

EFFECTIVE WITH THE LAUNCH OF
ONBOARD: LIMITED RELEASE
NEW YORK STATE WORKERS' COMPENSATION

DRUG FORMULARY

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**Workers'
Compensation
Board**

New York Workers' Compensation Drug Formulary

Effective with the launch of **OnBoard: Limited Release**

Introduction

Legislation enacted in April 2017 required the New York State Workers' Compensation Board (Board) to establish a drug formulary. The **New York 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** drug list designates drugs as either "Phase A," "Phase B" or "Perioperative." Additionally, some drugs are listed as second-line therapy 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 (e.g., a generic drug available in 5 mg and 10 mg, but brand name drug available in 7.5 mg would be considered non-formulary and could only be dispensed via prior authorization); and
5. Compounded drugs.

Application of the Formulary

The **Formulary** sets forth drugs in three lists: Phase A, Phase B and Perioperative. These three lists of drugs are considered formulary and can be prescribed per the following framework. For more detailed information about the Phase A, Phase B and Perioperative drugs, see the **Formulary** on the following pages.

Phase A Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

1. Within the first 30 days following an injury or illness or until the insurer accepts the claim or the Board establishes a claim, whichever occurs sooner.
2. For up to a 30-day supply.

Phase B Drug List

Drugs on this list may be prescribed and dispensed subject to the following:

1. After 30 days following an injury or illness or when the insurer has accepted the claim or the Board has established a claim, whichever occurs sooner.
2. For up to a 90-day supply.
3. 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 Workers' Compensation Board's adopted **New York Medical Treatment Guidelines (MTGs)**.
4. Phase B drugs designated as second line 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 **MTGs**.

Perioperative Drug List

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

1. The drug is prescribed during the perioperative period (four days before through four days following surgery).

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 **MTGs**.

Special Considerations

Some drugs are marked with a Special Consideration indication. These include:

- **1. “Not to exceed a single seven (7) day supply”** — meaning that a specific 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 (e.g., controlled substances);
- **2. “For the prescribed course of therapy”** — meaning that a specific formulary drug can be prescribed and dispensed, during the applicable phase of the *Formulary*, for the quantity indicated by the prescriber (e.g., antibiotics);
- **3. “Short acting only”** — meaning that a specific formulary drug can only be prescribed and dispensed for the short-acting formulation of the product; and
- **4. “As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care”** — meaning that the item can be prescribed and dispensed when there are no adopted *MTGs* 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 *MTGs* (e.g., treatment of a post-operative infection following a knee replacement).

Prior Authorization

A health care 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 containing the same active ingredient(s) is commercially available in a different strength/dosage, or
5. A compounded drug.

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, as described below.

Level 1 Review

The provider shall submit a prior authorization request, in the manner prescribed by the Chair, to the insurer, self-insured employer, or, when designated, the pharmacy benefits manager.

The Level 1 Review has these requirements and time frames:

1. The prior authorization request may 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 insurer, self-insured employer or pharmacy benefits manager shall grant, grant in part or deny a prior authorization request within four calendar days of submission by the provider:
 - a. A grant in part authorizes the requested drug, but limits the length of time, quantity prescribed or number of refills from that requested by the prescriber.
 - b. A prior authorization request that is not responded to within four calendar days (by a grant, grant in part, or denial) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.
3. A grant in part or denial of a prior authorization request must:
 - a. Provide a specific reason for the denial or grant in part with reference to the specific prior authorization request made by the prescriber.



Level 2 Review

Within 10 calendar days of a denial or grant in part of a Level 1 prior authorization request, the prescriber may request review of such denial or grant in part by the insurer's physician.

The Level 2 Review has these requirements and time frames:

1. The prior authorization request shall include:
 - a. All information submitted by the prescriber for the Level 1 Review and the response from the insurer, self-insured employer, or when designated, the pharmacy benefits manager,
 - b. All information provided to the prescriber related to the Level 1 Review denial or grant in part, 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 Level 1 Review denial.
2. The insurer's physician shall grant, grant in part or deny a prior authorization request within four calendar days of submission by the prescriber.
3. A request for Level 2 Review that is not responded to within four calendar days (by a grant, grant in part or denial) may be deemed approved as prescribed, not to exceed a 365-day supply, upon issuance of an Order of the Chair.

Level 3 Review

Within 10 calendar days of a denial or a grant in part by the insurer's physician of a Level 2 Review, the prescriber may seek review by the Board's Medical Director's Office.

The Level 3 Review has these requirements and time frames:

1. The prescriber shall submit the prior authorization request to the Medical Director's Office within 10 calendar days of the Level 2 Review denial date.

