NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

BETTER FOR WORKERS

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NEW YORK STATE OF OPPORTUNITY.

Workers' Compensation Board

New York Workers' Compensation Drug Formulary

AGENDA

1. Drug Formulary
2. Prior Authorization Requests
3. Observations
4. Penalties
5. Questions and Answers

Drug Formulary Background

2017

- **Legislation signed in 2017 required that the New York State Workers' Compensation Board (Board) establish a prescription drug formulary.**

- **In December 2017, the Board released the first version of the *New York Workers' Compensation Drug Formulary (Drug Formulary)* for public comment.**

Drug Formulary Background

2018 – 2019

- **Feedback from the public comment period resulted in a second version of the *Drug Formulary* being released in October 2018.**
- **Feedback from the second public comment period resulted in the final version of the *Drug Formulary* being released in January 2019.**

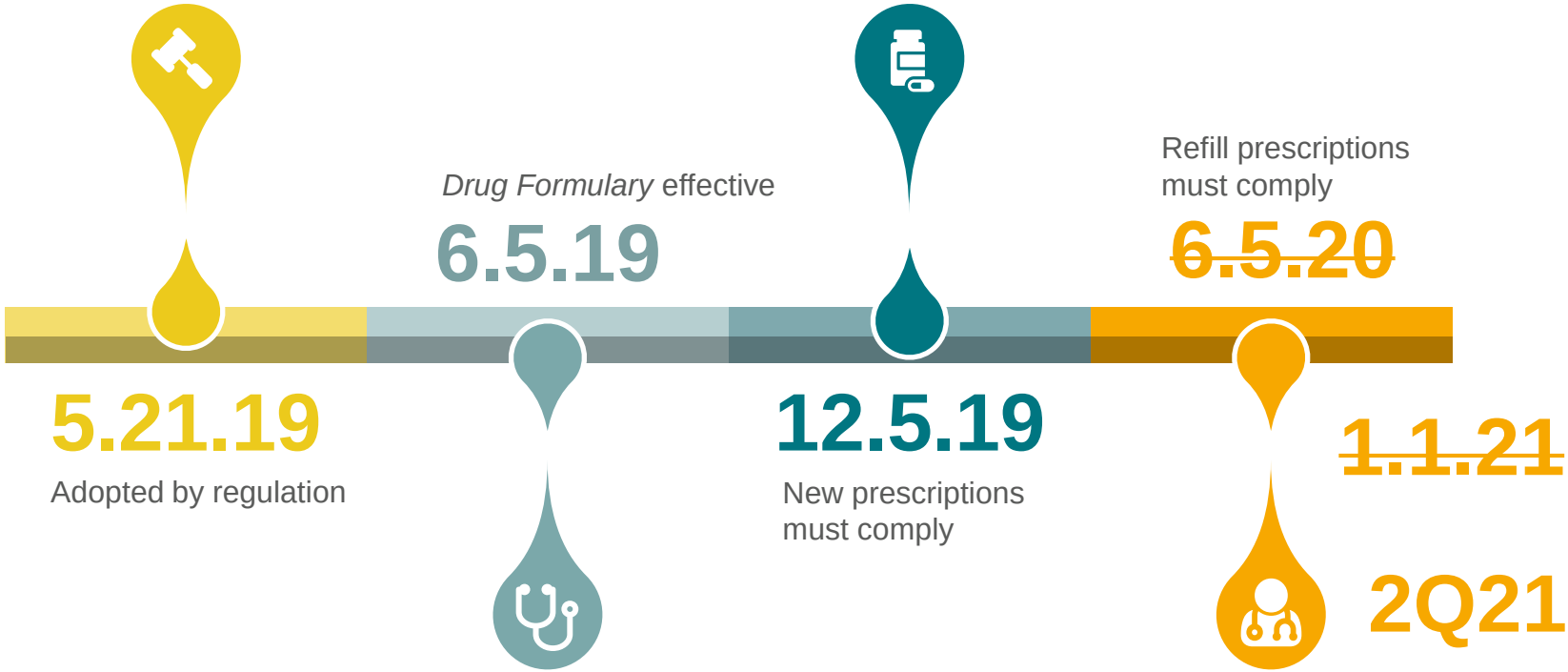
Drug Formulary Medications

Medications in the *Drug Formulary* are:

- Based on a medication's effectiveness and appropriateness for the treatment of illnesses and injuries covered under the Workers' Compensation Law (WCL).
- Consistent with the Board's applicable *New York Medical Treatment Guidelines (MTGs)*.

Note: The *Drug Formulary* does not apply to drugs administered in a hospital or health care provider's office.

Drug Formulary Implementation Timeline



Application of the *Drug Formulary*

The ***Drug Formulary*** consists of three drug lists:

Phase A Drugs

Phase B Drugs

Perioperative Drugs

Application of the *Drug Formulary*

Phase A Drugs

Drugs on this list may be prescribed and dispensed:

1. Within the first 30 days following an accident or injury, or until the insurer accepts the claim or the Board establishes a claim, whichever occurs sooner.
2. For up to a 30-day supply, unless a Special Consideration is identified.

Phase B Drugs

Perioperative Drugs

Application of the *Drug Formulary*

Phase A Drugs

Phase B Drugs

Drugs on this list may be prescribed and dispensed:

1. After 30 days following an accident or injury,
2. Or, less than 30 days after the date of injury if the insurer has accepted the claim or the Board has established a claim.
3. For up to a 90-day supply, unless a Special Consideration is identified.

Perioperative Drugs

Application of the *Drug Formulary*

Phase A Drugs

Phase B Drugs

4. When a body part or illness has been accepted (with or without liability) or established, drugs must be prescribed in accordance with, as applicable, the adopted ***MTGs***.
5. Phase B drugs designated as second-line drugs may be prescribed and dispensed following an unsuccessful trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***MTGs***.

Perioperative Drugs

Application of the *Drug Formulary*

Phase A Drugs

Phase B Drugs

Perioperative Drugs

Drugs approved for use during the perioperative period (four days before through four days following surgery).

Application of the *Drug Formulary*

Second-line Drugs

- Drugs designated as second-line may be prescribed and dispensed following a trial of a first-line drug prescribed in accordance with Phase B and, as applicable, the adopted ***MTGs***.

