



New York State Workers' Compensation Drug Formulary

November 2019

Topics of discussion

1. Effective dates
2. Medication phases
3. New York State Drug Formulary
4. Prior authorization requirements and process
5. New York Medical Portal
6. Entering decisions in VitalPoint® demo

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EFFECTIVE DATES

Formulary effective dates

- Formulary shall apply to all prescriptions regardless of date of “accident or injury” (DOI) and regardless of where claimant lives
- Medications prescribed and dispensed shall be subject to Formulary requirements based on the following:

New prescriptions

Six months from effective date of rule — **December 5, 2019** — every “*new*” prescription shall be prescribed and dispensed consistent with the Formulary and are subject to prior authorization requirements

Refill and renewal prescriptions

Twelve months from effective date of rule — **January 1, 2021** — every “*refill/renewal*” prescription shall be prescribed and dispensed consistent with the Formulary and are subject to prior authorization requirements

MEDICATION PHASES

Three distinct medication phases

Phase A	<p>Indicated medications which are utilized within first 30 days of DOI or until payer excepts the claim, whichever comes first</p> <ul style="list-style-type: none">• Can be prescribed without PA if indicated by drug list• Limited to a 30-day supply• Additional limitations on specific medications exist
Phase B	<p>Indicated medications which are utilized after first 30 days of DOI or insurer accepts the claim, whichever comes first</p> <ul style="list-style-type: none">• Can be prescribed without PA if indicated by drug list• Limited to a 90-day supply• Additional limitations on specific medications exist
Perioperative medications	<p>Indicated medications which are utilized during perioperative period</p> <ul style="list-style-type: none">• Can be prescribed without PA if indicated by drug list• Must be prescribed no sooner than four days prior and/or no later than four days post surgery with day of surgery being day zero• Additional limitations of specific medications exist

NEW YORK STATE DRUG FORMULARY

New York State Workers' Compensation (NYSWC) Drug Formulary

Link and additional information to the NYSWC Drug Formulary:

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

NYS Workers' Compensation Formulary Change Tracker: **Updates** since the previous version (Aug. 2019) are highlighted in red.

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	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	1,3	x		x												
Analgesics - Narcotic**	Hydrocodone-Acetaminophen	1,3	x		x												
Analgesics - Narcotic**	Hydrocodone-Ibuprofen	1,3	x		x												
Analgesics - Narcotic**	Morphine	1,3	x		x												
Analgesics - Narcotic**	Oxycodone HCl	1,3	x		x												
Analgesics - Narcotic**	Oxycodone-Acetaminophen	1,3	x		x												
Analgesics - Narcotic**	Oxycodone-Aspirin	1,3	x		x												
Analgesics - Narcotic**	Tapentadol	1,3	x														
Analgesics - Narcotic**	Tramadol HCl	1,3	x		x												
Analgesics - Narcotic**	Tramadol-Acetaminophen	1,3	x		x												
Analgesics - Nonnarcotic	Acetaminophen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Aspirin		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Choline - Magnesium Salicylates		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Nonnarcotic	Diflunisal		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Capsaicin		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Diclofenac Na (1% only)		x	x		Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Lidocaine Patch (4% Only)		x	x		-Yes-		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Analgesics - Topical	Methyl Salicylate		x	x		-Yes-		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antacids	Alum Hydrox-Mag Trisil-Alginic Acid-Sod	4	x	x													
Antacids	Aluminum - Magnesium Hydroxides	4	x	x													
Antacids	Aluminum Hydroxide-Magnesium Carbonate Susp	4	x	x													
Antacids	Aluminum Hydroxide-Magnesium Trisilicate Chew Tab	4	x	x													

Optum interpretation of NY WC Drug Formulary, *continued*

- Citalopram has an “X” for Phase B and Special Consideration 4
 - In Phase A, citalopram would not be allowed
 - While there is an “X” in Phase B, there is not a “yes” for any of the MTG but has a Special Consideration 4; therefore, citalopram would be allowed during Phase B if the medication were clinically indicated for casually related injuries or conditions utilizing accepted standards of medical care” so in this case, if the IW had psych as an accepted condition, the medication would be appropriate

New York Workers' Compensation Formulary Change Tracker: Updates since the previous version (Aug. 2019) are highlighted in red

