

The Good We Do: Ensuring timely access to HIV PEP medications for New York injured workers

A case study in clinical stewardship and injured worker support



Executive summary

HIV Post-Exposure Prophylaxis (PEP), an emergency medication taken within 72 hours of potential HIV exposure to prevent infection, is one of the most time-sensitive medication scenarios in workers' compensation. When an injured worker has a potential exposure, ensuring timely access is critical. Even short administrative delays can create avoidable clinical risk — not to mention unnecessary anxiety during an already stressful event.

Shortly after New York's drug formulary went live in December 2019, clinical pharmacists from the Optum Workers' Comp and Auto No-Fault (Optum) Formulary Management team identified a real-world access issue requiring immediate attention.

Specifically, once a new claim is accepted or established by the New York State Workers' Compensation Board (NYS WCB), it transitions from Phase A into Phase B. At that time, Phase A allowed certain HIV PEP medications, while Phase B required prior authorization.

Clinical pharmacists on the Optum Formulary Management team were first to identify a disruptive and potentially dangerous issue. Claim acceptance was processing so rapidly that by the time injured workers arrived at the pharmacy, their claim was already in Phase B, which created a prior authorization barrier between injured workers and these potentially life-saving medications. The core issue was not HIV PEP treatment in workers' compensation. It was unintended misalignment, because the policy mechanics and adjudication workflow were not synchronized with the clinical clock.

In early 2020, the Optum Formulary Management team proactively engaged with the NYS WCB to address this gap, focusing on injured worker safety, access to care, and practical solutions. The Board acted as a true partner, understanding the issue and clinical urgency and taking swift action to remove barriers to critical HIV PEP therapy. Years later, in 2026, additional clarification has helped to ensure continued HIV PEP alignment as prescribing patterns and product forms evolve, including questions around fixed dose combinations and emerging treatment regimens.

This is a patient-first story. It is also a story of how the workers' compensation system can thrive and make significant impact when clinical teams, regulators, and payers collaborate to continuously monitor, identify an unintended friction point, fix it, and improve the health and recovery of injured workers. This type of intervention and support does not always show up in dashboards. It shows up in outcomes that are hard to quantify but easy to understand: an injured worker gets the medication they need without unnecessary delay, improving their health and potentially even saving their life.



Why HIV PEP is different in workers' compensation

Workers' compensation covers a wide range of injuries and exposure scenarios across different job types and industries. Potential exposure events may happen almost anywhere — in clinical environments, emergency response roles, public safety settings, sanitation and custodial work, and many other workplaces where an incident involves potential contact with blood, bodily fluids, and/or needlesticks. Because these exposures occur statewide, timely access decisions have implications for thousands of injured workers across New York.

In these cases, HIV PEP is not routine; it is urgent. The clinical decision window is measured in hours, not days or weeks. The experience for the injured worker is often defined by two competing realities: the need for rapid clinical action and the administrative steps required to process a claim, route care, and pay for medication. If those two realities are not aligned, the injured worker can feel the consequences immediately, often at the pharmacy counter.

With a patient-centric perspective, the goal is straightforward: the injured worker should not face avoidable delays in obtaining clinically appropriate, time-sensitive therapy because of unintentional workflow and timeline misalignment.

What barrier emerged from the initial formulary?

The NYS WCB implemented a modern formulary structure with biphasic coverage rules. In this phase-based design, Phase A was intended to cover the early period after injury — up to a maximum of 30 days. Phase B would be applied later, once the claim was accepted or established. The intent behind this structure is completely understandable; however, real-world conditions do not always follow the ideal timeline as expected.

In early 2020, clinical pharmacists on the Optum Formulary Management team observed a pattern that exposed an unintended vulnerability. Some claims were being accepted very quickly, sometimes within the same day or even within a number of hours. Based on the initial formulary design, this would move the claim into Phase B, where HIV PEP medications required prior authorization. The result was a clear and serious barrier: a time-critical medication could be delayed because of administrative phase mechanics, rather than clinical decision-making.

This type of edge-case scenario rarely appears on day one of a major rollout but becomes obvious once the new policy collides with real injured workers, pharmacy visits, and adjudication scenarios.



How did Optum address the barrier?

The Optum Formulary Management team employed an escalation approach that was clinically sound, collaborative, and grounded in medication safety and support for injured workers.

In framing the issue for the NYS WCB, the team focused on three main principles:

1 **Prioritizing the injured worker**

HIV PEP is a time-critical therapy. The system should be designed to support rapid access to all appropriate therapy, not unintentionally slow it down.

