - a. The appropriate URAC accreditation or such accreditation/certification as designated by the Chair,
 - b. Other demonstrated expertise and criteria established by the Board, and
 - c. No conflict of interest related to the review and resolution of the request.

The decision by the Medical Director's Office is final and binding on the prescriber, the insurer, self-insured employer and pharmacy network.

In the event a Third Level Review is denied, the prescriber may not submit a request for Prior Authorization for the same medication unless he or she submits evidence that there has been a change in the claimant's medical condition that renders the denial of the request for the Prior Authorization no longer applicable to the claimant's current medical condition.

Therapeutic Category	Generic Name	Phase A	Phase B	Phase C	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)
Analgesics - Narcotic**	Codeine-Acetaminophen	x			x												
Analgesics - Narcotic**	Hydrocodone-Acetaminophen	x			x												
Analgesics - Narcotic**	Hydrocodone-Ibuprofen	x			x												
Analgesics - Narcotic**	Morphine (Short Acting)	x			x												
Analgesics - Narcotic**	Oxycodone HCl (Short Acting)	x			x												
Analgesics - Narcotic**	Oxycodone-Acetaminophen	x			x												
Analgesics - Narcotic**	Oxycodone-Aspirin	x			x												
Analgesics - Narcotic**	Tapentadol	x															
Analgesics - Narcotic**	Tramadol HCl (Short Acting)	x															
Analgesics - Narcotic**	Tramadol-Acetaminophen	x															
Analgesics - Nonnarcotic	Acetaminophen	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Aspirin	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Choline - Magnesium Salicylates	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Diffunisal	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Capsaicin	x	x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Diclofenac Na	x	x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antacids	Alum Hydrox-Mag Trisil-Alginic Acid-Sod Bicarb	x	x	x													
Antacids	Aluminum - Magnesium Hydroxides	x	x	x													
Antacids	Aluminum Hydroxide-Magnesium Carbonate Susp	x	x	x													
Antacids	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab	x	x	x													
Antacids	Calcium - Magnesium Carbonates	x	x	x													
Antacids	Calcium Carbonate	x	x	x													
Antacids	Calcium Carbonate-Mag Hydroxide	x	x	x													
Antacids	Calcium Carbonate - Simethicone	x	x	x													
Antianxiety Agents	Alprazolam				x												
Antianxiety Agents	Buspirone				x												
Antiasthmatics	Acidinium Bromide Aerosol Powd	x	x	x													
Antiasthmatics	Albuterol Inhal	x	x	x			Yes										
Antiasthmatics	Albuterol Sulfate	x	x	x			Yes										
Antiasthmatics	Beclomethasone Inh	x	x	x			Yes										
Antiasthmatics	Budesonide	x	x	x			Yes										
Antiasthmatics	Budesonide Inhal	x	x	x			Yes										
Antiasthmatics	Budesonide-Formoterol Fumarate Inh	x	x	x			Yes										
Antiasthmatics	Ciclesonide Inh	x	x	x			Yes										
Antiasthmatics	Cromolyn Na Inhal	x	x	x			Yes										
Antiasthmatics	Epinephrine Inhal	x	x	x			Yes										
Antiasthmatics	Flunisolide Inh	x	x	x			Yes										
Antiasthmatics	Fluticasone Furoate-Vilanterol Inh	x	x	x			Yes										
Antiasthmatics	Fluticasone Inh	x	x	x			Yes										
Antiasthmatics	Fluticasone-Salmeterol Inhal	x	x	x			Yes										
Antiasthmatics	Formoterol Fumarate Soln Nebu	x	x	x			Yes										
Antiasthmatics	Formoterol/Mometasone	x	x	x			Yes										
Antiasthmatics	Indacaterol Maleate Inhal	x	x	x			Yes										
Antiasthmatics	Ipratropium Bromide Inhal	x	x	x			Yes										
Antiasthmatics	Ipratropium-Albuterol Inh	x	x	x			Yes										
Antiasthmatics	Levalbuterol HCl Inhal	x	x	x			Yes										
Antiasthmatics	Methacholine Chloride Inhal	x	x	x			Yes										
Antiasthmatics	Mometasone Furoate Inh	x	x	x			Yes										

