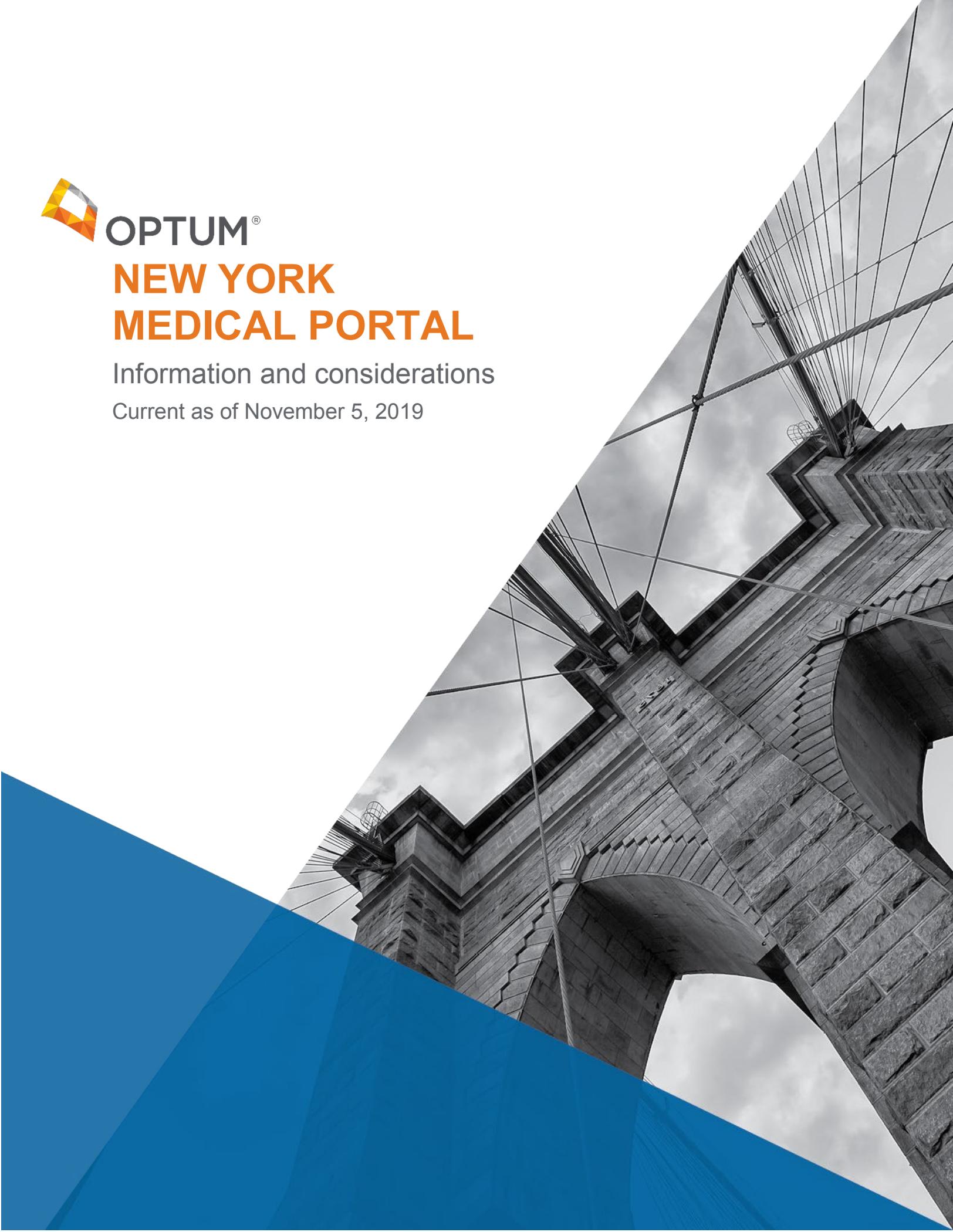




NEW YORK MEDICAL PORTAL

Information and considerations

Current as of November 5, 2019



PRIOR AUTHORIZATION CONSIDERATIONS

Considerations for when a prescriber may prescribe a brand name medication and a generic is available

- A brand-name medication may be prescribed if a patient has an allergic reaction to or is unable to tolerate a specific inactive ingredient(s) in a generic medication. Common examples of inactive ingredients that may cause an allergy or intolerance include, but are not limited to: lactose, corn starch, and certain dyes. However, an allergic reaction caused by one generic medication does not mean the patient will have an allergic reaction to another generic medication made by a different manufacturer.
- In some circumstances, such as a raw product shortage or a new product to market, the generic may not be available and use of the brand medication may be required.
- Patients may indicate that a generic does not work. These claims may require additional information/documentation from the prescriber to support the use of a brand medication in this scenario.

