

New Drug Formulary FAQs

1. Can a provider submit a prior authorization request via the Medical Portal for a non-formulary medication that is a continuation/refill of an existing prescription?

Yes. The Board required that carriers provide prescribers with a list of their patients currently taking non-formulary medications by December 5, 2019. This requirement was put in place so that prescribers can immediately start either (a) switching their patients to formulary medications, or (b) submitting prior authorization requests in advance of the June 5, 2020, date.

2. Should carriers process prior authorization requests for continuation/refill of medications submitted prior to June 5, 2020?

Yes. All prior authorization requests submitted via the Medical Portal (whether for new or continuation/refills) should be processed and reviewed.

Although refills/renewals of medications are not required to comply with the New York Workers' Compensation Drug Formulary (NY WC Formulary) until June 5, 2020, if a prescriber submits a request via the Medical Portal, the carrier must process and review the request.

3. What documentation is required from the prescriber to support a prior authorization request for the renewal/refill of a non-formulary medication?

The prescriber must provide the clinical rationale/justification for the use of the non-formulary medication.

4. How should a prior authorization request for a refill/renewal of a non-formulary medication be processed by the carrier that is submitted prior to June 5, 2020?

If the prior authorization request provides appropriate clinical rationale/justification that would justify the use of the non-formulary medication, it may be approved for up to a one-year supply. Said differently, if you were reviewing this on June 5, 2020, and would approve it, then approve it now for up to one year.

If the prior authorization request **does not** provide appropriate clinical rationale/justification for use of the non-formulary medication, then an approval (for up to a 30-day supply of the medication) should be granted. The reviewer should indicate that it is being approved as a refill/renewal for no more than a 30-day supply in anticipation that a subsequent request will be submitted with appropriate documentation to fully support the use of the non-formulary medication.

While a variance is not necessary for a refill/continuation of a medication, if an Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2) for a refill/continuation is submitted, the carrier should process the request using the current procedures until June 5, 2020, at

which time all requests must go through the Medical Portal Prior Authorization process. Please be reminded that all requests for new medications must go through the Medical Portal Prior Authorization System effective December 5, 2019.

5. I received a denial for a non-formulary request stating that the request was denied because the drug is not on the NY WC Formulary. Isn't that what the non-formulary prior authorization requests are for, drugs not on the NY WC Formulary?

Yes, that is correct. If a drug is not on the NY WC Formulary, and the provider wishes to prescribe it, a non-formulary prior authorization request should be submitted using the electronic Prior Authorization System located on the Board's Medical Portal.

If for any reason, the prescriber does not agree with the Level I or Level II denial or partial approval of their request, they should request the next level review.

6. I requested oxycodone/acetaminophen 5mg/325mg for a patient that has been on it for five years. The patient is back to work, doing well, fully functional, but needs ongoing opioid medication for breakthrough pain. I requested prior authorization for a 365-day supply but received partial approval for a 30-day supply with the instruction that I need to wean the patient. Is this an appropriate use of the prior authorization process?

The prior authorization request initiated by the provider was correct. The carrier's advisory comment regarding weaning is not a direction to wean. A weaning direction can only come through the RFA-2OP process, which can only be ordered by a Workers' Compensation Law Judge.

7. If a medication (e.g., an opioid) is recommended per the Medical Treatment Guidelines, is it still necessary to get a prior authorization?

Opioids are considered formulary during Phase A only, and for a one-time seven-day supply only. Use of opioids outside of the Phase A one-time seven-day supply needs prior authorization. Documentation must support that the injured worker who requires long-term opioids demonstrates objective gains/maintenance of function with improved pain control consistent with the Non-Acute Pain Medical Treatment Guidelines recommendations.

8. How many days' supply of a formulary or non-formulary drug can I prescribe?

Phase A formulary drugs may be prescribed for up to a 30-day supply.

Phase B formulary drugs may be prescribed for up to a 90-day supply.

When a prescriber submits a prior authorization request for a non-formulary medication, the request can be submitted and approved for up to a 365-day supply; however, the prescription can only be

written for a maximum of a 90-day supply. If a prior authorization request for a 365-day supply is approved, the clinician can write the prescription for a 90-day supply with three refills.

Prior authorization requests for controlled substances (NYS CII – CV) can also be approved for up to a 365-day supply. Prescribers would need to follow NYS Controlled Substances laws (e.g., NYS CIII – CV; 30-day supply with up to five refills, CIIs and benzodiazepines 30-day supply with zero refills). The 365-day supply prior authorization request could be approved, but multiple prescriptions would need to be written to encompass the 365 days.