Therapeutic Category	Generic Name	Phase A	Phase B	Phase C	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)
Antiasthmatics	Mometasone Furoate-Formoterol Fumarate Inh	x	x	x			Yes										
Antiasthmatics	Montelukast	x	x	x			Yes										
Antiasthmatics	Omalizumab	x	x	x			Yes										
Antiasthmatics	Pibutero	x	x	x			Yes										
Antiasthmatics	Roflumilast	x	x	x			Yes										
Antiasthmatics	Salmeterol	x	x	x			Yes										
Antiasthmatics	Terbutaline	x	x	x			Yes										
Antiasthmatics	Theophylline	x	x	x			Yes										
Antiasthmatics	Tiotropium Bromide Monohydrate Inhal	x	x	x			Yes										
Antiasthmatics	Triamcinolone Acetonide Inh	x	x	x			Yes										
Antiasthmatics	Zafirlukast	x	x	x			Yes										
Antiasthmatics	Zileuton	x	x	x			Yes										
Anticoagulants	Apixaban	x	x	x									Yes	Yes			
Anticoagulants	Dalteparin	x	x	x									Yes	Yes			
Anticoagulants	Enoxaparin Na	x	x	x									Yes	Yes			
Anticoagulants	Fondaparinux Na	x	x	x									Yes	Yes			
Anticoagulants	Rivaroxaban	x	x	x									Yes	Yes			
Anticoagulants	Warfarin Na	x	x	x									Yes	Yes			
Anticonvulsant	Carbamazepine	x	x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Clonazepam	x	x	x													
Anticonvulsant	Divalproex	x	x	x													
Anticonvulsant	Gabapentin			x	x			2nd		2nd					2nd	2nd	
Anticonvulsant	Lamotrigine	x	x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Levetiracetam	x	x	x													
Anticonvulsant	Oxcarbazepine	x	x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Pregabalin			x				2nd		2nd					2nd	2nd	
Anticonvulsant	Topiramate	x	x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Valproate Na	x	x	x													
Anticonvulsant	Valproic Acid	x	x	x													
Antidepressants	Amitriptyline			x				Yes		Yes					Yes	Yes	
Antidepressants	Bupropion			x				2nd		2nd					2nd	2nd	
Antidepressants	Citalopram			x													
Antidepressants	Clomipramine			x													
Antidepressants	Desipramine			x				Yes		Yes					Yes	Yes	
Antidepressants	Desvenlafaxine			x													
Antidepressants	Doxepin			x				Yes		Yes					Yes	Yes	
Antidepressants	Duloxetine			x				2nd		2nd					2nd	2nd	
Antidepressants	Escitalopram			x													
Antidepressants	Fluoxetine			x													
Antidepressants	Fluvoxamine			x													
Antidepressants	Imipramine			x				Yes		Yes					Yes	Yes	
Antidepressants	Isocarboxazid			x													
Antidepressants	Mirtazapine			x													
Antidepressants	Nefazodone			x													
Antidepressants	Nortriptyline			x				Yes		Yes					Yes	Yes	
Antidepressants	Paroxetine			x													
Antidepressants	Phenelzine			x													
Antidepressants	Protriptyline			x													
Antidepressants	Sertraline			x													
Antidepressants	Tranylcypromine			x													

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Antidepressants	Trazodone			x													
Antidepressants	Trimipramine			x				Yes		Yes					Yes	Yes	
Antidepressants	Venlafaxine			x				2nd		2nd					2nd	2nd	
Antidepressants	Vilazodone			x													
Antidiabetics	Glipizide	x															
Antidiabetics	Glucose Tablets/Gel	x															
Antidiabetics	Glyburide	x															
Antidiabetics	Insulin	x															
Antidiabetics	Metformin HCl	x															
Antidiabetics	Sitagliptin Phosphate	x															
Antidiarrheals	Diphenoxylate w/ Atropine	x	x	x													
Antidiarrheals	Loperamide	x	x	x													
Antiemetic - Antivertigo	Meclizine	x	x	x													
Antifungals	Fluconazole	x	x	x		Yes											
Antifungals	Itraconazole	x	x	x		Yes											
Antifungals	Ketoconazole	x	x	x		Yes											
Antifungals	Nystatin	x	x	x													
Antifungals	Terbinafine	x	x	x		Yes											
Antihistamines	Cetirizine	x	x	x													
Antihistamines	Cyproheptadine	x	x	x													
Antihistamines	Desloratadine	x	x	x													
Antihistamines	Diphenhydramine	x	x	x													
Antihistamines	Fexofenadine	x	x	x													
Antihistamines	Levocetirizine	x	x	x													
Antihistamines	Loratadine	x	x	x													
Antihistamines	Promethazine	x	x	x													
Antihypertensive	Clonidine HCl	x															
Antihypertensive	Lisinopril	x															
Antihypertensive	Losartan	x															
Antihypertensive	Prazosin	x															
Anti-Inflammatory	Celecoxib			x		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Anti-Inflammatory	Diclofenac	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Etodolac	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Ibuprofen	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Indomethacin	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Meloxicam	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Naproxen	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Sulindac	x	x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antimalarial	Hydroxychloroquine	x															
Antineoplastic	Cabozantinib			x													
Antineoplastic	Dabrafenib			x													
Antineoplastic	Doxorubicin			x													
Antineoplastic	Interferon Gamma-1B			x													
Antineoplastic	Methotrexate			x													
Antineoplastic	Trametinib			x													
Antineoplastic	Vandetanib			x													
Antineoplastic	Vismodegib			x													
Antipsychotics	Aripiprazole			x													
Antipsychotics	Asenapine Maleate			x													
Antipsychotics	Chlorpromazine	x	x	x													
Antipsychotics	Haloperidol	x	x	x													

