



2025 New York

National Drug List - Negative Changes

| Drug Name | Tier Status Change | Utilization Management Change |
|--|--------------------|-------------------------------|
| ADEFOVIR | | Add Prior Authorization |
| ADLARITY | | Add Step Therapy |
| ADVAIR DISKUS | | Add Step Therapy |
| AIRDUO RESPICLICK | | Add Step Therapy |
| ALPHAGAN P SOL 0.1% | Tier 2 -> Tier 3 | |
| APLENZIN | Tier 3 -> NF | |
| BACLOFEN | | Add Prior Authorization |
| BARACLUDE | | Add Prior Authorization |
| BELSOMRA | Tier 3 -> NF | |
| BOSULIF | | Add Step Therapy |
| CELLCEPT | | Add Step Therapy |
| CHLORPROMAZINE | | Add Age Prior Authorization |
| COPAXONE INJ 20MG/ML | Tier 3 -> NF | |
| COPPER INJ 0.4MG/ML | Tier 1b -> Tier 3 | |
| CORLANOR TAB | Tier 2 -> NF | |
| DAPSONE GEL 5% | Tier 1b -> Tier 3 | |
| DASATINIB | | Add Step Therapy |
| DAYVIGO | Tier 3 -> NF | |
| DESCOVY | Tier 2 -> NF | |
| DOXORUBICIN INJ (BRAND) | Tier 1b -> Tier 3 | |
| DOXYCYCLINE HYCLATE TAB 50MG (IMMEDIATE RELEASE) | Tier 1b -> NF | Add Step Therapy |
| ENDARI | Tier 3 -> NF | |
| ERGOMAR | | Add Step Therapy |
| EXSERVAN | | Add Prior Authorization |
| FLEQSUVY | | Add Prior Authorization |
| GRALISE TAB 300MG & 600MG | Tier 2 -> Tier 3 | |
| HUMATIN | | Add Prior Authorization |
| IBANDRONATE SODIUM | Tier 1b -> Tier 3 | |



2025 New York

National Drug List - Negative Changes

| Drug Name | Tier Status Change | Utilization Management Change |
|---------------------------------|--------------------|-------------------------------|
| IMIQUIMOD CREAM PUMP | | Add Step Therapy |
| KORLYM | Tier 3 -> NF | |
| KRISTALOSE PACKET | | Add Step Therapy |
| LACTULOSE PACKET | | Add Step Therapy |
| LAMIVUDINE TAB 100MG | Tier 1b -> Tier 3 | Add Prior Authorization |
| LEVEMIR | Tier 2 -> NF | Add Step Therapy |
| LEVORPHANOL TAB 2MG | Tier 1b -> NF | Add Step Therapy |
| LYVISPAAH | | Add Prior Authorization |
| MAGNESIUM SULFATE INJ (BRAND) | Tier 1b -> Tier 3 | |
| METAXALONE | Tier 1b -> NF | |
| METHOXSALLEN | Tier 1b -> Tier 3 | |
| METYROSINE | Tier 1b -> Tier 3 | |
| MYRBETRIQ TAB | Tier 3 -> NF | Add Step Therapy |
| NUTROPIN | Tier 3 -> NF | Add Step Therapy |
| ONEXTON | Tier 2 -> NF | Add Step Therapy |
| OZOBAX | | Add Prior Authorization |
| PALIPERIDONE | | Add Step Therapy |
| PERPHENAZINE/AMITRIPTYLINE | | Add Age Prior Authorization |
| PHYRAGO | | Add Step Therapy |
| PLAQUENIL | | Add Step Therapy |
| POKONZA | | Add Step Therapy |
| POTASSIUM PHOSPHATE INJ (BRAND) | Tier 1b -> Tier 3 | |
| PRALUENT | Tier 3 -> NF | Add Step Therapy |
| PROCHLORPERAZINE | | Add Age Prior Authorization |
| PROLENSA | Tier 3 -> NF | |
| PULMOZYME | | Add Prior Authorization |
| RILUZOLE | | Add Prior Authorization |
| RISPERDAL CONSTA | Tier 2 -> NF | |
| SPIRIVA HANDIHALER | Tier 2 -> NF | Add Step Therapy |
| SPRYCEL | | Add Step Therapy |
| TARGADOX TAB 50MG | Tier 1b -> NF | |



2025 New York

National Drug List - Negative Changes

| Drug Name | Tier Status Change | Utilization Management Change |
|--------------------------------------|--------------------|-------------------------------|
| TASIGNA | | Add Step Therapy |
| TERIFLUNOMIDE | Tier 1b -> Tier 3 | |
| THIOLA EC | Tier 3 -> NF | |
| TIGLUTIK | | Add Prior Authorization |
| TIOPRONIN | Tier 1b -> Tier 3 | |
| TRAMADOL TAB 25MG | | Add Prior Authorization |
| VANCOMYCIN HYDROCHLORIDE INJ (BRAND) | Tier 1b -> Tier 3 | |
| VEMLIDY | | Add Prior Authorization |
| VICTOZA | Tier 2 -> NF | Add Step Therapy |
| VIREAD | | Add Prior Authorization |
| VORICONAZOLE INJ 200MG (BRAND) | Tier 1b -> NF | |
| VOTRIENT | Tier 3 -> NF | |
| YARGESA | Tier 2 -> Tier 3 | |
| ZOLEDRONIC ACID INJ | Tier 1b -> Tier 3 | |

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Revised 10/1/24