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	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			Yes										
Antiasthmatics	Montelukast		x	x			Yes										
Antiasthmatics	Roflumilast		x	x			Yes										
Antiasthmatics	Salmeterol		x	x			Yes										
Antiasthmatics	Terbutaline		x	x			Yes										
Antiasthmatics	Theophylline		x	x			Yes										
Antiasthmatics	Tiotropium Bromide Monohydrate Inhal		x	x			Yes										
Antiasthmatics	Triamcinolone Acetonide Inh		x	x			Yes										
Antiasthmatics	Zafirlukast		x	x			Yes										
Antiasthmatics	Zileuton		x	x			Yes										
Anticoagulants	Apixaban		x	x								Yes	Yes				
Anticoagulants	Dalteparin		x	x								Yes	Yes				
Anticoagulants	Enoxaparin Na		x	x								Yes	Yes				
Anticoagulants	Fondaparinux Na		x	x								Yes	Yes				
Anticoagulants	Rivaroxaban		x	x								Yes	Yes				
Anticoagulants	Warfarin Na		x	x								Yes	Yes				
Anticonvulsant	Carbamazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Clonazepam		x	x													
Anticonvulsant	Divalproex		x	x													
Anticonvulsant	Gabapentin		x	x	x			2nd		2nd					2nd	2nd	
Anticonvulsant	Lamotrigine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Levetiracetam		x	x													
Anticonvulsant	Oxcarbazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Phenytoin		x	x													
Anticonvulsant	Pregabalin		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Topiramate		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Valproic Acid		x	x													
Antidepressants	Amitriptyline		x	x			Yes			Yes					Yes	Yes	
Antidepressants	Bupropion		x	x			2nd			2nd					2nd	2nd	
Antidepressants	Citalopram	4		x													
Antidepressants	Clomipramine	4		x													

Optum interpretation of NY WC Drug Formulary continued

Second-line medications

- Some medications have a designation of “2nd”, which indicates they are second-line; a first-line medication should be tried prior to these medications in accordance with the MTG.
- Second-line medications are relevant only in Phase B

New York Workers' Compensation Formulary Change Tracker: Updates since the previous version (Aug. 2019) are highlighted in red

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Perioperative	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			Yes										
Antiasthmatics	Montelukast		x	x			Yes										
Antiasthmatics	Roflumilast		x	x			Yes										
Antiasthmatics	Salmeterol		x	x			Yes										
Antiasthmatics	Terbutaline		x	x			Yes										
Antiasthmatics	Theophylline		x	x			Yes										
Antiasthmatics	Tiotropium Bromide Monohydrate Inhal		x	x			Yes										
Antiasthmatics	Triamcinolone Acetonide Inh		x	x			Yes										
Antiasthmatics	Zafirlukast		x	x			Yes										
Antiasthmatics	Zileuton		x	x			Yes										
Anticoagulants	Apixaban		x	x									Yes	Yes			
Anticoagulants	Dalteparin		x	x									Yes	Yes			
Anticoagulants	Enoxaparin Na		x	x									Yes	Yes			
Anticoagulants	Fondaparinux Na		x	x									Yes	Yes			
Anticoagulants	Rivaroxaban		x	x									Yes	Yes			
Anticoagulants	Warfarin Na		x	x									Yes	Yes			
Anticonvulsant	Carbamazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Clonazepam		x	→													
Anticonvulsant	Divalproex		x	→													
Anticonvulsant	Gabapentin		x	x	x			2nd		2nd					2nd	2nd	
Anticonvulsant	Lamotrigine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Levetiracetam		x	→													

Emergency amendment to the existing Drug Formulary rule

Special consideration #4 provides for the prescribing and dispensing of formulary drugs when *“there is no Medical Treatment Guideline (MTG) for a condition directly associated with an established or accepted body part, but not specifically addressed in the existing WC MTG.”*

As a general example, certain respiratory medications listed on the New York Drug Formulary are intended to treat a specific lung condition known as pulmonary fibrosis. Prior to the adopted special consideration #4 these medications required prior authorization, due to no currently available New York MTGs specifically addressing pulmonary fibrosis. However, due to the adopted change, these and other medications will be permitted under Special Consideration #4 as a method to allow medications that would otherwise be blocked, due to a lack of available guidelines.

Emergency rule became effective November 5, 2019, and will remain in effect for 90 days during the 60 day comment period. Therefore, after the 90 day period, (around February 2, 2020), the rule will either be changed or adopted permanently.