Application of the *Drug Formulary*

Special Considerations include:

- Special Consideration 1: Not to exceed a single seven-day supply
  - The ***Drug Formulary*** drug can be prescribed and dispensed:
    - One time only, without a prior authorization request
    - For a maximum of a seven-day supply
    - During the phase of the ***Drug Formulary*** under which it is contained
    - Example: narcotics for acute pain following an injury

Application of the *Drug Formulary*

Special Considerations (cont'd):

- Special Consideration 2: For the prescribed course of therapy
  - The ***Drug Formulary*** drug can be prescribed or dispensed:
    - During the applicable phase of the ***Drug Formulary***
    - For the course of treatment indicated by the prescriber
    - Example: antibiotics

Application of the *Drug Formulary*

Special Considerations (cont'd):

- Special Consideration 3: Short-acting formulation only
  - The ***Drug Formulary*** drug can be prescribed or dispensed:
    - For the short-acting formulation of the medication only
    - Example: opioids/skeletal muscle relaxant

Application of the *Drug Formulary*

Special Considerations (cont'd):

- Special Consideration 4: As clinically indicated for causally-related injuries or conditions utilizing accepted standards of medical care.
  - The ***Drug Formulary*** drug can be prescribed and dispensed:
    - When there is no adopted ***MTGs*** for the established/accepted body part or condition, and/or
    - For a condition directly associated with an established/accepted body part, but not specifically addressed in the ***MTGs***.
    - Example: treatment of post-operative infection following knee replacement

Drug Formulary Format

Therapeutic Category	Generic Name	Special Considerations	Phase A	Phase B	Peri Operative	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)
Antihistamines	Hydroxyzine		x	x													
Antihistamines	Levocetirizine		x	x													
Antihistamines	Loratadine		x	x													
Antihistamines	Promethazine		x	x													
Antihypertensive	Clonidine HCl		x														
Antihypertensive	Lisinopril		x														
Antihypertensive	Losartan		x														
Antihypertensive	Prazosin		x														
Anti-Infectives, Misc.	Clindamycin	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Linezolid	2		x													
Anti-Infectives, Misc.	Metronidazole	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Sulfamethoxazole-Trimethoprim	2	x	x		Yes					Yes		Yes				Yes
Anti-Infectives, Misc.	Vancomycin	2	x	x													
Anti-Inflammatory	Celecoxib			x		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd
Anti-Inflammatory	Diclofenac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Etodolac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Ibuprofen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Indomethacin		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Meloxicam		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Naproxen		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Anti-Inflammatory	Sulindac		x	x	x	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Antimalarial	Hydroxychloroquine	2	x														
Antineoplastic	Cabozantinib			x													
Antineoplastic	Dabrafenib			x													

Over-the-Counter Drugs (OTC)

- Certain OTCs are included in the ***Drug Formulary***.
- When a prescription is written, the OTC will be processed by the pharmacy and paid for by the insurer.

NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

Prior Authorization Requests

Prior Authorization Requests

A health care provider must request and obtain prior authorization from the insurer before prescribing or dispensing:

1. A drug not listed on the ***Drug Formulary***
2. A brand name drug, when a ***Drug Formulary*** generic is available
3. Combination products, unless specifically listed on the ***Drug Formulary***

Prior Authorization Requests

4. A brand name drug when a generic version with the same active ingredient(s) is commercially available in a different strength/dosage
5. Any compounded drug

Note: The insurer or self-insured employer may deny payment when prior authorization was *not* obtained.

Prior Authorization Requests

Treatment

- Medical Treatment Guidelines
- MTG Look Up Tool
- Drug Formulary Overview
- Drug Formulary Look Up
- Drug Formulary Prior Authorization
- Guidelines for Determining Impairment
- Diagnostic Testing Network Look Up
- Medical Treatment Guidelines - Insurer Requirements