Therapeutic Category	Generic Name	Phase A	Phase B	Phase C	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)
Antipsychotics	Lithium	x	x	x													
Antipsychotics	Lurasidone			x													
Antipsychotics	Olanzapine			x													
Antipsychotics	Paliperidone			x													
Antipsychotics	Perphenazine			x													
Antipsychotics	Prochlorperazine			x													
Antipsychotics	Quetiapine	x	x	x													
Antipsychotics	Risperidone			x													
Antipsychotics	Ziprasidone			x													
Antiretrovirals	Lamivudine	x															
Antiretrovirals	Stavudine	x															
Antiretrovirals	Zidovudine	x															
Antiretrovirals	Tenofovir	x															
Antiretrovirals	Emtricitabine	x															
Antiretrovirals	Raltegravir	x															
Antiretrovirals	Darunavir	x															
Antiretrovirals	Atazanavir	x															
Antiretrovirals	Fosamprenavir	x															
Antiretrovirals	Ritonavir	x															
Antitubercular	Ethambutol		x	x													
Antitubercular	Isoniazid		x	x													
Antimycobacterial	Rifabutin		x	x													
Antitubercular	Rifampin		x	x													
Antiviral	Acyclovir	x															
Antiviral	Oseltamivir	x															
Antiviral	Zanamivir	x															
Beta Blockers	Carvedilol	x	x	x													
Beta Blockers	Metoprolol Tartrate	x	x	x													
Beta Blockers	Nebivolol	x	x	x													
Beta Blockers	Propranolol HCl	x	x	x													
Calcium Blockers	Amlodipine	x	x	x													
Calcium Blockers	Diltiazem	x	x	x													
Calcium Blockers	Nifedipine	x	x	x													
Cephalosporins	Cefaclor	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefadroxil	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefdinir	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefixime	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefpodoxime	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cefprozil	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Cephalosporins	Cephalexin	x	x	x		Yes	Yes				Yes		Yes	Yes	Yes		Yes
Corticosteroids	Methylprednisolone	x	x				Yes	Yes							Yes		
Corticosteroids	Prednisolone	x	x				Yes	Yes							Yes		
Corticosteroids	Prednisone	x	x				Yes	Yes							Yes		
Cough/Cold	Acetylcysteine Inhal	x															
Cough/Cold	Benzonatate	x															
Cough/Cold	Cetirizine-Pseudoephedrine	x															
Cough/Cold	Chlorpheniramine - Phenylephrine	x															
Cough/Cold	Chlorpheniramine-Acetaminophen	x															
Cough/Cold	Chlorpheniramine-DM	x															
Cough/Cold	Dextromethorphan	x															