2. The request must include all documentation submitted in support of the Level 1 and 2 Reviews and the information associated with the denial or grant in part issued from the Level 1 Review and the Level 2 Review. The prescriber should respond to the reason(s) stated in the Level 2 Review 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 review of requests, the Chair or Medical Director may designate private entities to evaluate such requests for review of denials of a Level 2 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 Level 3 Review is denied, the prescriber may not submit a prior authorization request 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 prior authorization request no longer applicable to the claimant's current medical condition.

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Alpha Blocker	Prazosin	4	x	x														Yes			
Analgesic - Narcotic*	Buprenorphine	1	x																		
Analgesic - Narcotic*	Codeine/Acetaminophen	1,3	x		x																
Analgesic - Narcotic*	Fentanyl (Patch Only)	1		x															Yes		
Analgesic - Narcotic*	Hydrocodone/Acetaminophen	1,3	x		x																
Analgesic - Narcotic*	Hydrocodone/Ibuprofen	1,3	x		x																
Analgesic - Narcotic*	Methadone	1	x																		
Analgesic - Narcotic*	Morphine	1,3	x		x																
Analgesic - Narcotic*	Oxycodone HCl	1,3	x		x																
Analgesic - Narcotic*	Oxycodone/Acetaminophen	1,3	x		x																
Analgesic - Narcotic*	Oxycodone/Aspirin	1,3	x		x																
Analgesic - Narcotic*	Tapentadol	1,3	x																		
Analgesic - Narcotic*	Tramadol HCl	1,3	x		x																
Analgesic - Narcotic*	Tramadol/Acetaminophen	1,3	x		x																
Analgesic - Non-Narcotic	Acetaminophen		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Analgesic - Non-Narcotic	Aspirin		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	
Analgesic - Non-Narcotic	Choline/Magnesium Salicylates		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	
Analgesic - Non-Narcotic	Diflunisal		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	
Analgesic - Topical	Capsaicin		x	x		Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Analgesic - Topical	Diclofenac Na (1% Only)		x	x		Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Analgesic - Topical	Lidocaine Patch (4% Only)		x	x		Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	3rd
Analgesic - Topical	Methyl Salicylate		x	x		Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Androgens	Testosterone			x																	Yes
Antacids	Al Hydrox/Mag Carbonate Susp	4	x	x																	
Antacids	Al Hydrox/Mag Trisil/Alginic Acid/Sod Bicarb	4	x	x																	
Antacids	Al Hydrox/Mag Trisilicate Chew Tab	4	x	x																	
Antacids	Al/Mag Hydroxides	4	x	x																	
Antacids	Calcium Carbonate	4	x	x																	
Antacids	Calcium Carbonate/Mag Hydrox	4	x	x																	
Antacids	Calcium Carbonate/Simethicone	4	x	x																	
Antacids	Calcium/Magnesium Carbonates	4	x	x																	
Antianxiety Agents	Alprazolam			x																	Yes
Antianxiety Agents	Buspirone	1	x																		
Antibiotics - Cephalosporins	Cefaclor	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefadroxil	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefdinir	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefixime	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefpodoxime	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cefprozil	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Cephalosporins	Cephalexin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Ciprofloxacin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Levofloxacin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Fluoroquinolones	Moxifloxacin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Antibiotics - Marolide	Azithromycin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Marolide	Clarithromycin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Marolide	Erythromycin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Misc	Clindamycin	2,4	x	x		Yes	Yes						Yes	Yes							
Antibiotics - Misc	Linezolid	2,4		x		Yes	Yes						Yes	Yes							
Antibiotics - Misc	Metronidazole	2,4	x	x		Yes	Yes						Yes	Yes							
Antibiotics - Misc	Sulfamethoxazole/Trimethoprim	2,4	x	x		Yes	Yes						Yes	Yes							
Antibiotics - Misc	Vancomycin	2,4	x	x		Yes	Yes						Yes	Yes							
Antibiotics - Penicillins	Amoxicillin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Amoxicillin/Clavulanate	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Ampicillin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Cloxacillin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Dicloxacillin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Penicillins	Penicillin	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Doxycycline	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Minocycline	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Antibiotics - Tetracyclines	Tetracycline	2	x	x		Yes	Yes	Yes			Yes		Yes	Yes		Yes	Yes			Yes	
Anticoagulants	Apixaban		x	x		Yes								Yes		Yes					
Anticoagulants	Dalteparin		x	x		Yes								Yes		Yes					
Anticoagulants	Enoxaparin Na		x	x		Yes								Yes		Yes					
Anticoagulants	Fondaparinux Na		x	x		Yes								Yes		Yes					
Anticoagulants	Heparin		x	x		Yes								Yes		Yes					
Anticoagulants	Rivaroxaban		x	x		Yes								Yes		Yes					
Anticoagulants	Warfarin Na		x	x		Yes								Yes		Yes					
Anticonvulsants	Carbamazepine		x	x				2nd	2nd								2nd	Yes	2nd		Yes
Anticonvulsants	Clonazepam		x	x																	Yes
Anticonvulsants	Divalproex		x	x														Yes			Yes
Anticonvulsants	Gabapentin		x	x	x			2nd	2nd					Yes			2nd		2nd		Yes
Anticonvulsants	Lamotrigine		x	x				2nd	2nd								2nd		2nd		Yes
Anticonvulsants	Levetiracetam		x	x														Yes			Yes
Anticonvulsants	Oxcarbazepine		x	x				2nd	2nd								2nd	Yes	2nd		Yes
Anticonvulsants	Phenytoin		x	x														Yes			Yes
Anticonvulsants	Pregabalin		x	x				2nd	2nd								2nd	Yes	2nd		Yes
Anticonvulsants	Topiramate		x	x				2nd	2nd								2nd		2nd		3rd
Anticonvulsants	Valproic Acid		x	x																	Yes
Antidepressants	Amitriptyline		x	x				Yes	Yes	Yes							Yes		Yes		Yes
Antidepressants	Bupropion		x	x				2nd	2nd	Yes							2nd		2nd		
Antidepressants	Citalopram	4	x	x						Yes								Yes			
Antidepressants	Clomipramine	4	x	x						Yes								Yes			Yes
Antidepressants	Desipramine		x	x				Yes	Yes	Yes							Yes		Yes		Yes
Antidepressants	Desvenlafaxine	4	x	x						Yes								Yes			3rd
Antidepressants	Doxepin	4	x	x				Yes	Yes	Yes							Yes	Yes	Yes		Yes