= Under Development

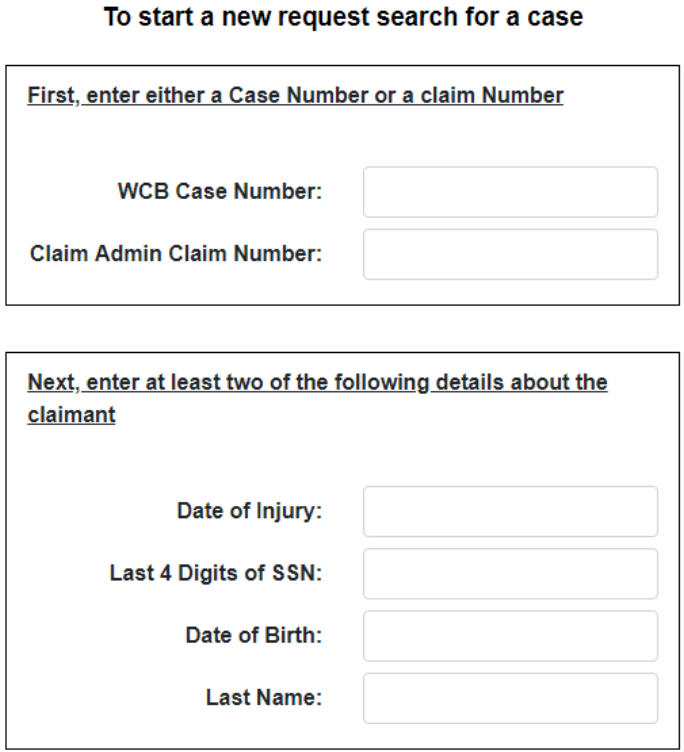
Case Search

If case is found, specific case details will pre-fill the form

1 of 2

and

2 of 4



Case Search Results: Established

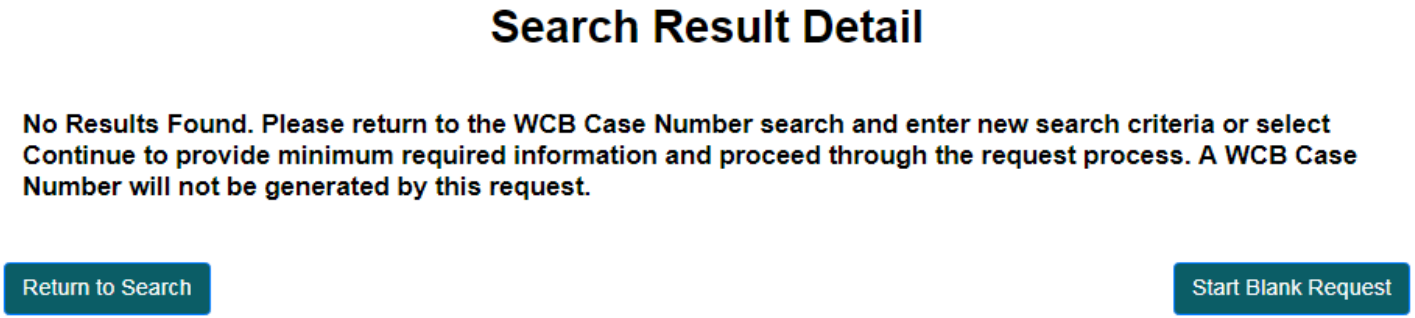
Claimant:	Jim Jones	**Employer:**	AUXILIARY SERVICES CORP OF STA TE UNIVERSITY COLLEGE AT CORTL
Date of Birth:	08/30/1965	**WCB Employer #:**	1724893
SSN:	XXX-XX-1234	**Address:**	STATE UNIVERSITY AT CORTLAND NY 130450000 USA
Gender:			
Address:	13 Garden Avenue Cortland NY 130450000 USA		
WCB Case ID:	G1234567	**Claim Number:**	0014W61102
Date of Injury:	4/15/2015	**Insurer Name:**	Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.
Controverted:	No	**Insurer ID:**	W133508
		Claim Admin Name:	Manufacturers Alliance Ins Co Attn: Workers' Comp Mgmt.
		Claim Admin ID:	W133508
Case established for site(s):	• to the left shoulder		

Case Search Results: Not Established

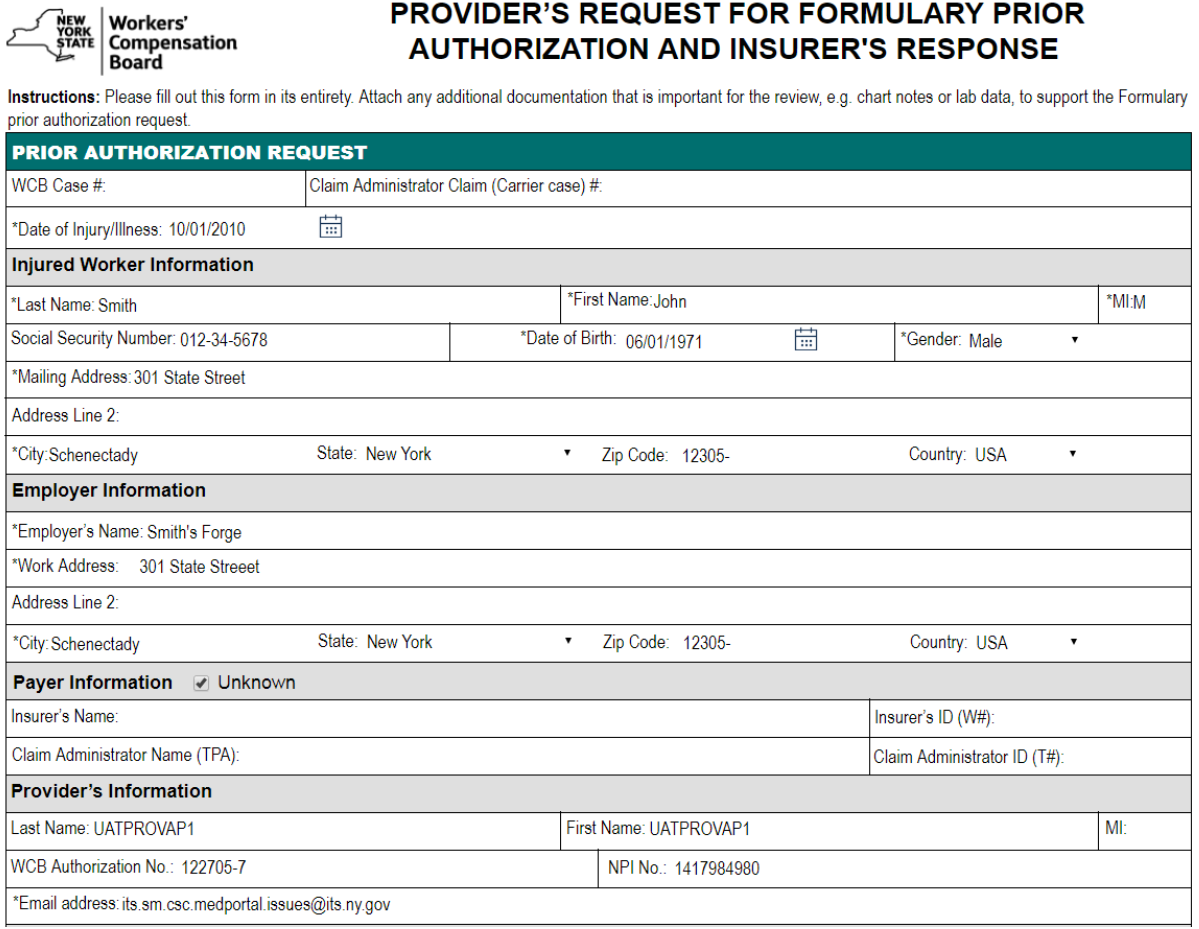
Claimant:	Jennifer Jones	**Employer:**	ADVANCED CARE STAFFING LLC
Date of Birth:	09/23/1965	**WCB Employer #:**	2445659
SSN:	XXX-XX-1234	**Address:**	545 BROADWAY STE 3 BROOKLYN NY 112062962 USA
Gender:	Female		
Address:	432 West Avenue Manhattan NY 10032 USA		
WCB Case ID:	G1234567	**Claim Number:**	0016W22253
Date of Injury:	10/13/2015	**Insurer Name:**	Pennsylvania Manufacturers' Indemnity Co
Controverted:	Yes	**Insurer ID:**	W173504
		Claim Admin Name:	Pennsylvania Manufacturers' Indemnity Co
		Claim Admin ID:	W173504
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		

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.