PRIOR AUTHORIZATION REQUIREMENTS AND PROCESS

Provider initiates request for prior authorization

Prior Authorization (PA) required for:

- Brand-name medications with a generically available medication, even when generic available in a different dosage or strength
- Non-Formulary medications
- Compounded medications
- Formulary medications prescribed in a manner not consistent with existing medical treatment guidelines (MTGs)

Note: All communications related to PA shall be by means of electronic delivery the WCB Chair has designated for this purpose

PA must be sought and obtained **prior** to time medication is **prescribed and dispensed**

PA requirements apply to medications prescribed and dispensed in a prescriber's office but not to medications administered to a claimant

Payers **may deny payment** if PA was not obtained prior to dispensing medication

Payers cannot deny payment for medications where PA was requested and granted

Providers can appeal First-level reviews to the payer's physician within 10 calendar days

Providers can appeal Second-level reviews to the WCB within 10 calendar days

Payers shall provide two levels of review/authorization

- Payers who receive PA request shall respond within **four calendar days**
- PA requests not processed timely may be considered approved as prescribed
- PA requests shall include quantity (days' supply) and number of refills or duration of prescription
- PA requests and approvals shall not exceed 365 days supply

Note: First and Second-Level review should be completed by utilization of the Drug Formulary ePortal accessible on the WCB website www.wcb.ny.gov.

First-level review

- A payer (designated entity) shall approve, partially approve or deny a request within **four calendar days** of submission date
- A request not responded to within four calendar days may be deemed approved as prescribed
- **If no days' supply indicated on PA request shall default to 30 days**
- A denial or partial approval shall include specific reason(s)

Second-level review

- Within **ten calendar days** of denial or partial approval of a PA request, prescriber may request additional review by carrier's physician
- Carrier's physician shall approve, partially approve or deny request for Second-level review request within **four calendar days**
- A request not responded to within **four calendar days** may be deemed approved as prescribed

NEW YORK MEDICAL PORTAL

Submitting a Prior Authorization Request via the Portal

STEPS 1 & 2:

Perform a Case Search using WCB case number or WC Claim # and two of the four injured worker's specific information

STEP 3:

Established claims return accepted body part(s) and claim information

To start a new request search for a case

1	<p>First, enter either a Case Number or a claim Number</p> <p>WCB Case Number: <input type="text"/></p> <p>Claim Admin Claim Number: <input type="text"/></p>	3	<table border="1"> <tr> <td>Claimant: Jim Jones</td> <td>Employer: AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL</td> </tr> <tr> <td>Date of Birth: 08/30/1965</td> <td>WCB Employer #: 1724893</td> </tr> <tr> <td>SSN: XXX-XX-1234</td> <td>Address: STATE UNIVERSITY AT CORTLAND NY 130450000 USA</td> </tr> <tr> <td>Gender:</td> <td></td> </tr> <tr> <td>Address: 13 Garden Avenue Cortland NY 130450000 USA</td> <td></td> </tr> <tr> <td>WCB Case ID: G1234567</td> <td>Claim Number: 0014W61102</td> </tr> <tr> <td>Date of Injury: 4/15/2015</td> <td>Insurer Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. W133508</td> </tr> <tr> <td>Controverted: No</td> <td>Claim Admin Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. W133508</td> </tr> <tr> <td>Claim Admin ID: W133508</td> <td></td> </tr> <tr> <td colspan="2">Case established for site(s): • to the left shoulder</td> </tr> </table>	Claimant: Jim Jones	Employer: AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL	Date of Birth: 08/30/1965	WCB Employer #: 1724893	SSN: XXX-XX-1234	Address: STATE UNIVERSITY AT CORTLAND NY 130450000 USA	Gender:		Address: 13 Garden Avenue Cortland NY 130450000 USA		WCB Case ID: G1234567	Claim Number: 0014W61102	Date of Injury: 4/15/2015	Insurer Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. W133508	Controverted: No	Claim Admin Name: Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt. W133508	Claim Admin ID: W133508		Case established for site(s): • to the left shoulder	
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Claim Admin ID: W133508																							
Case established for site(s): • to the left shoulder																							
2	<p>Next, enter at least two of the following details about the claimant</p> <p>Date of Injury: <input type="text"/></p> <p>Last 4 Digits of SSN: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>Last Name: <input type="text"/></p>																						

This information is current as of date of this distribution and is subject to change.
 Source: <http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/drug-formulary-payers.pdf>

Submitting a Prior Authorization Request via the Portal

continued

If not-established claims return nature of injury and claim information

Claimant: Jennifer Jones Date of Birth: 09/23/1965 SSN: XXX-XX-1234 Gender: Female Address: 432 West Avenue Manhattan NY 10032 USA	Employer: ADVANCED CARE STAFFING LLC WCB Employer #: 2445659 Address: 545 BROADWAY STE 3 BROOKLYN NY 112062962 USA
WCB Case ID: G1234567 Date of Injury: 10/13/2015 Controverted: Yes	Claim Number: 0016W22253 Insurer Name: Pennsylvania Manufacturers' Indemnity Co Insurer ID: W173504 Claim Admin Name: Pennsylvania Manufacturers' Indemnity Co Claim Admin ID: W173504
<div style="border: 2px solid red; padding: 5px;"> Nature of Injury: 52 - Strain or Tear Part of Body: 43 - Disc in the trunk Cause of Injury: 57 - Strain or Injury By - Pushing or Pulling </div> <p>Disclaimer: This claimant does not have an established claim. This authorization request does not represent an acceptance of a claim by the insurer, self-insured employer, employer or Special Fund or guarantee payment for the services requested. The insurer, self-insured employer, employer or Special Fund will only provide payment for these services if they accept liability for the claim or the Claim is established by the Board and the insurer, self-insured employer, employer or Special Fund is found to be responsible for the claim. Contact the insurer if further clarification is needed.</p>	

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What Clinical Information will the Provider Submit?