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Antidepressants	Duloxetine		x	x				2nd	2nd	Yes							2nd	Yes	2nd		3rd
Antidepressants	Escitalopram	4	x	x						Yes								Yes			
Antidepressants	Fluoxetine	4	x	x						Yes								Yes			
Antidepressants	Imipramine		x	x				Yes	Yes	Yes							Yes	Yes	Yes		Yes
Antidepressants	Isocarboxazid	4	x	x						Yes								Yes			
Antidepressants	Milnacipran			x																	3rd
Antidepressants	Mirtazapine	4	x	x						Yes								Yes			
Antidepressants	Nefazodone	4	x	x						Yes								Yes			
Antidepressants	Nortriptyline		x	x				Yes	Yes	Yes							Yes		Yes		Yes
Antidepressants	Paroxetine	4	x	x						Yes								Yes			
Antidepressants	Phenelzine	4	x	x						Yes								Yes			
Antidepressants	Protriptyline	4	x	x						Yes								Yes			Yes
Antidepressants	Sertraline	4	x	x						Yes								Yes			
Antidepressants	Tranylcypromine	4	x	x						Yes								Yes			
Antidepressants	Trazodone	4	x	x						Yes								Yes			
Antidepressants	Trimipramine		x	x				Yes	Yes	Yes							Yes	Yes	Yes		Yes
Antidepressants	Venlafaxine		x	x				2nd	2nd	Yes							2nd	Yes	2nd		3rd
Antidepressants	Vilazodone	4	x	x						Yes											
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	4	x	x																	
Antidiarrheals	Loperamide	4	x	x																	
Antidiuretic	Desmopressin			x																	Yes
Antiemetic/Antivertigo	Meclizine	4	x	x																	Yes
Antiemetic/Antivertigo	Ondansetron	4	x	x																	Yes
Antiemetic/Antivertigo	Prochlorperazine	4	x	x														Yes			
Antifungals	Fluconazole	2	x	x		Yes															
Antifungals	Itraconazole	2	x	x		Yes															
Antifungals	Ketoconazole	2	x	x		Yes															
Antifungals	Nystatin	2	x	x		Yes															
Antifungals	Terbinafine	2	x	x		Yes															
Antihistamines	Cetirizine	4	x	x			Yes														
Antihistamines	Cyproheptadine	4	x	x			Yes														
Antihistamines	Desloratadine	4	x	x			Yes														
Antihistamines	Diphenhydramine	4	x	x			Yes														
Antihistamines	Fexofenadine	4	x	x			Yes														Yes
Antihistamines	Hydroxyzine	4	x	x			Yes														
Antihistamines	Levocetirizine	4	x	x			Yes														