Case Search Results: Results Not Found



Case Search Results



NEW YORK STATE Workers' Compensation Board

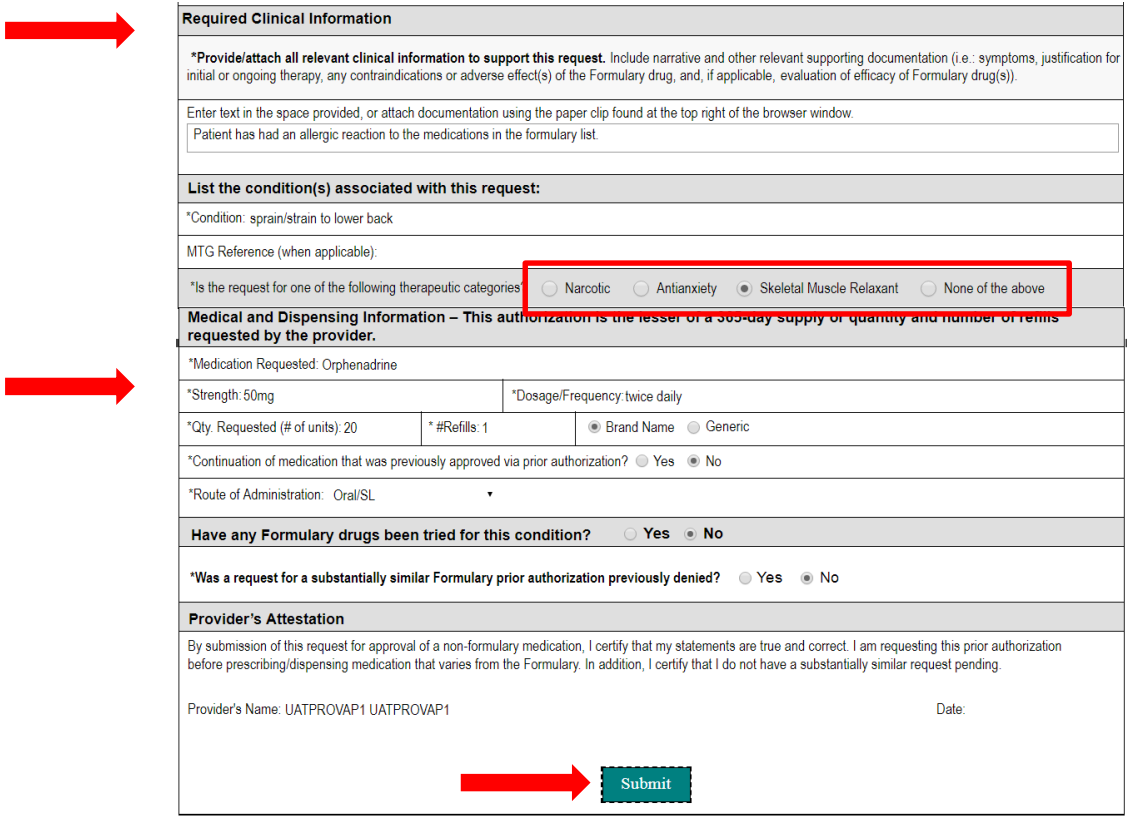
PROVIDER'S REQUEST FOR FORMULARY PRIOR AUTHORIZATION AND INSURER'S RESPONSE

Instructions: Please fill out this form in its entirety. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the Formulary prior authorization request.

PRIOR AUTHORIZATION REQUEST

WCB Case #:	Claim Administrator Claim (Carrier case) #:		
*Date of Injury/Illness: 10/01/2010			
Injured Worker Information			
*Last Name: Smith	*First Name: John		*MI: M
Social Security Number: 012-34-5678	*Date of Birth: 06/01/1971	*Gender: Male	
*Mailing Address: 301 State Street			
Address Line 2:			
*City: Schenectady	State: New York	Zip Code: 12305-	Country: USA
Employer Information			
*Employer's Name: Smith's Forge			
*Work Address: 301 State Streeet			
Address Line 2:			
*City: Schenectady	State: New York	Zip Code: 12305-	Country: USA
Payer Information ☑ Unknown			
Insurer's Name:		Insurer's ID (W#):	
Claim Administrator Name (TPA):		Claim Administrator ID (T#):	
Provider's Information			
Last Name: UATPROVAP1	First Name: UATPROVAP1		MI:
WCB Authorization No.: 122705-7	NPI No.: 1417984980		
*Email address: its.sm.csc.medportal.issues@its.ny.gov			

Case Search Results



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? ○ Narcotic ○ Antianxiety ◉ Skeletal Muscle Relaxant ○ None of the above

Medical and Dispensing Information – This authorization is the lesser of a 365-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 | ◉ Brand Name ○ Generic

*Continuation of medication that was previously approved via prior authorization? ○ Yes ◉ No