- The non-formulary medication(s) being requested and all dispensing information
- All relevant clinical details to support the request
- Any allergic reactions to formulary medications
- If a formulary medication has been previously tried
- Medical conditions associated with the request including MTG's if applicable
- If the request is for a narcotic, muscle relaxor and/or antianxiety medication
- If there has been a request for a similar non-formulary medication that was denied

Required Clinical Information	
*Provide/attach all relevant clinical information to support this request. Include narrative and other relevant supporting documentation (i.e.: symptoms, justification for initial or ongoing therapy, any contraindications or adverse effect(s) of the Formulary drug, and, if applicable, evaluation of efficacy of Formulary drug(s)).	
Enter text in the space provided, or attach documentation using the paper clip found at the top right of the browser window.	
Patient has had an allergic reaction to the medications in the formulary list.	
List the condition(s) associated with this request:	
*Condition: sprain/strain to lower back	
MTG Reference (when applicable)	
*Is the request for one of the following therapeutic categories: <input type="radio"/> Narcotic <input type="radio"/> Antianxiety <input checked="" type="radio"/> Skeletal Muscle Relaxant <input type="radio"/> None of the above	
Medical and Dispensing Information – This authorization is the lesser of a 30-day supply or quantity and number of refills requested by the provider.	
*Medication Requested: Orphenadrine	
*Strength 50mg	*Dosage/Frequency twice daily
*Qty. Requested (# of units): 20	*#Refills: 1 <input checked="" type="radio"/> Brand Name <input type="radio"/> Generic
*Continuation of medication that was previously approved via prior authorization? <input type="radio"/> Yes <input checked="" type="radio"/> No	
*Route of Administration: Oral/SL	
Have any Formulary drugs been tried for this condition?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
Provider's Attestation	
By submission of this request for approval of a non-formulary medication, I certify that my statements are true and correct. I am requesting this prior authorization before prescribing/dispensing medication that varies from the Formulary. In addition, I certify that I do not have a substantially similar request pending.	
Provider's Name: UATPROVAP1 UATPROVAP1	Date:



This information is current as of date of this distribution and is subject to change.
 Source: <http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/drug-formulary-payers.pdf>

Receipt of Level 1 Requests in the Portal

- Requests for Level 1 Review will be sent via the Medical Portal and via email notification
- Workload Administrators:
 - Select who will manage the email notification box and Level 1 Requests within the Portal
 - They can choose to manage requests direct from the Portal or from the email notification which provides access to the portal
- When receiving the email notification:
 - Open the email and click “View the Request”, the email contains basic information only, details available within the Medical Portal
 - When prompted, enter NY.gov ID and password
 - Medical Portal Dashboard page opens

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Source: <http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/drug-formulary-payers.pdf>

Performing a Level 1 Review

- Request should include the quantity & and 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
- Response options are: Granted, Partially Granted, Denied
 - A Partial Grant authorizes the requested drug, but limits the length of time, quantity prescribed or number of refills requested by the prescriber

Required Clinical Information	
*Provide/attach all relevant clinical information to support this request. Include narrative and other relevant supporting documentation (i.e. symptoms, justification for initial or ongoing therapy, any contraindications or adverse effect(s) of the Formulary drug, and, if applicable, evaluation of efficacy of Formulary drug(s)).	
Enter text in the space provided, or attach documentation using the paper clip found at the top right of the browser window. Patient has had an allergic reaction to the medications in the formulary list.	
List the condition(s) associated with this request:	
*Condition: sprain/strain to lower back	
MTG Reference (when applicable):	
*Is the request for one of the following therapeutic categories: <input type="radio"/> Narcotic <input type="radio"/> Antianxiety <input checked="" type="radio"/> Skeletal Muscle Relaxant <input type="radio"/> None of the above	
Medical and Dispensing Information – This authorization is the lesser of a 30-day supply or quantity and number of refills requested by the provider.	
*Medication Requested: Orphenadrine	
*Strength: 50mg	*Dosage/Frequency: twice daily
*Qty. Requested (# of units): 20	* #Refills: 1 <input checked="" type="radio"/> Brand Name <input type="radio"/> Generic
*Continuation of medication that was previously approved via prior authorization? <input type="radio"/> Yes <input checked="" type="radio"/> No	
*Route of Administration: Oral/SL	
Have any Formulary drugs been tried for this condition? <input type="radio"/> Yes <input checked="" type="radio"/> No	
*Was a request for a substantially similar Formulary prior authorization previously denied? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Provider's Attestation	
By submission of this request for approval of a non-formulary medication, I certify that my statements are true and correct. I am requesting this prior authorization before prescribing/dispensing medication that varies from the Formulary. In addition, I certify that I do not have a substantially similar request pending.	
Provider's Name: UATPROVAP1 UATPROVAP1	Date:
<input type="button" value="Submit"/>	

