

# New York formulary frequently asked questions

## INFORMATION FOR CLAIMS PROFESSIONALS

### **What is the drug formulary?**

The New York Workers' Compensation Board (WCB) has adopted a new Drug Formulary (formulary) containing a list of approved medications that providers should use when treating a New York workers' compensation claim.

### **How does the formulary impact pharmacy treatment for New York claims?**

Medications used to treat any New York workers' compensation claim are now regulated by a formulary indication of approved or non-approved medication. This includes medication treatment for out-of-state claimants whose claim is covered by New York workers' compensation laws.

### **What medications require prior authorization?**

Non-formulary medications (not included on the Formulary Drug list), compounds, and brand medications that have an equivalent generic available (even when the generic is available in a different strength/dosage). Additionally, formulary medications prescribed in a manner inconsistent with existing Medical Treatment Guidelines (MTGs) will also require prior authorization (PA). Approved medications, as indicated by the drug list, do not require PA for utilization.

### **When is formulary effective?**

The formulary is effective as of December 5, 2019.

### **How does this impact prescriptions written on/after December 5, 2019?**

Any new prescription written or dispensed on or after December 5, 2019 is subject to formulary requirements. Refills or renewals of ongoing treatment will be subject to formulary requirements as of January 1, 2021.

### **Can providers write prescriptions for non-formulary medications?**

Yes. However, non-formulary medications require prior authorization before a medication is prescribed and/or dispensed.

### **Who initiates the prior authorization process?**

The prescriber should initiate the PA process by specifically utilizing the PA portal, which is established on the WCB website.

### **What is the portal prior authorization process?**

All non-formulary medications require PA and requests from the prescriber must be submitted utilizing the PA portal. Once submitted, the portal will transmit the request, and a communication, to the Level 1 review person or entity designated by the payer to perform Level 1 review requests.

**Who designates Level 1 reviewers?**

Each payer is required to register with the PA portal and designate an individual/entity as their Administrator, Work-Load Administrator and Level 1 reviewers.

**Who makes the determination on a Level 1 prior authorization request?**

The entity or individual designated by the payer to make such decisions is responsible for reviewing all Level 1 review requests and responding in no less than four calendar days (including holidays and weekends) from submittal of the PA request by the prescriber. When a PA request is submitted the person/entity designated as the Level 1 reviewer will receive an email notification regarding the request to their designated email address.

**Is the time frame for Level 1 prior authorization review four calendar or business days?**

Four calendar days, which includes holidays and weekends.

**What determinations can a Level 1 reviewer make?**

A prior authorization request can be approved, partially approved (i.e., medication approved but lower dosage, quantity, length of time recommended), or denied. If the PA request is partially approved or denied, the doctor can accept the determination, prescribe a different medication, or request a Level 2 review (appeal) to the medical director of the payer.

**Who can provide me status of prior authorization request(s) in the portal?**

If you do not have access to the portal, contact the individual or entity designated as your Administrator. They should be able to give you an update on the status of submitted PA requests.

**Can providers and payers opt-out of using the portal for prior authorization requests?**

No. All requests must go through the PA portal.

**What happens if the prescriber does not submit a prior authorization request via the portal?**

If a PA request is not secured (and/or communicated to the pharmacy or PBM) when an injured party presents a prescription at the pharmacy, pharmacy providers have been instructed to refer the injured party back to their provider to verify a request has been submitted and/or reviewed.

**What should I do if I get a call from a provider related to a non-formulary medication?**

Refer them to the medication formulary process and the PA portal to ensure proper handling of a non-formulary medication.

**What should I do if I get a call from an injured party regarding a letter received on their ongoing pharmacy care?**

The formulary rule requires payers to send a communication to all injured parties receiving non-formulary medications that will be impacted by the formulary. Should you get a call from such an injured party, encourage them to take the letter with them to their next appointment to discuss their ongoing therapy with their provider.

**What are the various drug phases as outlined by the medication list?**

**PHASE A DRUGS:** Can be prescribed and dispensed within the first 30 days from DOI or until the claim is accepted.

The maximum days' supply permitted is 30 days.

**PHASE B DRUGS:** Can be prescribed and dispensed after 30 days from DOI or once the claim is accepted. The maximum days' supply permitted is 90 days.

**PERIOPERATIVE PHASE DRUGS:** Can be prescribed four days before through four days following surgery.

### **What are “Special Consideration” indicators?**

**SPECIAL CONSIDERATION 1 DRUGS:** Can be prescribed or dispensed one time only for a maximum seven-day supply, without requiring PA, during the Phase of the formulary which it is contained. Example: Opioids (narcotic pain relievers), muscle relaxants

**SPECIAL CONSIDERATION 2 DRUGS:** Can be prescribed or dispensed for the course of treatment indicated by the prescriber during the applicable phase of the formulary. Example: Antibiotics and anti-infectives

**SPECIAL CONSIDERATION 3 DRUGS:** Can be prescribed or dispensed for the short-acting formulation of the medication only. Example: Opioids and the skeletal muscle relaxant cyclobenzaprine *Note: Special consideration #3 does not replace formulary requirements around Phase A and Phase B medications but only applies to those medications prescribed in connection with a surgical treatment.*

**SPECIAL CONSIDERATION 4 DRUGS:** Can be prescribed and dispensed when there is no adopted MTG 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 MTG. Example: Use of an antibiotic during the Phase B time frame for treatment of a post-operative infection

### **How does the formulary address utilization of over-the-counter (OTC) medications?**

When a prescription is written for an OTC medication that is listed on the drug formulary, it should be processed by the pharmacy, PBM and payer in accordance with the formulary requirements.

### **Where can I get more information on the New York Drug Formulary?**

All information regarding the drug formulary is housed on the WCB website at:

<http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp>

### **What should I do if I get a call from an injured worker who asks about prior authorization for medications?**

If a response to a PA request is not completed or communicated to the PBM or pharmacy, the injured party will be notified that the medication prescribed requires PA and to contact their medical provider. Should you be contacted by an injured party please notify them to contact their medical provider to see if a PA request for the medication in question has been submitted.



#### **About Optum for Workers' Compensation and Auto No-Fault**

Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at [expectmore@optum.com](mailto:expectmore@optum.com).

Optum and its respective marks are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2019 Optum, Inc. All Rights Reserved. GOV14-19212