*Route of Administration: Oral/SL

Have any Formulary drugs been tried for this condition? ○ Yes ◉ No

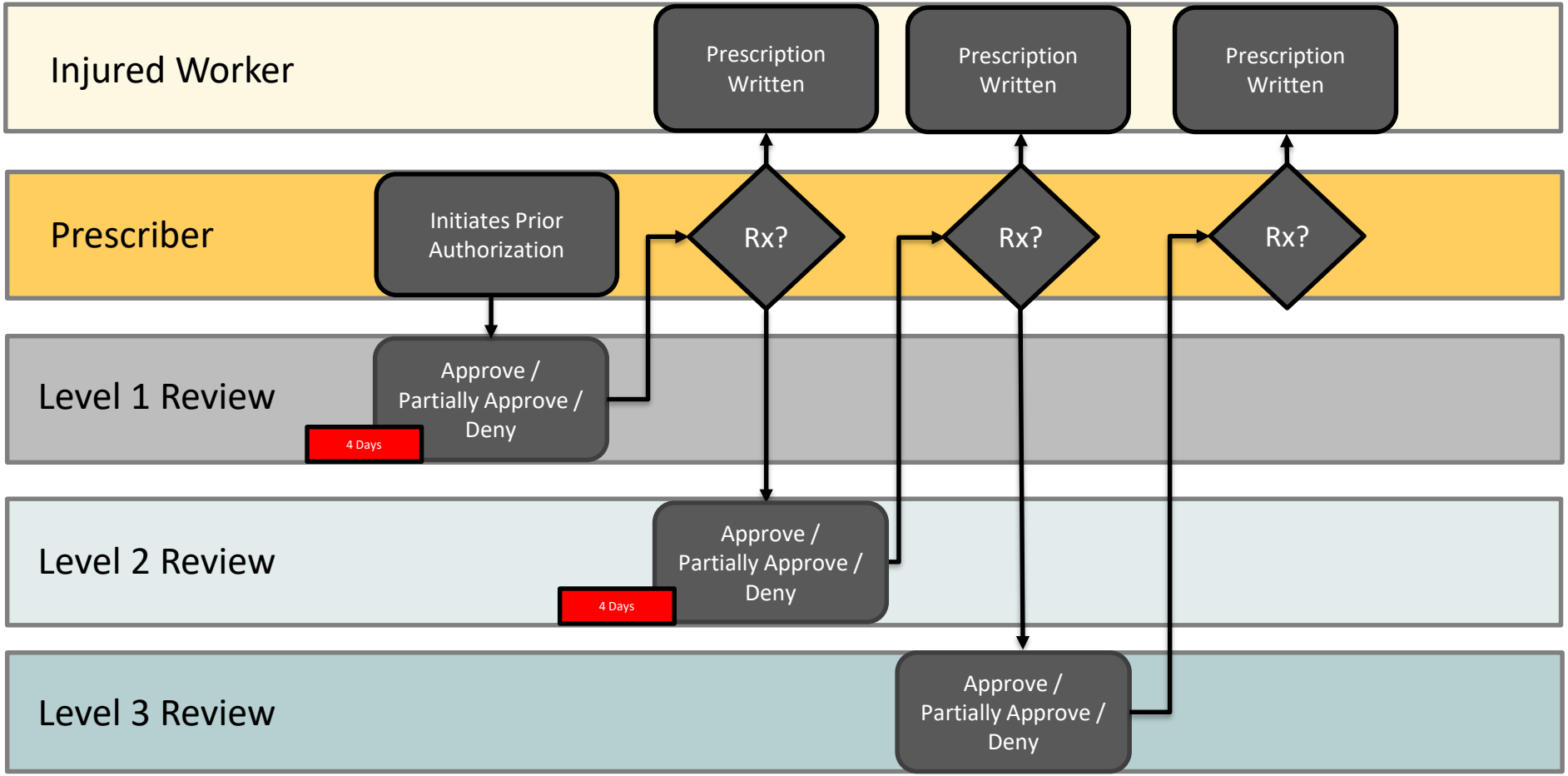
***Was a request for a substantially similar Formulary prior authorization previously denied? ○ Yes ◉ No**

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:

Submit


Injured Worker
Prescription Written
Prescription Written
Prescription Written
Prescriber
Initiates Prior Authorization
Rx?
Rx?
Rx?
Level 1 Review
Approve / Partially Approve / Deny
4 Days
Level 2 Review
Approve / Partially Approve / Deny
4 Days
Level 3 Review
Approve / Partially Approve / Deny

Insurer Dashboard

- Accessed through the Medical Portal
- Contains real-time information on the status of all submitted requests
- Mechanism by which all requests are communicated and responded to