Therapeutic Category	Generic Name	Phase A	Phase B	Phase C	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)
Cough/Cold	Dextromethorphan-APAP-Chlorpheniramine	x															
Cough/Cold	Dextromethorphan-Diphenhyd-APAP	x															
Decongestants	Cromolyn Nasal			x													
Decongestants	Oxymetazoline	x															
Decongestants	Phenylephrine Nasal	x															
Decongestants	Pseudoephedrine	x															
Decongestants	Saline Nasal	x															
Decongestants	Tetrahydrozoline Nasal	x															
Decongestants	Triamcinolone Acetonide Nasal	x															
Decongestants (Nasal Steroids)	Budesonide Nasal	x	x	x													
Decongestants (Nasal Steroids)	Flunisolide Nasal	x	x	x													
Decongestants (Nasal Steroids)	Fluticasone Propionate Nasal	x	x	x													
Decongestants (Nasal Steroids)	Mometasone Furoate Nasal	x	x	x													
Dermatological	Neomycin Sulfate	x	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Dermatological	Bacitracin Topical	x	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Dermatological	Betamethasone Topical	x	x	x		Yes											
Dermatological	Capsicum Topical	x	x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Dermatological	Ciclopirox Olamine	x	x	x		Yes											
Dermatological	Clobetasol Topical	x	x	x													
Dermatological	Clotrimazole	x	x	x		Yes											
Dermatological	Clotrimazole w/ Betamethasone Topical	x	x	x													
Dermatological	Desonide	x	x	x		Yes											
Dermatological	Desoximetasone Topical	x	x	x		Yes											
Dermatological	Diclofenac Topical	x	x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Dermatological	Econazole	x	x	x		Yes											
Dermatological	Fluocinolone Acetonide	x	x	x		Yes											
Dermatological	Fluticasone Prop	x	x	x		Yes											
Dermatological	Gentamicin Topical	x	x	x		Yes											
Dermatological	Hydrocortisone Topical	x	x	x		Yes											
Dermatological	Ketoconazole Topical	x	x	x		Yes											
Dermatological	Lidocaine Topical [4% only]			x		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Dermatological	Methyl Salicylate			x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Dermatological	Metronidazole	x	x	x		Yes											
Dermatological	Miconazole Nitrate	x	x	x		Yes											
Dermatological	Mupirocin Topical	x	x	x		Yes											
Dermatological	Neomycin-Polymyxin-Bacitracin	x	x	x		Yes											
Dermatological	Nystatin Topical	x	x	x		Yes											
Dermatological	Nystatin-Triamcinolone	x	x	x		Yes											
Dermatological	Silver Sulfadiazine	x	x	x													
Dermatological	Tolnaftate	x	x	x		Yes											
Dermatological	Triamcinolone Topical	x	x	x		Yes											
Diuretics	Bumetanide	x															
Diuretics	Furosemide	x															
Diuretics	Spirolactone	x															
Fluoroquinolones	Ciprofloxacin	x	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Fluoroquinolones	Levofloxacin	x	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
Fluoroquinolones	Moxifloxacin	x	x	x		Yes		Yes			Yes		Yes	Yes	Yes		Yes
GI, Misc	Metoclopramide	x	x	x													
GI, Misc	Simethicone	x	x	x													
Hematopoetic Agents	Folic Acid			x													