Considerations for when a prescriber may prescribe a brand name medication when a generic version of the same active ingredient(s) is commercially available in a different strength/dosage

- If a specific brand formulation was provided by the prescriber, ensure that clinical rationale for the use of this formulation over the generic is provided.
- Patient is unable to tolerate/use other form of the medication (e.g., claimant had gastric bypass and is unable to take the capsule version of the medication but is able to take the tablet)

Medication not listed in the formulary

- Medications not listed in the formulary are oftentimes those not commonly seen in workers' compensation; however, the medications may be related and appropriate in certain circumstances. For example, many claimants experience nausea/vomiting after surgery; ondansetron is an anti-nausea medication that may be prescribed for post-operative nausea/vomiting. In this situation, the short-term use of ondansetron may be appropriate after surgery (e.g., several days following the procedure).
- Consider the FDA-approved indication for the medication and why the claimant might be using this medication. If unable to identify the FDA-approved indication for a medication, may wish to contact OWCA Ask-A-Pharmacist phone service at 866-742-7676.

Combination products are medications that will include two or more active ingredients in combination

- The ingredients in these products are often found in individual medications. For example, the components of oxycodone-acetaminophen are available separately as oxycodone and acetaminophen. As another example, Vimovo® and Duexis® are high-cost combination products that contain a non-steroidal anti-inflammatory medication (NSAID) and a medication to prevent ulcers. The ingredients in Vimovo and Duexis are available separately in low-cost prescription and over-the-counter formulations.

- Things to consider:
 - Are both active ingredients needed in the strength/quantity that is in the combination formulation?
 - Are the ingredients available individually and/or allowed on the formulary?
 - If unsure if available, may consider confirming with a clinical resource or pharmacist
 - Is there a specific need such as a patient-specific limiting factor for the combination product that cannot be met otherwise?

Compounded medications

- Compounds prescribed for injured workers are generally topical. Occasionally, other formulations may be prescribed, such as oral tablets/capsules or suppositories. Rarely, compounded injectable products or medications used in the eye/ear may be prescribed.
- When compounds are indicated, they are typically considered 3rd or 4th line therapy. Potential clinical documentation supporting the use of compounds includes, but is not limited to:
 - Medical necessity
 - Documented trial and failure of recommended oral and commercially available topical medications
 - Inability to take oral medications
 - First-line oral medications are unavailable
 - Documented allergy to the commercially available product.
- If compounds are approved, monitor for any therapeutic duplications with ongoing oral agents (e.g., the topical compound contains gabapentin but the claimant is using oral gabapentin); may wish to consider escalating to a clinical resource or consulting a pharmacist.

NON-FORMULARY MEDICATIONS

- Is the medication related to the injury and medically necessary?
- Is there another medication that would have the same effect and is allowed on the formulary that could be utilized instead?
- Are there comorbid conditions that necessitate the prescribing of a non-formulary medication?
- Does the non-formulary medication have notable risks which outweigh the benefits?

MEDICATION CLASSES THAT ARE NON-FORMULARY

- Second-line agents may be appropriate as the first course of therapy in certain circumstances. For example, amitriptyline is typically recommended as a first-line agent, however, older adults may see an increase of adverse side effects with the use of this medication. Prescribers may choose to use an anticonvulsant (such as gabapentin or pregabalin), which is not first-line, in place of amitriptyline for patient safety.
- Review claimant prescription history and prescriber records. Has the prescriber documented that a first-line medication has been tried and failed in the past? If so, use of a non-formulary medication may be appropriate.

CONSIDERATIONS WHEN PARTIALLY APPROVING OR DENYING A MEDICATION

- Prescriber can request up to a 365-day timeframe to approve
- Does the medication require an initial titration, trial phase, or gradual discontinuation? If so, it may be appropriate to approve or partially approve a medication.
 - **Examples of medications that require weaning:** opioids, benzodiazepines, anticonvulsants, antidepressants, and some skeletal muscle relaxants
 - **Examples of medications that require slow titration and/or extended trial periods to determine effectiveness:** anticonvulsants and antidepressants
- If a prescriber has not trialed any other medications (or classes of medication) that is on formulary and does not have specific reason for prescribing the non-formulary medication, then may wish to consider denying.

MEDICATION CLASSES THAT INCLUDE BOTH ALLOWED, NOT-ALLOWED, 2ND LINE MEDICATIONS (E.G., NSAIDS)

- On the formulary, there are some medications within a medication class that are allowed and some that are listed as second-line.
- Was there a trial of at least one of the first-line medications? If not, does the prescriber explain or document the reason why a second-line medication is being prescribed without a trial of a first-line agent?