Treatment

Medical Treatment Guidelines

MTG Look Up Tool

Drug Formulary Overview

Drug Formulary Look Up

Drug Formulary Prior Authorization

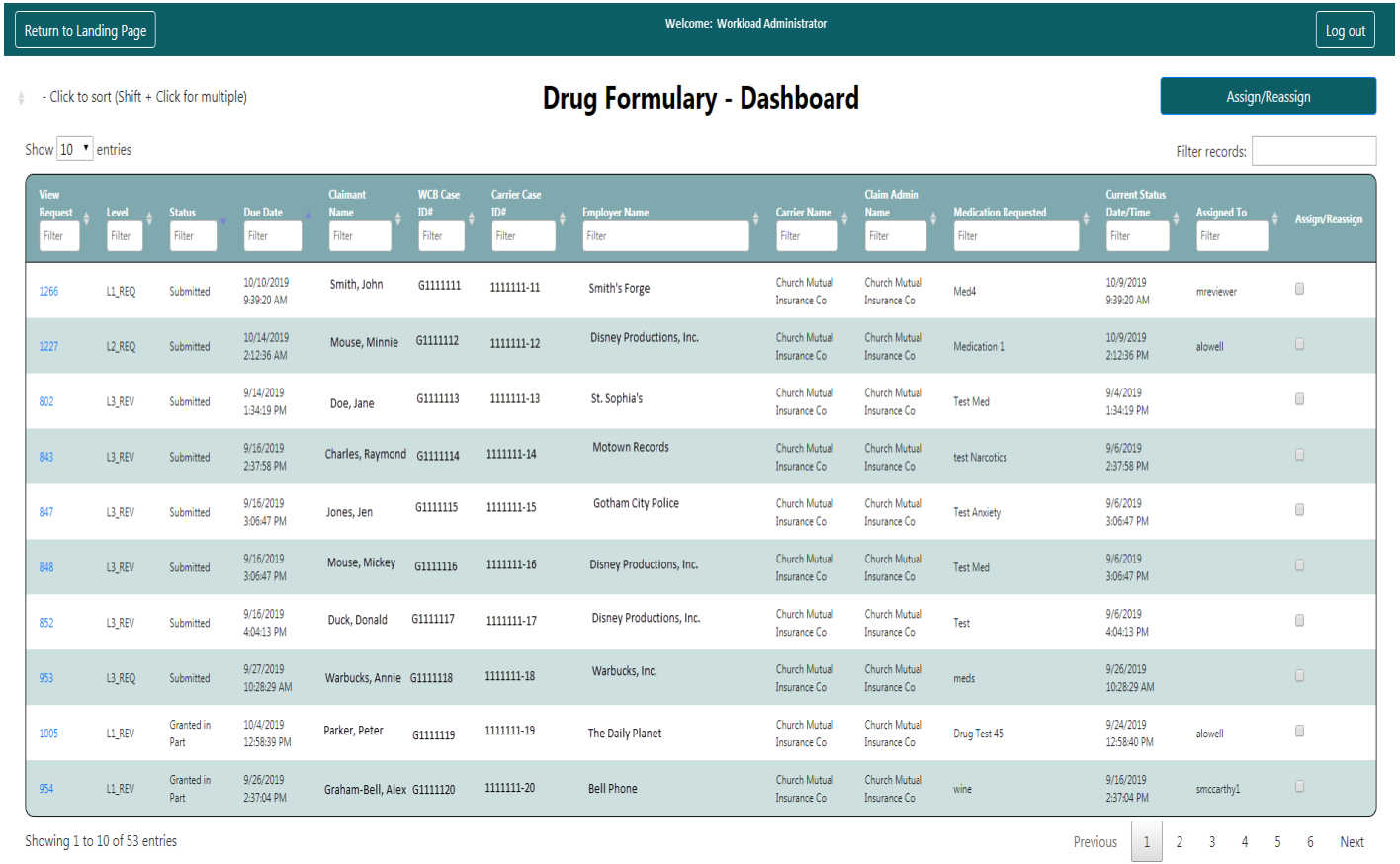
Guidelines for Determining Impairment

Diagnostic Testing Network Look Up

Medical Treatment Guidelines - Insurer Requirements

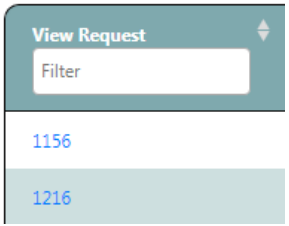
= Under Development

Insurer Dashboard



Dashboard Field Definitions

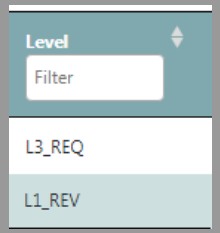
View Request



Opens the prior authorization request

Full form with request and responses

Level



REQuest or REView

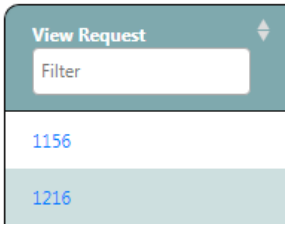
L1_REQ
L1_REV
L2_REQ
L2_REV
L3_REQ
L3_REV

Status

Submitted	A request has been submitted by the provider. This will remain in submitted status until an action is taken.
Denied	The request has been denied
Granted	The request has been granted
Granted in Part	The drug has been approved, but for a limited length of time, quantity or number of refills (from what was requested)
Approved OOC	The reviewer has not responded and the request is deemed approved by an Order of the Chair
Granted Final	The provider's timeframe to respond to the Level 1 or Level 2 review has lapsed or the MDO has made a decision.
Granted in Part Final	The provider's timeframe to respond to the Level 1 or Level 2 review has lapsed for the MDO has made a decision.
Denied Final	When the provider's timeframe to respond to a Level 1 or Level 2 review has lapsed or the MDO has made a decision

Dashboard Field Definitions (Cont'd)