Therapeutic Category	Generic Name	Phase A	Phase B	Phase C	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)
Hypnotics	Doxepin			x													
Hypnotics	Temazepam			x													
Hypnotics	Zolpidem			x													
Laxatives	Bisacodyl		x	x													
Laxatives	Docusate Calcium			x													
Laxatives	Docusate Na		x	x													
Laxatives	Glycerin		x	x													
Laxatives	Lactulose		x	x													
Laxatives	Magnesium		x	x													
Laxatives	Mineral Oil		x	x													
Laxatives	Polyethylene Glycol 3350			x													
Laxatives	Psyllium			x													
Laxatives	Na Phosphates - Enema		x	x													
Macrolide Antibiotics	Azithromycin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Macrolide Antibiotics	Clarithromycin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Macrolide Antibiotics	Erythromycin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Migraine Products	Butalbital-Acetaminophen-Caffeine	x	x	x													
Migraine Products	Butalbital-Aspirin-Caffeine	x	x	x													
Migraine Products	Sumatriptan		x	x													
Misc. Anti-Infectives	Clindamycin	x	x	x		Yes					Yes		Yes				Yes
Misc. Anti-Infectives	Linezolid			x													
Misc. Anti-Infectives	Metronidazole	x	x	x		Yes					Yes		Yes				Yes
Misc. Anti-Infectives	Sulfamethoxazole-Trimethoprim	x	x	x		Yes					Yes		Yes				Yes
Misc. Anti-Infectives	Vancocycin	x	x	x													
Mouth - Throat (local)	Clotrimazole Troche	x	x	x													
Mouth - Throat (local)	Lidocaine HCl Soln	x	x	x													
Mouth - Throat (local)	Nystatin Susp	x	x	x													
Ophthalmic	Alcaftadine	x	x	x								Yes					
Ophthalmic	Apraclonidine HCL	x	x	x													
Ophthalmic	Artificial Tear Ophth	x	x	x								Yes					
Ophthalmic	Atropine Sulfate Solution	x	x	x													
Ophthalmic	Azelastine	x	x	x								Yes					
Ophthalmic	Azithromycin	x	x	x													
Ophthalmic	Bacitracin Ophth	x	x	x													
Ophthalmic	Bacitracin-Polymyxin B	x	x	x													
Ophthalmic	Bacitracin-Polymyxin-Neomycin-HC	x	x	x													
Ophthalmic	Bepotastine	x	x	x								Yes					
Ophthalmic	Besifloxacin	x	x	x								Yes					
Ophthalmic	Betaxolol	x	x	x													
Ophthalmic	Bevacizumab	x	x	x								Yes					
Ophthalmic	Bimatoprost Ophth	x	x	x													
Ophthalmic	Brimonidine Tartrate Ophth	x	x	x													
Ophthalmic	Brimonidine Tartrate-Timolol Maleate Ophth	x	x	x													
Ophthalmic	Brinzolamide Ophth	x	x	x													
Ophthalmic	Bromfenac Na Ophth	x	x	x								Yes					
Ophthalmic	Carboxymethylcell-Glycerin-Polysorb 80 Ophth	x	x	x													
Ophthalmic	Carboxymethylcellulose	x	x	x								Yes					
Ophthalmic	Carteolol	x	x	x													
Ophthalmic	Carteolol HCL	x	x	x													

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Ophthalmic	Ciprofloxacin	x	x	x								Yes					
Ophthalmic	Cromolyn	x	x	x								Yes					
Ophthalmic	Cyclopentolate	x	x	x													
Ophthalmic	Dexamethasone	x	x	x								Yes					
Ophthalmic	Diclofenac	x	x	x								Yes					
Ophthalmic	Dorzolamide	x	x	x													
Ophthalmic	Dorzolamide HCL	x	x	x													
Ophthalmic	Emedastine	x	x	x								Yes					
Ophthalmic	Epinastine	x	x	x								Yes					
Ophthalmic	Erythromycin	x	x	x								Yes					
Ophthalmic	Fluorometholone	x	x	x								Yes					
Ophthalmic	Flurbiprofen	x	x	x								Yes					
Ophthalmic	Gatifloxacin	x	x	x								Yes					
Ophthalmic	Gentamicin	x	x	x								Yes					
Ophthalmic	Glycerin (Ophth Lubricant)	x	x	x													
Ophthalmic	Glycerin-Hypromellose-PEG 400	x	x	x													
Ophthalmic	Irrigating Eyewash	x	x	x								Yes					
Ophthalmic	Homatropine	x	x	x								Yes					
Ophthalmic	Hypromellose	x	x	x													
Ophthalmic	Ketorolac Trometh	x	x	x								Yes					
Ophthalmic	Ketotifen	x	x	x								Yes					
Ophthalmic	Latanoprost Ophth	x	x	x													
Ophthalmic	Levobunolol HCL	x	x	x													
Ophthalmic	Levofloxacin	x	x	x								Yes					
Ophthalmic	Lodoxamide	x	x	x								Yes					
Ophthalmic	Loteprednol	x	x	x								Yes					
Ophthalmic	Methylcellulose Ophth	x	x	x													
Ophthalmic	Metipranolol	x	x	x													
Ophthalmic	Metipranolol	x	x	x													
Ophthalmic	Moxifloxacin HCl	x	x	x								Yes					
Ophthalmic	Naphazoline HCl	x	x	x													
Ophthalmic	Natamycin	x	x	x								Yes					
Ophthalmic	Nedocromil	x	x	x								Yes					
Ophthalmic	Neomycin-Bacitracin-Polymyxin	x	x	x													
Ophthalmic	Neomycin-Polymyxin-Dexamethasone	x	x	x													
Ophthalmic	Neomycin-Polymyxin-Gramicidin	x	x	x													
Ophthalmic	Neomycin-Polymyxin-HC	x	x	x													
Ophthalmic	Ofloxacin	x	x	x								Yes					
Ophthalmic	Olopatadine	x	x	x								Yes					
Ophthalmic	Phenylephrine	x	x	x													
Ophthalmic	Phenylephrine HCL	x	x	x													
Ophthalmic	Pilocarpine HCL	x	x	x													
Ophthalmic	Polyethylene Glycol 400	x	x	x													
Ophthalmic	Polyethylene Glycol-Polyvinyl Alcohol	x	x	x													
Ophthalmic	Polymyxin B-Trimethoprim	x	x	x													
Ophthalmic	Polysorbate 80	x	x	x													
Ophthalmic	Polyvinyl Alcohol	x	x	x													
Ophthalmic	Polyvinyl Alcohol-Povidone	x	x	x													
Ophthalmic	Prednisolone Acetate	x	x	x								Yes					
Ophthalmic	Prednisolone Na Phosphate	x	x	x								Yes					
Ophthalmic	Proparacaine HCL	x	x	x								Yes					