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Antihistamines	Loratadine	4	x	x			Yes														
Antihistamines	Promethazine	4	x	x			Yes														
Antihypertensive	Clonidine HCl		x															Yes			
Antihypertensive	Lisinopril		x																		
Antihypertensive	Losartan		x																		
Antihypertensive	Prazosin		x																		
Anti-Inflammatory	Celecoxib			x		2nd		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	Yes
Anti-Inflammatory	Etodolac		x	x	x	Yes		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	Yes
Anti-Inflammatory	Indomethacin		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Anti-Inflammatory	Meloxicam (Tablet Only)		x	x	x	Yes		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	Yes
Anti-Inflammatory	Sulindac		x	x	x	Yes		Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Antimalarial	Hydroxychloroquine	2	x																		
Antineoplastic	Cabozantinib	4		x																	
Antineoplastic	Dabrafenib	4		x																	
Antineoplastic	Doxorubicin	4		x																	
Antineoplastic	Interferon Gamma/1B	4		x																	
Antineoplastic	Methotrexate	4		x																	
Antineoplastic	Trametinib	4		x																	
Antineoplastic	Vandetanib	4		x																	
Antineoplastic	Vismodegib	4		x																	
Antipsychotic	Aripiprazole	4	x	x														Yes			Yes
Antipsychotic	Asenapine Maleate	4		x														Yes			Yes
Antipsychotic	Chlorpromazine	4	x	x						2nd											Yes
Antipsychotic	Fluphenazine	4	x	x						2nd								Yes			Yes
Antipsychotic	Haloperidol	4	x	x						2nd								Yes			Yes
Antipsychotic	Lithium	4	x	x														Yes			Yes
Antipsychotic	Lurasidone	4		x														Yes			Yes
Antipsychotic	Olanzapine	4	x	x														Yes			Yes
Antipsychotic	Paliperidone	4		x														Yes			Yes
Antipsychotic	Perphenazine	4	x	x						2nd								Yes			Yes
Antipsychotic	Quetiapine	4	x	x																	Yes
Antipsychotic	Risperidone	4		x																	Yes
Antipsychotic	Thioridazine	4	x	x						2nd											Yes
Antipsychotic	Thiothixene	4	x	x						2nd											Yes
Antipsychotic	Trifluoperazine	4	x	x						2nd								Yes			Yes
Antipsychotic	Ziprasidone	4		x																	Yes
Antiretrovirals	Atazanavir	2,4	x	x									Yes								
Antiretrovirals	Darunavir	2,4	x	x									Yes								
Antiretrovirals	Dolutegravir	2,4	x	x									Yes								

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Antiretrovirals	Emtricitabine	2,4	x	x									Yes								
Antiretrovirals	Fosamprenavir	2,4	x	x									Yes								
Antiretrovirals	Lamivudine	2,4	x	x									Yes								
Antiretrovirals	Raltegravir	2,4	x	x									Yes								
Antiretrovirals	Ritonavir	2,4	x	x									Yes								
Antiretrovirals	Stavudine	2,4	x	x									Yes								
Antiretrovirals	Tenofovir	2,4	x	x									Yes								
Antiretrovirals	Zidovudine	2,4	x	x									Yes								
Antispasticity	Dantrium			x																	Yes
Antitubercular	Ethambutol	2,4		x																	Yes
Antitubercular	Isoniazid	2,4		x																	
Antitubercular	Rifabutin	2,4		x																	
Antitubercular	Rifampin	2,4		x																	
Antiviral	Acyclovir	2	x																		
Antiviral	Oseltamivir	2	x																		
Antiviral	Zanamivir	2	x																		
Beta Blockers	Carvedilol		x	x																	Yes
Beta Blockers	Metoprolol Tartrate		x	x																	Yes
Beta Blockers	Nebivolol		x	x																	Yes
Beta Blockers	Propranolol HCl		x	x																	Yes
Bisphosphonates	Alendronate			x										Yes							
Bisphosphonates	Etidronate			x										Yes							
Bisphosphonates	Ibandronate			x										Yes							
Bisphosphonates	Risedronate			x										Yes							
Bronchodilator	Acidinium Bromide Aerosol Powd		x	x			Yes								Yes						
Bronchodilator	Albuterol Inh		x	x			Yes								Yes						
Bronchodilator	Albuterol Sulfate		x	x			Yes								Yes						
Bronchodilator	Arformoterol		x	x			Yes								Yes						
Bronchodilator	Budesonide/Formoterol Fumarate Inh		x	x			Yes								Yes						
Bronchodilator	Budesonide/Glycopyrrolate/Formoterol		x	x			Yes								Yes						
Bronchodilator	Epinephrine Inh		x	x			Yes								Yes						
Bronchodilator	Fluticasone Furoate/Vilanterol Inh		x	x			Yes								Yes						
Bronchodilator	Fluticasone/Salmeterol Inh		x	x			Yes														
Bronchodilator	Fluticasone/Umeclidinium/Vilanterol		x	x			Yes								Yes						
Bronchodilator	Formoterol Fumarate Soln		x	x			Yes								Yes						
Bronchodilator	Formoterol/Aclidinium		x	x			Yes								Yes						
Bronchodilator	Formoterol/Glycopyrrolate		x	x			Yes								Yes						
Bronchodilator	Formoterol/Mometasone		x	x			Yes								Yes						
Bronchodilator	Glycopyrrolate		x	x			Yes								Yes						
Bronchodilator	Indacaterol Maleate Inh		x	x			Yes								Yes						
Bronchodilator	Indacaterol/Glycopyrrolate		x	x			Yes								Yes						
Bronchodilator	Ipratropium Bromide Inh		x	x			Yes								Yes						