IMPACT OF THE OPTUM INJURY-BASED FORMULARIES

- If the medication is allowed on the NYWC formulary, the Optum Injury-Based Formularies may pause a transaction at the point of sale, which generates a VitalPoint® alert, to ensure that the medication is appropriate for that specific claimant. The Optum Injury-Based Formularies are based on the body part/nature of injury; therefore, assess the medication and determine if it is related to the industry claim and clinically appropriate.
- An example where the medication may not be appropriate for the industry claim is if a claimant has a lower back injury and receives a medication for ciprofloxacin eye drops. While the medication is allowed on the NYWC formulary, it should be prescribed in accordance with treatment guidelines. In the case of a claimant with a lower back injury, the ciprofloxacin eye drops would not be related to the industry claim and would require approval.
- Medications designated as a Special Consideration 4 will read to the Optum Injury-Based Formularies and may pause a transaction at point of sale. This will generate a VitalPoint alert, to ensure that the medication is appropriate for that specific claimant. The Optum Injury-Based Formularies are based on the body part/nature of injury; therefore, assess the medication and determine if it is related to the industry claim and clinically appropriate.
- An example where the medication is appropriate in this situation would be if a claimant has depression as a compensable condition and the medication is written for citalopram. However, this may not be appropriate if the compensable condition is an eye infection, and the medication is written for citalopram, a medication typically used for depression.

NEW YORK FORMULARY ADDITIONAL INFORMATION

- Link and additional information to the NYS Workers' Compensation Drug Formulary: <http://www.wcb.ny.gov/content/main/hcpp/DrugFormulary/overview.jsp>
- The formulary includes several key components:

Phase A

- Within the first 30 days following an accident or injury or until the carrier accepts the claim or the Board establishes the claim, whichever occurs sooner
- A prescription can be written for up to a 30-day supply, for certain medications, without the need for Prior Authorization

Phase B

- Thirty (30) days following an accident or injury or when the carrier has accepted the claim or the Board has established a claim, whichever comes sooner
- A prescription can be written for up to a 90-day supply
- When body part or illness has been accepted or established, medications must be prescribed in accordance with the Medical Treatment Guidelines (MTGs)

Perioperative

- These medications may be prescribed during the perioperative period (four days before through four days after surgery).
- To apply the perioperative formulary to a specific claim, information must be given to Optum prior to the surgery. VitalPoint may be used to provide Optum with this information.

Special considerations

- **Special Consideration 1** - These medications can be prescribed and dispensed one-time only with requiring a prior authorization for a maximum of a seven-day supply (e.g., opioids, muscle relaxants)
- **Special Consideration 2** - prescriptions for these medications should be approved for the prescribed course of therapy, meaning the medication is allowed during the applicable phase for quantity indicated by the prescriber (e.g., antibiotics)
- **Special Consideration 3** - short-acting formulations only; for medications available in multiple formulations (e.g., immediate-release and extended-release) only the short-acting formulation is allowed without prior authorization
- **Special Consideration 4** - As clinically indicated for casually related injuries or conditions utilizing accepted standards of medical care.
 - Emergency rule effective November 5, 2019 therefore will be in effect date of formulary implementation - December 5, 2019. Emergency rule will remain in effect for 90 days during the 60 day comment period and will either be changed or adopted permanently after the 90 day period sometime around February 2, 2020.

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)
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		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-Alginate 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													

INTERPRETATION OF THE FORMULARY

Screen shot above shows Codeine-Acetaminophen Analgesic Narcotic with an “X” for Phase A and Perioperative, and has Special Considerations 1 and 3.

- Therefore, Codeine-Acetaminophen is allowed in Phase A with the special consideration of 1) not to exceed a single seven-day supply and 3) to only be dispensed in the short-acting formulation
- During the Perioperative phase, this medication is allowed to be prescribed four days before to four days after the surgery

Acetaminophen includes an “X” in Phase A, B, and Perioperative

- Phase A is allowed for up to a 30-day supply
- Phase B may be written for up to a 90-day supply at a time, if prescribed in accordance with the medical treatment guidelines (MTG). The MTG that support acetaminophen have a “yes”, such as ankle/foot; however, asthma and eye do not have a “yes” for acetaminophen, so this agent would not be appropriate for those conditions and would require prior authorization
- Perioperative for four days before to four days after surgery

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										
Anticoagulants	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	->													
Anticonvulsant	Oxcarbazepine		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Phenytoin		x	->													
Anticonvulsant	Pregabalin		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Topiramate		x	x				2nd		2nd					2nd	2nd	
Anticonvulsant	Valproic Acid		x	->													
Antidepressants	Amitriptyline		x	x				Yes		Yes					Yes	Yes	
Antidepressants	Bupropion			x				2nd		2nd					2nd	2nd	
Antidepressants	Citalopram	4		x													
Antidepressants	Clomipramine	4		x													

Screen shot above shows Citalopram as an “X” for Phase B and Special Consideration 4

- Phase A, citalopram would not be allowed
- While there is an “X” in Phase B, there is no “yes” for any of the MTG, but there is a Special Consideration 4; therefore, citalopram would be allowed during Phase B without a prior authorization from the provider when the medication is prescribed in good faith as clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care.

Some medications, such as Pregabalin, 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.