This information is current as of date of this distribution and is subject to change.
 Source: <http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/drug-formulary-payers.pdf>

Performing a Level 1 Review continued

- Level 1 Reviewer must enter the determination in the Medical Portal and utilize internal workflow to update VitalPoint
- If Partially Granting or Denying L1 Reviewer must:
 - Provide documentation in specific response to provider if partially granting or denying

Level 1 Reviewer completes and submits

LEVEL I Response by Payer or Pharmacy Benefit Manager

Response is due within 4 calendar days receipt of this request or the request may be approved (NYCRR 441.4(b)).

*The provider's request is: Granted Partially Granted Denied

IF PARTIALLY GRANTED OR DENIED, REASONS MUST BE INCLUDED, SPECIFICALLY RESPONDING TO DOCUMENTATION BY THE PROVIDER.

Enter text in the space provided, or attach documentation using the paper clip found at the top of the browser window.

*Name of Reviewer:
*Title:
Date:

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ENTERING DECISIONS IN VITALPOINT®

Demo

Menu options

- Additional Work
- Reports
- Notes & Documents
- Manage Profile**
- Services
- More

Test, Patient2

Claim Number: DEMOCLAIM2
 Claim Type: Auto
 Date of Injury: 02/17/2009
 Claim Status: Active
 State of Jurisdiction: Florida (FL)
 Employer: Employer Abc
 Claims Examiner: ADJUSTER1, VP5
 Active Service(s): Retail Pharmacy
 Class: HOD
 Claim Status: Reopen

[Authorize/Restrict Physician\(s\)](#)
[Authorize/Restrict Medication\(s\)](#)
[Submit Clinical Recommendation](#)

First Name	Phone Number	Claim Number
PATIENT2	5555555	DEMOCLAIM2
Middle Name	Alt.Phone	Date Of Injury
		02/17/2009
Last Name	Social Security Number (SSN)	State of Jurisdiction
TEST	***--3267	Florida (FL) <input type="checkbox"/> USL&H
Address Line 1	Gender	Status
501 North Street	Female	Active
Address Line 2	Preferred Language	Effective Date
	English	12/27/2010
City		
Tampa		

AUTHORIZE/RESTRICT PHYSICIANS

View current physician profile explicitly defined

Authorize/Restrict Physician(s) Reset Add Physician

	DEA	Physician Name	Address	Start Date	End Date	Current Status
▼	AP9572644	Patel, Ashok	11508 N W 73rd Manor Parkland FI 33076	04/02/2018	None	Denied
▼	FA2664806		2710 Wesleyan Dr. Ste, 201 Anchorage Ak 99508	04/15/2018	04/15/2018	Denied
▼	AA1634179	Aarons, Charles Md	Medical Park Family Care 2211 E Northern Lights Blvd , Ak	04/16/2018	None	Denied
▼	AC2998764	Chief Andrew Isaac Health Cen	Pharmacy Services 1717 West Cowles Street , Ak	10/18/2017	10/18/2017	Denied
▼	AP7743746	Patel, Amrattal M Md	1309 N Flagler Drive West Palm Beach FI 33401	04/14/2018	None	Approve Ongoing
▼	AP1724954	Patel, Bachu C Md	469 N Harbour City Blvd Melbourne FI 32935	04/10/2018	04/10/2018	Denied

1 2 10 Items per page 1 - 10 of 20 Items Submit

AUTHORIZE/RESTRICT PHYSICIANS


Modify specific physician authorization/restrictions

Authorize/Restrict Physician(s) Reset Add Physician

DEA	Physician Name	Address	Start Date	End Date	Current Status
AP9572644	Patel, Ashok	11508 N W 73rd Manor Parkland FI 33076	04/02/2018	None	Denied
<p>Last Modified By Name: Adjuster1 Vp5 Email: adj.vp5@optum.com Date: 04/02/2018 12:00 AM (ET)</p> <p><input type="radio"/> Allow <input checked="" type="radio"/> Block</p> <p>Physician Decision</p> <p>Select</p> <p>Select</p> <p>Block Ongoing</p>					
FA2664806		2710 Wesleyan Dr. Ste, 201 Anchorage Ak 99508	04/15/2018		
AA1634179	Aarons, Charles Md	Medical Park Family Care 2211 E Northern Lights Blvd , Ak	04/16/2018	None	Denied