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Bronchodilator	Ipratropium/Albuterol Inh		x	x			Yes								Yes						
Bronchodilator	Levalbuterol HCl Inh		x	x			Yes								Yes						
Bronchodilator	Olodaterol		x	x			Yes								Yes						
Bronchodilator	Revefenacine		x	x			Yes								Yes						
Bronchodilator	Salmeterol		x	x			Yes								Yes						
Bronchodilator	Theophylline		x	x			Yes								Yes						
Bronchodilator	Tiotropium Inh		x	x			Yes								Yes						
Bronchodilator	Tiotropium/Olodaterol		x	x			Yes								Yes						
Bronchodilator	Umeclidinium		x	x			Yes								Yes						
Bronchodilator	Umeclidinium/Vilanterol		x	x			Yes								Yes						
Bronchodilator	Vilanterol		x	x			Yes								Yes						
Calcium Blockers	Amlodipine		x																		
Calcium Blockers	Diltiazem		x																		
Calcium Blockers	Nifedipine		x																		
Corticosteroids	Beclomethasone Inh		x	x			Yes								Yes						
Corticosteroids	Budesonide		x	x			Yes								Yes						
Corticosteroids	Budesonide Inh		x	x			Yes								Yes						
Corticosteroids	Budesonide/Formoterol Fumarate Inh		x	x			Yes								Yes						
Corticosteroids	Budesonide/Glycopyrrolate/Formoterol		x	x			Yes								Yes						
Corticosteroids	Ciclesonide Inh		x	x			Yes								Yes						
Corticosteroids	Flunisolide Inh		x	x			Yes								Yes						
Corticosteroids	Fluticasone Furoate/Vilanterol Inh		x	x			Yes								Yes						
Corticosteroids	Fluticasone Inh		x	x			Yes								Yes						
Corticosteroids	Fluticasone/Salmeterol Inh		x	x			Yes								Yes						
Corticosteroids	Formoterol/Mometasone		x	x			Yes								Yes						
Corticosteroids	Hydrocortisone (Oral)			x																	Yes
Corticosteroids	Methylprednisolone		x	x		Yes	Yes	Yes					Yes				Yes				
Corticosteroids	Mometasone Furoate Inh		x	x			Yes								Yes						
Corticosteroids	Mometasone Furoate/Formoterol Fumarate Inh		x	x			Yes								Yes						
Corticosteroids	Prednisolone		x	x		Yes	Yes	Yes					Yes				Yes				
Corticosteroids	Prednisone		x	x		Yes	Yes	Yes					Yes				Yes				
Corticosteroids	Triamcinolone Acetonide Inh		x	x			Yes								Yes						
Cough/Cold	Acetylcysteine Inh		x																		
Cough/Cold	Benzonatate		x																		
Cough/Cold	Cetirizine/Pseudoephedrine		x																		
Cough/Cold	Chlorpheniramine/Acetaminophen		x																		
Cough/Cold	Chlorpheniramine/DM		x																		
Cough/Cold	Chlorpheniramine/Phenylephrine		x																		
Cough/Cold	Dextromethorphan		x																		
Cough/Cold	Dextromethorphan/APAP/Chlorpheniramine		x																		
Cough/Cold	Dextromethorphan/Diphenhyd/APAP		x																		
Decongestants	Oxymetazoline		x																		