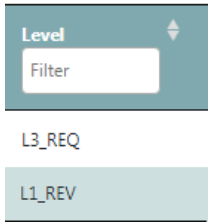
View Request



Opens the prior authorization request

Full form with request and responses

Level



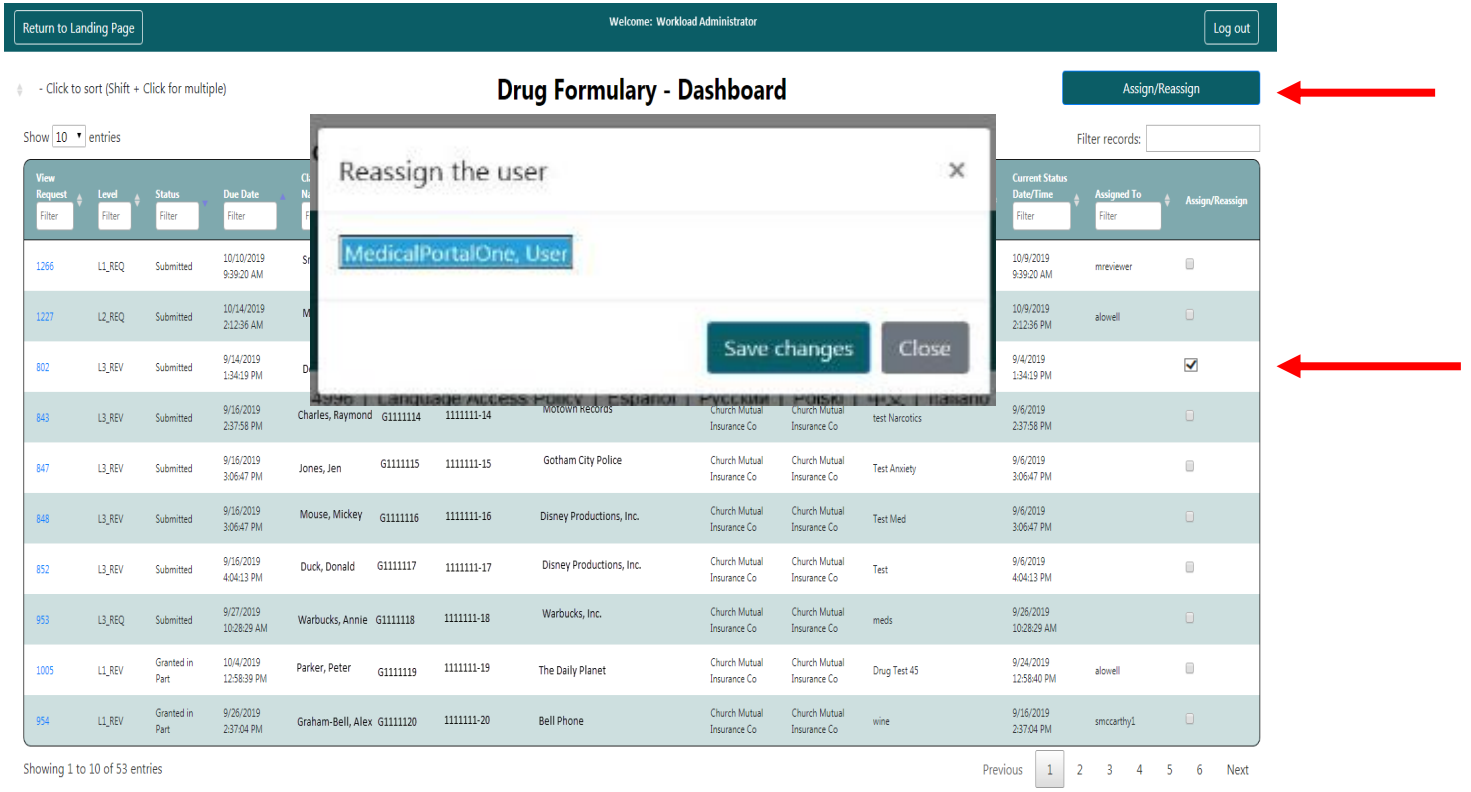
REQuest or REView

L1_REQ
L1_REV
L2_REQ
L2_REV
L3_REQ
L3_REV

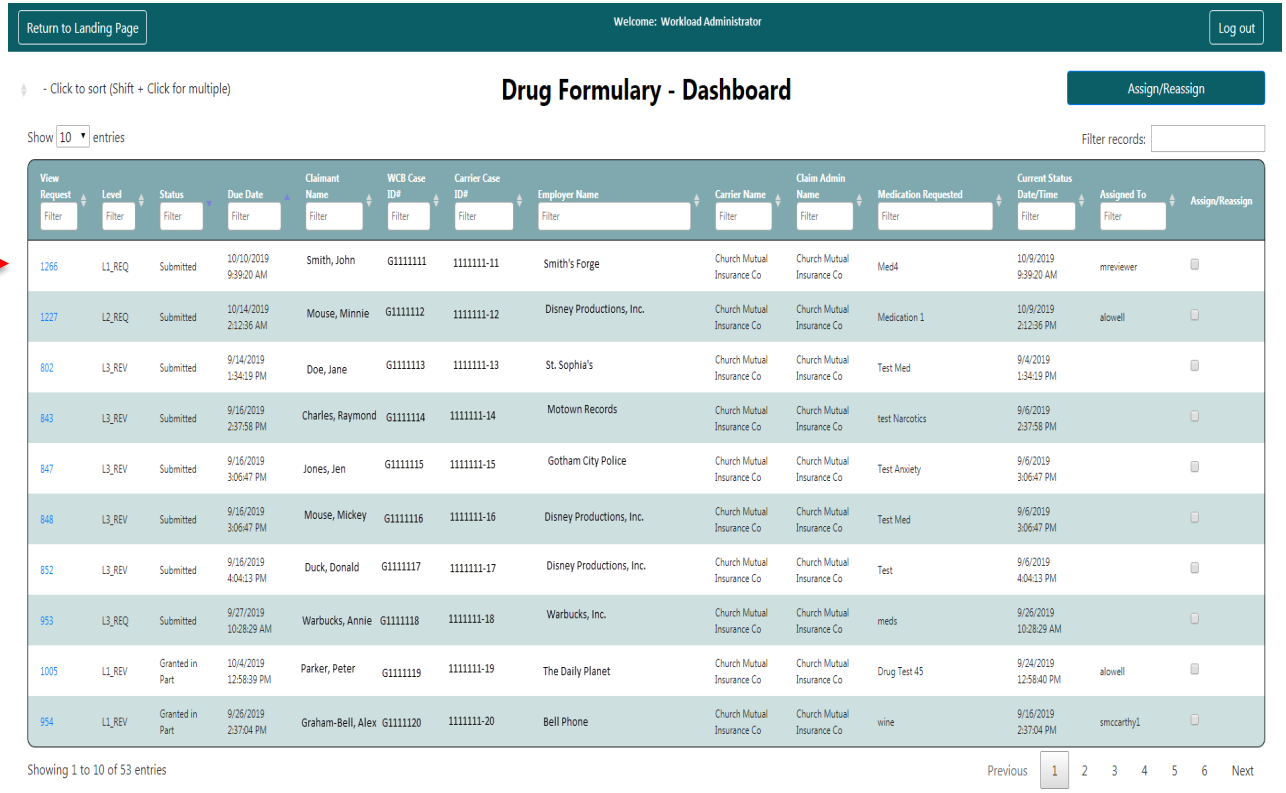
Status

Due Date	The date the next action is due by
Claimant Name	Claimant for whom the medication was requested
WCB Case ID	The Board assigned ID number for the claimant's case
Carrier Case ID	The insurance carrier assigned ID number for the claimant's case
Employer Name	The name of the employer the claimant works for
Carrier Name	The insurance carrier handling the claim
Claim Admin Name	The entity administering the claims.
Medication Requested	Name of the Requested Medication
Current Status Date/Time	Date and Time of the Current Status (described above)
Assigned to	This will display the username of the person assigned to review the request
Assign/Reassign	Check the box to assign/reassign the request to a reviewer