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Ophthalmic	Na Chloride Hypertonic	x	x	x								Yes					
Ophthalmic	Sulfacetamide-Prednisolone	x	x	x													
Ophthalmic	Sulfacetamide	x	x	x													
Ophthalmic	Tetracaine HCL	x	x	x								Yes					
Ophthalmic	Timolol Maleate	x	x	x													
Ophthalmic	Tobramycin	x	x	x								Yes					
Ophthalmic	Tobramycin-Dexamethasone	x	x	x													
Ophthalmic	Tranexamic Acid	x	x	x								Yes					
Ophthalmic	Travoprost	x	x	x													
Ophthalmic	Trifluridine	x	x	x													
Ophthalmic	Tropicamide	x	x	x													
Ophthalmic	White Petrolatum-Mineral Oil	x	x	x													
OTIC	Acetic Acid	x	x	x													
OTIC	Antipyrine-Benzocaine Otic Soln	x	x	x													
OTIC	Antipyrine-Benzocaine-Glycerin-Zinc Ace	x	x	x													
OTIC	Antipyrine-Benzocaine-Polycosanol	x	x	x													
OTIC	Ciprofloxacin	x	x	x													
OTIC	Fluocinolone	x	x	x													
OTIC	Hydrocortisone w/ Acetic Acid	x	x	x													
OTIC	Neomycin-Polymyxin-HC	x	x	x													
OTIC	Ofloxacin	x	x	x													
OTIC	Pramoxine-Chloroxylenol	x	x	x													
OTIC	Pramoxine-HC-Chloroxylenol	x	x	x													
Penicillins	Amoxicillin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Penicillins	Amoxicillin-Clavulanate	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Penicillins	Ampicillin	x	x	x							Yes		Yes	Yes	Yes		Yes
Penicillins	Dicloxacillin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Penicillins	Penicillin	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Pressors	Epinephrine	x															
Respiratory, Misc	Nintedanib Esylate			x													
Respiratory, Misc	Pirfenidone			x													
Skeletal Muscle Relaxants	Baclofen	x						2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Carisoprodol	x						2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Cyclobenzaprine	x						Yes		Yes					Yes	Yes	
Skeletal Muscle Relaxants	Metaxalone	x						2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Methocarbamol	x						2nd		2nd					2nd	2nd	
Skeletal Muscle Relaxants	Tizanidine HCl	x						2nd		2nd					2nd	2nd	
Tetracyclines	Doxycycline	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Tetracyclines	Minocycline	x	x	x		Yes					Yes		Yes	Yes	Yes		Yes
Tetracyclines	Tetracycline	x	x	x													
Ulcer Drugs	Cimetidine	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Dicyclomine HCl	x		x													
Ulcer Drugs	Esomeprazole	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Famotidine	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Hyoscyamine	x		x													
Ulcer Drugs	Lansoprazole	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Misoprostol	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Nizatidine	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Omeprazole	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Pantoprazole	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Rabeprazole	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

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Ulcer Drugs	Ranitidine	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Ulcer Drugs	Sucralfate	x		x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
** Prescriber should consider appropriateness of naloxone when prescribing opioids. The WCB supports the NYS DOH recommendations related to the use of intranasal administration. After appropriate claimant assessment, if in the prescriber's judgement, it is appropriate for the claimant to obtain intranasal naloxone, the provider should submit a prior authorization request.																	
https://www.health.ny.gov/professionals/ems/policy/13-10.htm																	
https://www.governor.ny.gov/news/governor-cuomo-announces-narcan-now-available-independent-pharmacies																	