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Decongestants	Phenylephrine Nasal		x																		
Decongestants	Pseudoephedrine		x																		
Decongestants	Saline Nasal		x																		
Decongestants	Tetrahydrozoline Nasal		x																		
Decongestants (Nasal Steroids)	Budesonide Nasal		x																		
Decongestants (Nasal Steroids)	Flunisolide Nasal		x																		
Decongestants (Nasal Steroids)	Fluticasone Propionate Nasal		x																		
Decongestants (Nasal Steroids)	Mometasone Furoate Nasal		x																		
Dermatological	Bacitracin	4	x	x		Yes															
Dermatological	Betamethasone	4	x	x		Yes															
Dermatological	Ciclopirox Olamine	4	x	x		Yes															
Dermatological	Clobetasol	4	x	x		Yes															
Dermatological	Clotrimazole	4	x	x		Yes															
Dermatological	Clotrimazole w/ Betamethasone Topical	4	x	x		Yes															
Dermatological	Desonide	4	x	x		Yes															
Dermatological	Desoximetasone	4	x	x		Yes															
Dermatological	Econazole	4	x	x		Yes															
Dermatological	Fluocinolone Acetonide	4	x	x		Yes															
Dermatological	Fluticasone Prop	4	x	x		Yes															
Dermatological	Gentamicin	4	x	x		Yes															
Dermatological	Hydrocortisone	4	x	x		Yes															
Dermatological	Metronidazole	4	x	x		Yes															
Dermatological	Miconazole Nitrate	4	x	x		Yes															
Dermatological	Mupirocin	4	x																		
Dermatological	Neomycin Sulfate	4	x	x		Yes															
Dermatological	Neomycin/Polymyxin/Bacitracin	4	x	x		Yes															
Dermatological	Nystatin	4	x	x		Yes															
Dermatological	Nystatin/Triamcinolone	4	x	x		Yes															
Dermatological	Silver Sulfadiazine	4	x																		
Dermatological	Tolnaftate	4	x	x		Yes															
Dermatological	Triamcinolone	4	x	x		Yes															
Diuretics	Bumetanide		x																		
Diuretics	Furosemide		x																		
Diuretics	Spirolactone		x																		
GI, Misc	Metoclopramide	4		x																	Yes
GI, Misc	Simethicone	4	x	x																	
Hematopoietic Agents	Folic Acid	4		x																	
Hypnotics	Temazepam	4		x																	
Hypnotics	Zolpidem	4		x																	
Immunotherapy/Biologicals	Benralizumab		x	x			Yes														
Immunotherapy/Biologicals	Cromolyn Na Inh		x	x			Yes								Yes						
Immunotherapy/Biologicals	Dupilumab		x	x			Yes														

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Immunotherapy/Biologicals	Mepolizumab		x	x			Yes														
Immunotherapy/Biologicals	Montelukast		x	x			Yes								Yes						
Immunotherapy/Biologicals	Nintedanib		x	x																	
Immunotherapy/Biologicals	Omalizumab		x	x			Yes														
Immunotherapy/Biologicals	Pirfenidone		x	x																	
Immunotherapy/Biologicals	Reslizumab		x	x			Yes														
Immunotherapy/Biologicals	Roflumilast		x	x			Yes								Yes						
Immunotherapy/Biologicals	Zafirlukast		x	x			Yes								Yes						
Immunotherapy/Biologicals	Zileuton		x	x			Yes								Yes						
Laxatives	Bisacodyl	4	x	x																	
Laxatives	Docusate Calcium	4	x	x																	
Laxatives	Docusate Na	4	x	x																	
Laxatives	Glycerin	4	x	x																	
Laxatives	Lactulose	4	x	x																	
Laxatives	Mineral Oil	4	x	x																	
Laxatives	Na Phosphates/Enema	4	x	x																	
Laxatives	Polyethylene Glycol 3350	4	x	x																	
Laxatives	Psyllium	4	x	x																	
Migraine Products	Butalbital/Acetaminophen/Caffeine	4	x	x																	Yes
Migraine Products	Butalbital/Aspirin/Caffeine	4	x	x																	Yes
Migraine Products	Rizatriptan			x																	Yes
Migraine Products	Sumatriptan			x																	Yes
Migraine Products	Zolmitriptan			x																	Yes
Mouth - Throat (Local)	Clotrimazole Troche	4	x	x																	
Mouth - Throat (Local)	Lidocaine Viscous 2%	4	x	x																	
Mouth - Throat (Local)	Nystatin Suspension	4	x	x																	
Neurostimulants	Amantadine			x																	Yes
Neurostimulants	Amphetamine/Dextroamphetamine			x																	Yes
Neurostimulants	Bromocriptine			x																	Yes
Neurostimulants	Carbidopa/Levodopa			x																	Yes
Neurostimulants	Donepezil			x																	Yes
Neurostimulants	Methylphenidate			x																	Yes
Neurostimulants	Modafinil			x																	Yes
Ophthalmic	Alcaftadine		x	x								Yes									
Ophthalmic	Apraclonidine HCL		x	x								Yes									
Ophthalmic	Artificial Tear Ophth		x	x								Yes									
Ophthalmic	Atropine Sulfate Solution		x	x								Yes									
Ophthalmic	Azelastine		x	x								Yes									
Ophthalmic	Azithromycin		x	x								Yes									
Ophthalmic	Bacitracin Ophth		x	x								Yes									
Ophthalmic	Bacitracin/Polymyxin B		x	x								Yes									
Ophthalmic	Bacitracin/Polymyxin/Neomycin/HC		x	x								Yes									
Ophthalmic	Bepotastine		x	x								Yes									

