NEW YORK STATE | Workers' Compensation Board

PRIOR AUTHORIZATION REQUEST: MEDICATION

Listed below are details of a Prior Authorization Request (PAR) that was submitted to request non-formulary medication(s). The claim administrator has denied all or part of the request; please carefully review all items.

To the health care provider: For any medication that was **Denied**, you may request review by the claim administrator's physician using OnBoard no later than 07/31/2021.
Note: If present, a Level 2 Insurer Response supersedes a Level 1 Insurer Response.

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
[redacted]	[redacted]	[redacted]

Patient Name [redacted]

Address [redacted]

SSN [redacted] **DOB** [redacted] **Gender** Female

Employer Name [redacted]

Address [redacted]

Insurer Name **Insurer ID**

Address

,

Claim Admin Name **Claim Admin ID**

Address

,

HEALTH CARE PROVIDER INFORMATION

Name [redacted]

Address [redacted]

Type [redacted]

WCB Auth # [redacted] **NPI** [redacted]

PRIOR AUTHORIZATION REQUEST DETAILS

1.

Therapeutic Category	Narcotic
Medication (Name/Strength)	Oxycodone/5mg
Quantity	60
Days Supply	30
Type of Drug	Generic
Refills Requested	0
Type of Prescription	New (Including Change in Dosage)
Route of Administration	Oral/SL/Buccal

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Statement of Medical Necessity: Statement of Medical Necessity text example

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending

Provider Name [redacted] **Date** 07/20/2021

LEVEL 1 INSURER RESPONSE

1.

Authorization Requested

Therapeutic Category	Narcotic
Medication (Name/Strength)	Oxycodone/5mg
Quantity	60
Days Supply	30
Type of Drug	Generic
Refills Requested	0
Type of Prescription	New (Including Change in Dosage)
Route of Administration	Oral/SL/Buccal

Insurer Response

Insurer Response	Deny
Denial Category	Medical Reasons
Denial Reason	Brand Request - no documentation of need for use of
Rationale	Rationale entered here.

Claim Apportioned No

Name of the Reviewer

Date 07/21/2021

Reviewer Title L1 Reviewer