AUTHORIZE/RESTRICT PHYSICIANS

Add a physician to the profile



Authorize/Restrict Physician(s)								Reset	Add Physician
	DEA	Physician Name	Address	Start Date	End Date	Current Status			
▼	AP9572644	Patel, Ashok	11508 N W 73rd Manor Parkland FI 33076	04/02/2018	None	Denied			
▼	FA2664806		2710 Wesleyan Dr. Ste, 201 Anchorage Ak 99508	04/15/2018	04/15/2018	Denied			
▼	AA1634179	Aarons, Charles Md	Medical Park Family Care 2211 E Northern Lights Blvd , Ak	04/16/2018	None	Denied			
▼	AC2998764	Chief Andrew Isaac Health Cen	Pharmacy Services 1717 West Cowles Street , Ak	10/18/2017	10/18/2017	Denied			
▼	AP7743746	Patel, Amrattal M Md	1309 N Flagler Drive West Palm Beach FI 33401	04/14/2018	None	Approve Ongoing			
▼	AP1724954	Patel, Bachu C Md	469 N Harbour City Blvd Melbourne FI 32935	04/10/2018	04/10/2018	Denied			

Navigation: [Home] [Previous] [1] [2] [Next] [End] [10] Items per page



Page: 1 - 10 of 20 Items

Submit

Search for physician

Search Physician ⊗

Last Name	State
<input type="text"/>	Select ▼
OR	
DEA Number <input type="text"/>	
<input type="button" value="Search"/> <input type="button" value="Clear"/>	



Select a physician from the search results

Search Physician ✕

Last Name

State

DEA Number

OR

Dr. Name:SMITH, RANDALL W DDS **DPR:**

DEA:AS1165528

Address:707 PIER VIEW WAY

Items Per Page 1 - 1 of 1 Items

AUTHORIZE/RESTRICT PHYSICIANS

Render a physician authorization/restriction

Authorize/Restrict Physician(s) Reset Add Physician

DEA	Physician Name	Address	Start Date	End Date	Current Status
AP1724954	Patel, Bachu C Md	469 N Harbour City Blvd Melbourne Fl 32935	04/10/2018	04/10/2018	Denied
AS1165528	Smith, Randall W Dds	707 Pier View Way , Ca	04/27/2018	None	None
Last Modified By Name: Email: Date: (ET)					
FB5316686		2110 E Northern Lights Blvd Ste 102 , Ak	04/14/2018		
AA1634179	Aarons, Charles Md	Medical Park Family Care 2211 E Northern Lights Blvd , Ak	04/16/2018	None	Denied

Allow Block

Physician Decision

Select

Select

Approve Until

Approve Ongoing

Modify specific medication authorization/restrictions

The screenshot displays the 'Medication Profile' interface for Oxycodone HCl. The main table lists the medication with columns for Medication, Therapeutic Class, Start Date, End Date, and Status. The status is 'Deny'. A green arrow points to the 'Authorization Decision' panel on the right, which includes radio buttons for 'Allow' (selected) and 'Block', a dropdown for 'Decision Driver / Action taken' (Set), a dropdown for 'Decision Reason' (Allowed by Utilization Review), a dropdown for 'Decision Rendered By' (Case Owner), a search field for 'Decision On Behalf of (Optional)', a section for 'Medication Authorization Restrictions' with a dropdown for 'Allow/Block Effective Until' (Approve Ongoing) and a checkbox for 'Seek authorization if Rx does not adhere to restrictions', and a section for 'Comments (Optional)' with a text area.