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Ophthalmic	Besifloxacin		x	x								Yes									
Ophthalmic	Betaxolol		x	x								Yes									
Ophthalmic	Bevacizumab		x	x								Yes									
Ophthalmic	Bimatoprost		x	x								Yes									
Ophthalmic	Brimonidine Tartrate		x	x								Yes									
Ophthalmic	Brimonidine Tartrate/Timolol Maleate		x	x								Yes									
Ophthalmic	Brinzolamide		x	x								Yes									
Ophthalmic	Bromfenac Na		x	x								Yes									
Ophthalmic	Carboxymethylcell/Glycerin/Polysorb 80		x	x								Yes									
Ophthalmic	Carboxymethylcellulose		x	x								Yes									
Ophthalmic	Carteolol		x	x								Yes									
Ophthalmic	Ciprofloxacin		x	x								Yes									
Ophthalmic	Cromolyn		x	x								Yes									
Ophthalmic	Cyclopentolate		x	x								Yes									
Ophthalmic	Dexamethasone		x	x								Yes									
Ophthalmic	Diclofenac		x	x								Yes									
Ophthalmic	Dorzolamide		x	x								Yes									
Ophthalmic	Emedastine		x	x								Yes									
Ophthalmic	Epinastine		x	x								Yes									
Ophthalmic	Erythromycin		x	x								Yes									
Ophthalmic	Fluorometholone		x	x								Yes									
Ophthalmic	Flurbiprofen		x	x								Yes									
Ophthalmic	Gatifloxacin		x	x								Yes									
Ophthalmic	Gentamicin		x	x								Yes									
Ophthalmic	Glycerin (Ophth Lubricant)		x	x								Yes									
Ophthalmic	Glycerin/Hypromellose/PEG 400		x	x								Yes									
Ophthalmic	Homatropine		x	x								Yes									
Ophthalmic	Hypromellose		x	x								Yes									
Ophthalmic	Irrigating Eyewash		x	x								Yes									
Ophthalmic	Ketorolac Trometh		x	x								Yes									
Ophthalmic	Ketotifen		x	x								Yes									
Ophthalmic	Latanoprost		x	x								Yes									
Ophthalmic	Levobunolol HCL		x	x								Yes									
Ophthalmic	Levofloxacin		x	x								Yes									
Ophthalmic	Lodoxamide		x	x								Yes									
Ophthalmic	Loteprednol		x	x								Yes									
Ophthalmic	Methylcellulose		x	x								Yes									
Ophthalmic	Metipranolol		x	x								Yes									
Ophthalmic	Moxifloxacin HCl		x	x								Yes									
Ophthalmic	Na Chloride Hypertonic		x	x								Yes									
Ophthalmic	Naphazoline HCl		x	x								Yes									
Ophthalmic	Natamycin		x	x								Yes									