2 **Delivering clinical excellence**

The goal was to remove barriers and drive better health outcomes. This was not about expanding access indiscriminately; it was intended to remove avoidable friction for a narrow but urgent use case.

3 **Providing implementable solutions**

Rather than simply calling out the problem, the Optum Formulary Management team proposed practical options to better align the New York formulary with the realities of urgent care. That included the concept of ensuring HIV PEP availability across both phases, leveraging Special Consideration logic for time-critical antiretroviral therapy.

This outcome ensured that access to HIV PEP is not dependent on variable timelines or new formulary structuring beyond the injured worker's control. This is what modern clinical stewardship looks like in workers' compensation — balancing urgency, appropriateness, and operational feasibility.

What changed and why it matters

Through open lines of communication, the NYS WCB understood the clinical urgency and acted promptly by implementing changes to remove the identified barrier to HIV PEP therapy. The impact was significant and unmistakable: a reduced likelihood that an injured worker would be delayed in receiving HIV PEP.

The dispensing pharmacy is not an abstract place. It is where injured workers — and oftentimes their families — experience the workers' compensation system directly. When urgent medications are delayed, the effect is immediate: clinical risks increase, anxiety rises, and confidence in the system erodes. On the other hand, when urgent medications are accessible as intended, the system earns trust, improves clinical outcomes, and helps injured workers return to work sooner.

The importance of follow-through

A strong and impactful story does not simply end at implementation. Real clinical stewardship requires continuity throughout the life of the claim, continuous monitoring, and proactive patient advocacy.



Years later, in 2026, the OWCA Formulary Management team engaged with more real-world dispensing patterns of HIV PEP as new questions emerged. A central issue was how to treat emtricitabine and tenofovir when prescribed as a fixed-dose combination, commonly known in practice as generic Truvada. The NYS WCB drug formulary, posted online, lists certain medications individually and also contains rules about combination products.

The Optum Formulary Management team reached out to the NYS WCB, requesting that the combination product Truvada be added to the formulary as an Allowed medication. In practice, clinicians and pharmacies often use fixed-dose combinations because they are familiar, readily available, clinically appropriate, and reduce complexity. Clarity on whether a fixed dose combination can be reimbursed when its component medications are covered is not a technical detail — it is a practical access issue affecting therapy, processing, and payments. The Board approved the addition of Truvada as an Allowed medication, further aligning policy with real-world prescribing and dispensing.

The NYS WCB's 2026 clarification further emphasized this reality; HIV PEP urgency rises to the level of emergent or urgent care. The Board's recognition genuinely matters because it supports the principle that time-critical therapy should not be delayed by pre-determined administrative workflows, while still preserving a reasonable expectation that higher-cost selections can be clinically justified when necessary.

The collaboration between the NYS WCB and Optum strikes an important balance: protecting rapid access for the injured worker while maintaining responsible stewardship and remaining in full compliance with the NYS workers' compensation guidelines.

Value of clinical stewardship and formulary monitoring

This scenario demonstrates the unique value a clinical formulary team brings to workers' compensation, grounded in the following principles:

- Putting the injured worker first — without exception.
- Ensuring timely, clinically appropriate access to care — not merely coverage. For HIV PEP, a patient-first approach is essential.
- Integrating clinical urgency into state-issued policy to ensure real-world effectiveness for all stakeholders.
- Fostering professional collaboration with regulators and key stakeholders.
- Achieving meaningful scale, benefiting thousands of injured workers across New York State.



Closing perspectives

Workers' compensation is at its best when it combines clinical urgency with operational discipline. The launching of New York's formulary was a major modernization step impacting thousands of injured workers. Like any major system change, it revealed edge cases only visible in practice. The value of continuous monitoring and clinical stewardship is identifying those scenarios proactively, working collaboratively to fix them, and staying engaged to ensure the solution holds and the desired outcomes are reached.

This case study is a story of powerful collaboration. Important program goals were achieved in a collegial way that respects the authority of the NYS WCB, maintains full compliance with the statewide formulary, and focuses on the shared objective of timely care for injured workers. It shows what dedication to injured workers and clinical excellence actually looks like: patient-first decision-making, respectful partnership with regulators, practical solutions, and relentless follow-through that keeps care aligned with clinical reality.

A core differentiator in this case was the persistence and commitment displayed by the Optum clinical pharmacists. This was not merely a one-time request that eventually faded or lost ownership over time. It involved sustained engagement across years, ensuring that policy remains aligned as the market and prescribing patterns evolved. Ultimately, this approach reflects an unwavering commitment to injured worker support, which benefits both the NYS WCB and injured workers across the state of New York.