Work Load Administrator Assigns Request



Level 1 Reviewer Reviews Request



View Request	Level	Status	Due Date	Claimant Name	WCB Case ID#	Carrier Case ID#	Employer Name	Carrier Name	Claim Admin Name	Medication Requested	Current Status Date/Time	Assigned To	Assign/Reassign
1266	L1_REQ	Submitted	10/10/2019 9:39:20 AM	Smith, John	G1111111	1111111-11	Smith's Forge	Church Mutual Insurance Co	Church Mutual Insurance Co	Med4	10/9/2019 9:39:20 AM	mreviewer	
1227	L2_REQ	Submitted	10/14/2019 2:12:36 AM	Mouse, Minnie	G1111112	1111111-12	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Medication 1	10/9/2019 2:12:36 PM	alowell	
802	L3_REV	Submitted	9/14/2019 1:34:19 PM	Doe, Jane	G1111113	1111111-13	St. Sophia's	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/4/2019 1:34:19 PM		
843	L3_REV	Submitted	9/16/2019 2:37:58 PM	Charles, Raymond	G1111114	1111111-14	Motown Records	Church Mutual Insurance Co	Church Mutual Insurance Co	test Narcotics	9/6/2019 2:37:58 PM		
847	L3_REV	Submitted	9/16/2019 3:06:47 PM	Jones, Jen	G1111115	1111111-15	Gotham City Police	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Anxiety	9/6/2019 3:06:47 PM		
848	L3_REV	Submitted	9/16/2019 3:06:47 PM	Mouse, Mickey	G1111116	1111111-16	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test Med	9/6/2019 3:06:47 PM		
852	L3_REV	Submitted	9/16/2019 4:04:13 PM	Duck, Donald	G1111117	1111111-17	Disney Productions, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	Test	9/6/2019 4:04:13 PM		
953	L3_REQ	Submitted	9/27/2019 10:28:29 AM	Warbucks, Annie	G1111118	1111111-18	Warbucks, Inc.	Church Mutual Insurance Co	Church Mutual Insurance Co	meds	9/26/2019 10:28:29 AM		
1005	L1_REV	Granted in Part	10/4/2019 12:58:39 PM	Parker, Peter	G1111119	1111111-19	The Daily Planet	Church Mutual Insurance Co	Church Mutual Insurance Co	Drug Test 45	9/24/2019 12:58:40 PM	alowell	
954	L1_REV	Granted in Part	9/26/2019 2:37:04 PM	Graham-Bell, Alex	G1111120	1111111-20	Bell Phone	Church Mutual Insurance Co	Church Mutual Insurance Co	wine	9/16/2019 2:37:04 PM	smccarthy1	

Level 1 Reviewer Completes & 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:

Submit

NEW YORK STATE OF OPPORTUNITY.
Workers' Compensation Board

Observations

If an item is on the ***Drug Formulary***, and the injured worker has been established in accordance with applicable ***MTGs***, the injured worker should receive the medication "no questions asked."

- This is <u>not</u> an opportunity to do utilization review or require that the health care provider submit updated medical or to submit a letter of medical necessity.

		Phase														
Generic Name	Spec. Cons.	A	B	Peri-Op	Ankle/ Foot	Asthma	Back, Mid/Low	Carpal Tunnel	CRPS	Elbow	Eye	Hip/ Groin	Knee	Neck	Pain, Non-Acute	Shoulder
Lidocaine Patch (4% Only) Analgesics - Topical		X	X				Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes

We're getting a number of reports of adjusters/claims examiners indicating they have "hard blocks" in place for items that are ***Drug Formulary***. Please check your blocks.

Prior Authorizations are for Non-Formulary Medications

- As such the medication is not on the ***Drug Formulary***.
- Rejection of a prior authorization request as “non-formulary” is not appropriate. This the reason for submitting the prior authorization request.
- Response should specifically address the rationale submitted by the provider in the prior authorization request.

Prior Authorizations Submitted for a Non-Formulary Medication

- 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.
- 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.

NY WC Formulary for Payers FAQ Question #23

Medications That Patients Have Been On Are Being Rejected as Non-Formulary

- Refills (regardless of ***Drug Formulary*** status) are not required to comply with the ***Drug Formulary*** until a TBD date second quarter of 2021.
- A refill is a medication that the injured worker has been on in the last year.

Questions About Handling of Non-MTG Body Parts

Special Consideration #4: non-MTG body parts

- ***Drug Formulary*** drugs with Special Consideration #4
- "As clinically indicated for causally related injuries or conditions utilizing accepted standards of medical care."
- When there are no ***MTGs*** for the established/accepted body part or condition, and/or
- Condition directly associated with and established/accepted body part, but not specifically addressed in the ***MTGs***.

2Q 2021

- Ankle and Foot Injuries
- Elbow Injuries
- Hand, Wrist and Forearm Injuries
- Hip and Groin Injuries
- Major Depressive Disorder
- Occupational/Work-Related Asthma
- Occupational Interstitial Lung Disease
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury

The *Drug Formulary* Should Not Be Used to Challenge Dosages of *Drug Formulary* Medications

- "Above maximum daily dosage" is not an appropriate denial reason.
- Limiting to a 20-day supply when the prescriber writes for 30 days is not appropriate.

If the medication is non-formulary, these issues can be questioned/challenged.

Items Marked as “2nd” Do Not Require Prior Authorization, But Rather History of Use of Other Agents in the Therapeutic Category

- Can be requested as first line via a prior authorization request.

Generic Name	Spec. Cons.	Phase			Ankle/ Foot	Asthma	Back, Mid/Low	Carpal Tunnel	CRPS	Elbow	Eye	Hip/ Groin	Knee	Neck	Pain, Non-Acute	Shoulder
		A	B	Peri-Op												
Celecoxib Anti-Inflammatory			X		2nd		2nd	2nd	2nd	2nd		2nd	2nd	2nd	2nd	2nd

Review of a Prior Authorization Request is the Opportunity for the Insurer to Deny as "Not Causally Related," Not When the Prescription is Being Filled at the Pharmacy

- Once a prior authorization has been approved, either at Level 1, Level 2, or Level 3, the prescription should be processed.

Level 3 Review (WCB Medical Director's Office) is Done Based on Medical Necessity

- "This determination is purely based on medical necessity of the procedure/medication in question, and does not consider whether or not causation has been established, and should not be used to infer payment for any claim for which causation has not been established."

When the Provider Submits a Prior Authorization Request, the Rationale the Provider Submits Should be Specifically Addressed

- Level 1 and Level 2
- “Not on formulary” is not an appropriate response; this is the reason a prior authorization request is being submitted.

Pharmacy Benefits Manager Has Their Own Formulary

- Alternate formulary may be utilized, but the Board's ***Drug Formulary*** must be the baseline.

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Penalties

Inappropriate actions, such as:

- Denial of a prior authorization request on grounds that it is non-formulary, or
- Failure to communicate approval of a prior authorization request to the Pharmacy Benefits Manager, leading to delays or denial at point of fill

Will subject the insurer and/or the TPA to penalties via adjudication (conciliation):

- WCL section 114-a(3)(i) of
  - $500 per instance;
  - $2,500 for chronic and repeat violations.
  - This will *not* involve re-litigation of any issues of medical necessity.
  - Baseless objections may result in trebling of initial penalty at hearing.

More Information/Questions

wcb.ny.gov/content/ebiz/drugformulary

General *Drug Formulary* questions: WCBFormularyQuestions@wcb.ny.gov

Technical support questions: WCBCustomerSupport@wcb.ny.gov

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