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Ophthalmic	Nedocromil		x	x								Yes									
Ophthalmic	Neomycin/Bacitracin/Polymyxin		x	x								Yes									
Ophthalmic	Neomycin/Polymyxin/Dexamethasone		x	x								Yes									
Ophthalmic	Neomycin/Polymyxin/Gramicidin		x	x								Yes									
Ophthalmic	Neomycin/Polymyxin/HC		x	x								Yes									
Ophthalmic	Ofloxacin		x	x								Yes									
Ophthalmic	Olopatadine		x	x								Yes									
Ophthalmic	Phenylephrine HCL		x	x								Yes									
Ophthalmic	Pilocarpine HCL		x	x								Yes									
Ophthalmic	Polyethylene Glycol 400		x	x								Yes									
Ophthalmic	Polyethylene Glycol/Polyvinyl Alcohol		x	x								Yes									
Ophthalmic	Polymyxin B/Trimethoprim		x	x								Yes									
Ophthalmic	Polysorbate 80		x	x								Yes									
Ophthalmic	Polyvinyl Alcohol		x	x								Yes									
Ophthalmic	Polyvinyl Alcohol/Povidone		x	x								Yes									
Ophthalmic	Prednisolone Acetate		x	x								Yes									
Ophthalmic	Prednisolone Na Phosphate		x	x								Yes									
Ophthalmic	Proparacaine HCL		x	x								Yes									
Ophthalmic	Sulfacetamide/Prednisolone		x	x								Yes									
Ophthalmic	Sulfacetamine		x	x								Yes									
Ophthalmic	Tetracaine HCL		x	x								Yes									
Ophthalmic	Timolol Maleate		x	x								Yes									
Ophthalmic	Tobramycin		x	x								Yes									
Ophthalmic	Tobramycin/Dexamethasone		x	x								Yes									
Ophthalmic	Tranexamic Acid		x	x								Yes									
Ophthalmic	Travoprost		x	x								Yes									
Ophthalmic	Trifluridine		x	x								Yes									
Ophthalmic	Tropicamide		x	x								Yes									
Ophthalmic	White Petrolatum/Mineral Oil		x	x								Yes									
Otic	Acetic Acid		x																		
Otic	Antipyrine/Benzocaine Otic Soln		x																		
Otic	Antipyrine/Benzocaine/Glycerin/Zinc Ace		x																		
Otic	Antipyrine/Benzocaine/Polycosanol		x																		
Otic	Ciprofloxacin		x																		
Otic	Fluocinolone		x																		
Otic	Hydrocortisone w/ Acetic Acid		x																		
Otic	Neomycin/Polymyxin/HC		x																		
Otic	Ofloxacin		x																		
Otic	Pramoxine/Chloroxylenol		x																		
Otic	Pramoxine/HC/Chloroxylenol		x																		
Pressors	Epinephrine		x																		
Respiratory, Misc	Nintedanib Esylate	4		x																	

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	Ankle/Foot	Asthma	Back Mid/Low	CRPS	Depression	Elbow	Eye	Hand/Wrist/Forearm	Hip/Groin	Interstitial Lung Disease	Knee	Neck	PTSD	Pain - NonAcute	Shoulder	TBI
Respiratory, Misc	Pirfenidone	4		x																	
Skeletal Muscle Relaxants	Baclofen	1	x	x				2nd	2nd								2nd		2nd		Yes
Skeletal Muscle Relaxants	Carisoprodol	1	x	x				2nd	2nd								2nd		2nd		
Skeletal Muscle Relaxants	Cyclobenzaprine	1,3	x	x				Yes	Yes								Yes		Yes		Yes
Skeletal Muscle Relaxants	Metaxalone	1	x	x				2nd	2nd								2nd		2nd		Yes
Skeletal Muscle Relaxants	Methocarbamol	1	x	x				2nd	2nd								2nd		2nd		
Skeletal Muscle Relaxants	Tizanidine HCl	1	x	x				2nd	2nd								2nd		2nd		Yes
Thyroid Hormones	Levothyroxine			x																	Yes
Ulcer Drugs	Cimetidine		x	x		Yes	Yes	Yes	Yes		Yes		Yes	Yes		Yes	Yes		Yes	Yes	Yes
Ulcer Drugs	Esomeprazole		x	x		Yes	Yes	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	Yes	Yes
Ulcer Drugs	Lansoprazole		x	x		Yes	Yes	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	Yes	Yes
Ulcer Drugs	Nizatidine		x	x		Yes	Yes	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	Yes	Yes
Ulcer Drugs	Pantoprazole		x	x		Yes	Yes	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	Yes	Yes
Ulcer Drugs	Ranitidine		x	x		Yes	Yes	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	Yes	Yes

EFFECTIVE WITH THE LAUNCH OF **ONBOARD: LIMITED RELEASE**

Special Considerations:

1. Not to exceed a single seven (7) day supply.
2. For the prescribed course of therapy.
3. Short acting only.
4. As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care.

** Prescriber should consider appropriateness of naloxone when prescribing opioids. The Board 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.

health.ny.gov/professionals/ems/policy/13-10.htm

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