Medication Profile

Authorize/Restrict Medication(s) Reset Add Medication

Medication	Therapeutic Class	Start Date	End Date	Status
Oxycodone HCl	Analgesics-narcotics	07/06/2016	07/06/2016	Deny

Medication: Oxycodone HCl

Therapeutic Class: ANALGESICS-NARCOTICS

Last Modified By:
Name: ADJUSTER1, DEMO
Email: ADJ.DEMO1@PMSIONLINE.COM
Date: 07/06/2016 01:28 PM (ET)

Authorization Decision

Allow Block

Decision Driver / Action taken
Select

Decision Reason
Allowed by Utilization Review

Decision Rendered By
Case Owner

Decision On Behalf of (Optional)
On Behalf of

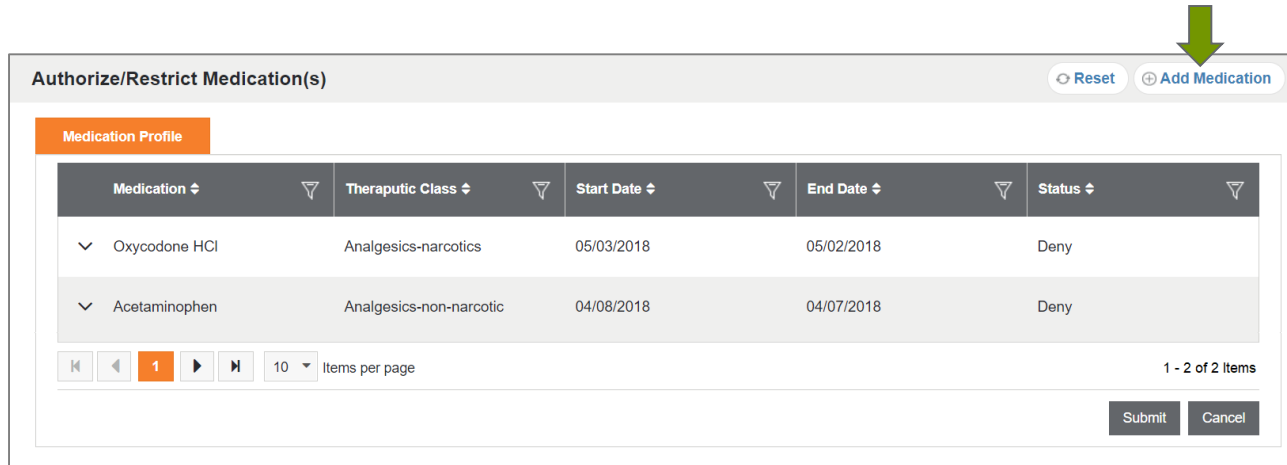
Medication Authorization Restrictions

Allow/Block Effective Until
Approve Ongoing

Seek authorization if Rx does not adhere to restrictions

Comments (Optional)

Add a medication to the profile



The screenshot shows a web interface for managing medication profiles. At the top right, there are two buttons: 'Reset' and 'Add Medication'. A green arrow points to the 'Add Medication' button. Below the buttons is a section titled 'Medication Profile' containing a table with two rows of medication data. At the bottom of the table, there are pagination controls showing '1' of 2 items and a '10' items per page dropdown. 'Submit' and 'Cancel' buttons are located at the bottom right of the interface.

Medication	Therapeutic Class	Start Date	End Date	Status
Oxycodone HCl	Analgesics-narcotics	05/03/2018	05/02/2018	Deny
Acetaminophen	Analgesics-non-narcotic	04/08/2018	04/07/2018	Deny

AUTHORIZE/RESTRICT MEDICATIONS

Add a new medication

Option 1: Select from medications currently taking

The screenshot displays the 'Add Medication' interface. At the top, there is an orange header bar with the text 'Add Medication' and a close button (X). Below this is a dark grey bar with the text 'Current Medication Regimen'. A green arrow points to this bar. The main content area shows a list of medications. The first item is checked and displays the following details: Medication: Oxycodone, Rx Date: 4/19/2018, Therapeutic Class: *ANALGESICS - Narcotic*, Quantity: 13, and Days of Supply: 13. Below the list is a pagination control showing '1' of 1 items per page. A green arrow points to the 'Add' button next to the '1 - 1 of 1 Items' text. Below the list is a section titled 'Medications Prescribed in the Last 12 months' with a plus sign icon. At the bottom, there is a 'Search for Medication' section with two input fields: 'Therapeutic Class' (set to 'All') and 'Medication Name' (set to 'percocet'). There are 'Search' and 'Clear' buttons at the bottom right of the search section.

Add a new medication

Option 2: Select from medications taken in the last 12 months

Add Medication [Close]

Current Medication Regimen

Medications Prescribed in the Last 12 months

<input checked="" type="checkbox"/>	Medication: Oxycodone Therapeutic Class: ANALGESICS - Narcotic Quantity: 30 Days of Supply: 30	Date Last Prescribed: 4/12/2018 Date Last Dispensed: Not dispensed in last 12 months
-------------------------------------	---	---

Navigation: [Home] [Previous] **1** [Next] [End] 10 Items Per Page

1 - 1 of 1 Items **Add**

Search for Medication

Therapeutic Class	Medication Name
All	

Search **Clear**

Add a new medication

Option 3: Search for a medication

The screenshot shows a web interface titled "Add Medication" with a close button in the top right corner. Below the title bar, there are two expandable sections: "Current Medication Regimen" and "Medications Prescribed in the Last 12 months". A dark grey bar labeled "Search for Medication" is highlighted with a green arrow pointing to it. Below this bar, there are two input fields: "Therapeutical Class" with a dropdown menu currently showing "All", and "Medication Name" with a text input field. A green arrow points to the "Medication Name" field. At the bottom right of the form are "Search" and "Clear" buttons.

