

New York formulary frequently asked questions

INFORMATION FOR CLAIMANTS

Why did I receive a letter?

To notify you of potential change(s) to your workers' compensation (WC) claim and the medicines you use to treat your work-related injury or illness.

Why am I receiving this letter if I am no longer taking the medications listed in my letter?

You received the letter because our records indicate that you received a non-formulary medication in 2019. If you are no longer receiving this medication, please disregard this letter.

Is there a change to my claim?

No. However, there are changes in medical treatments, which may change the medicines you use to treat your work-related injury or illness.

What is the change?

The New York Workers' Compensation Board (WCB) adopted a new Workers' Compensation Drug Formulary or Formulary.

What does this mean to me?

In the future, your treating doctor will be required to review the Formulary to determine if any medicines they wish to prescribe are approved by the Formulary.

What is the Formulary?

The Formulary addresses medicines that are used to treat a work-related injury or illness. Some medicines are considered approved for use and do not require prior authorization from your claims administrator. Some medicines are considered non-approved and require prior authorization from your claims administrator.

What is a prior authorization (PA)?

Some medicines require approval to be prescribed. Prior authorizations for prescription medicines are handled by your doctor's office and your claims administrator.

What are approved and non-approved medicines?

Approved medicines are listed in the Formulary and do not require prior authorization from your claims administrator. Non-approved medicines are not listed in the Formulary and require prior authorization from your claims administrator. Examples of non-approved medicines could be a compound medicine, a brand-name medicine that has a generic equivalent or a medicine not listed on the Formulary.

When does the Formulary take effect?

The first part of the Formulary starts on December 5, 2019, and will only affect any new medicine treatments you receive on or after that date. The Formulary will not affect your existing medicine treatments. However, the second part of the Formulary will take effect on January 1, 2021, and may affect ongoing medicine treatments.

What does this mean for my ongoing medicines?

As of January 1, 2021, any ongoing medicine refills, or renewals that were not affected by the first phase of the Formulary, may be affected. This means that if any of your existing medicines are shown as a non-Formulary medicine they will require prior authorization from your claims administrator.

Does this mean I won't be able to get my medicines after January 1, 2021?

No. Some of your medicines may be formulary-approved medicines that do not require prior authorization. You should continue to receive these medicines without any pause. Some of your medicines may be non-Formulary approved medicines and may require prior authorization from your claims administrator.

What do I do now?

Take the letter you received with you to your next doctor's appointment/visit and discuss your current medicine treatments with your doctor.

What will my doctor do?

Your doctor may, in their professional judgment, decide to change your therapy from a non-Formulary approved medicine to a Formulary approved medicines. Your doctor may also decide the current medication treatment with a non-Formulary approved medicines is the best treatment of your work-related injury or illness.

What will my doctor do if they decide to continue my ongoing therapy with a non-approved medication?

Your doctor is required by Formulary requirements to reach out to your claims administrator and discuss the medical need of the medication and the prior authorization process. There are certain prior authorization processes and time-frames your doctor can discuss with your claims administrator. Those communications will be between your doctor and the claims administrator. Your pharmacy is not a part of the authorization process the WCB has established.

Should I discuss these options with my doctor?

Yes. Take the letter you received with you to your next doctor's appointment/visit to talk about your medicine treatments. Your doctor should also receive a similar letter reminding them to reach out to the claims administrator to discuss prior authorization.

What happens when prior authorization is approved?

If the request for prior authorization is approved you will be able to pick up your medicines at your pharmacy as normal.

What happens when prior authorization is denied?

If the request for prior authorization is denied, your doctor has the option to prescribe a Formulary approved medicine or they can appeal the denial to the Medical Director of your claims administrator.

Where can I get a list of the medicines on the Formulary?

The medicine list of the Formulary can be found at

<http://www.wcb.ny.gov/drug-formulary-regulation/NYS-drug-formulary.pdf>



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