Select medication from search results

Add Medication

Current Medication Regimen

Medications Prescribed in the Last 12 months

Search for Medication



Therapeutic Class: All | Medication Name: oxycodone

Search Clear

<input type="checkbox"/>	Generic Name: Oxycodone Brand Name(s): XTAMPZA ER Therapeutic Class: Analgesics-narcotics
<input checked="" type="checkbox"/>	Generic Name: Oxycodone HCl Brand Name(s): OXYCONTIN, ROXICODONE, ENDOCET, more... Therapeutic Class: Analgesics-narcotics

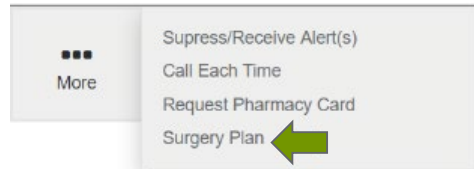
10 Items Per Page | 1-2 of 2 Items

Add



SURGERY PLAN

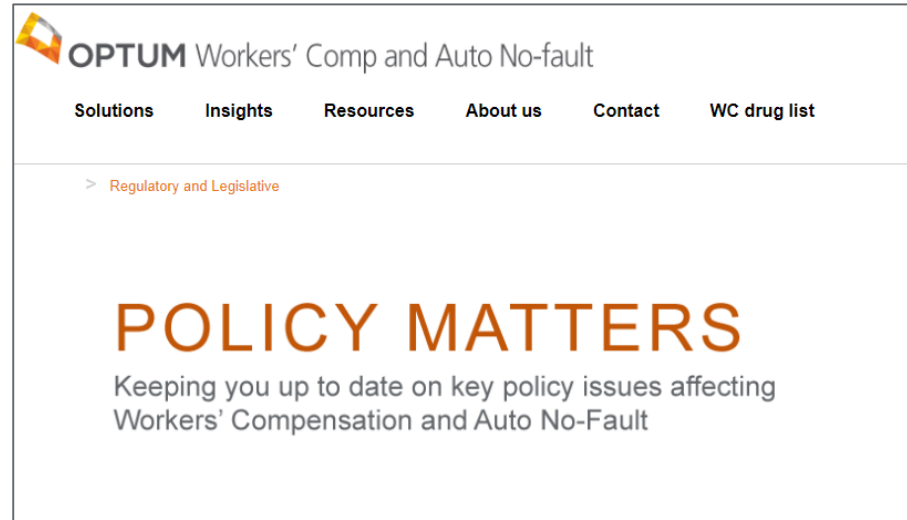
Log into VitalPoint and search for a claim, then select the “More” tile on the left claim menu, then click “Surgery Plan”



Enter the date the claimant is going to have surgery in the “Surgery Date” field. The Surgery Start Date and Surgery End Date will prepopulate. You can modify the Surgery Start Date and Surgery End Date and add Comments only if needed. Once complete, click Submit. Any prescriptions processed on the claim will now be ran against the surgery Formulary.

A screenshot of a web form titled "Surgery Plan". The form has two tabs: "Medication Profile" and "Surgery Plan", with "Surgery Plan" selected. It contains the following fields: "Surgery Date" with a date picker set to 11/11/2019; "Surgery Start Date" with a date picker set to 11/04/2019; "Surgery End Date" with a date picker set to 12/11/2019; and a "Comment (Optional)" text area with the placeholder "Enter comments" and a "Max 2,000 characters" limit. A "Submit" button is located at the bottom right. Green arrows point to the "Surgery Date" field, the "Surgery End Date" field, and the "Submit" button.

Thank you



The screenshot shows the top portion of a website page. At the top left is the Optum logo, followed by the text "OPTUM Workers' Comp and Auto No-fault". Below this is a navigation menu with links for "Solutions", "Insights", "Resources", "About us", "Contact", and "WC drug list". Underneath the navigation menu is a breadcrumb trail: "> Regulatory and Legislative". The main heading is "POLICY MATTERS" in large, bold, orange letters. Below the heading is the subtext: "Keeping you up to date on key policy issues affecting Workers' Compensation and Auto No-Fault".



About Optum Worker's Comp and Auto No-fault Solutions

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.

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