



2025 New York

Traditional 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	
AMINO ACIDS/DEXTROSE/CALCIUM SOL /HEPARIN 3%	Tier 3 -> NC	
BACLOFEN		Add Prior Authorization
BARACLUDE		Add Prior Authorization
BOSULIF		Add Step Therapy
CELLCEPT		Add Step Therapy
CHLORPROMAZINE		Add Age Prior Authorization
COPPER INJ 0.4MG/ML	Tier 1b -> Tier 3	
CORLANOR TAB	Tier 2 -> Tier 3	
DAPSONE GEL 5%	Tier 1b -> Tier 3	
DASATINIB		Add Step Therapy
DESCOVY	Tier 2 -> Tier 3	
DOXORUBICIN INJ (BRAND)	Tier 1b -> Tier 3	
DOXYCYCLINE HYCLATE TAB 50MG (IMMEDIATE RELEASE)	Tier 1b -> Tier 3	Add Step Therapy
EPHEDRINE INJ 50/10ML	Tier 3 -> NC	
EPHEDRINE/NACL INJ 50MG/5ML	Tier 3 -> NC	
EPINEPHRINE SOL 4MG/250ML	Tier 3 -> NC	
EPINEPHRINE SOL 8MG/250ML	Tier 3 -> NC	
EPINEPHRINE/NACL SOL 5/250ML	Tier 3 -> NC	
ERGOMAR		Add Step Therapy
EXSERVAN		Add Prior Authorization
FENTANYL/ROPIVICAINE INJ NACL	Tier 3 -> NC	
FIRST PANTOPRAZOLE SUSPENSION	Tier 3 -> NC	
FLEQSUVY		Add Prior Authorization
GRALISE TAB 300MG & 600MG	Tier 2 -> Tier 3	
HUMATIN		Add Prior Authorization
IBANDRONATE SODIUM	Tier 1b -> Tier 3	
IMIQUIMOD CREAM PUMP		Add Step Therapy
IODOFLEX EXTERNAL PAD 0.9%	Tier 3 -> NC	



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KETAMINE HCL INJ NACL	Tier 3 -> NC	
KRISTALOSE PACKET		Add Step Therapy
LACTULOSE PACKET		Add Step Therapy
LAMIVUDINE TAB 100MG	Tier 1b -> Tier 3	Add Prior Authorization
LEVEMIR	Tier 2 -> Tier 3	Add Step Therapy
LEVORPHANOL TAB 2MG	Tier 1b -> Tier 3	Add Step Therapy
LYVISPAH		Add Prior Authorization
MAGNESIUM SULFATE INJ (BRAND)	Tier 1b -> Tier 3	
METAXALONE	Tier 1b -> Tier 3	
METHOXSALEN	Tier 1b -> Tier 3	
METYROSINE	Tier 1b -> Tier 3	
MICROCYN SKIN AND WOUND GEL	Tier 3 -> NC	
MODIA MIS	Tier 3 -> NC	
MYRBETRIQ TAB		Add Step Therapy
NEXTOL SF	Tier 3 -> NC	
NUTROPIN		Add Step Therapy
ONEXTON	Tier 2 -> Tier 3	Add Step Therapy
OXYTOCN/NACL INJ 30/500ML	Tier 3 -> NC	
OZOBAX		Add Prior Authorization
PALIPERIDONE		Add Step Therapy
PERPHENAZINE/AMITRIPTYLINE		Add Age Prior Authorization
PHENYLEPHRINE/NACL INJ 10/250ML	Tier 3 -> NC	
PHENYLEPHRINE/NACL INJ 25/250ML	Tier 3 -> NC	
PHYRAGO		Add Step Therapy
PLO GEL - MEDIFLO 30 KIT	Tier 3 -> NC	
POKONZA		Add Step Therapy
POTASSIUM PHOSPHATE INJ (BRAND)	Tier 1b -> Tier 3	
PROCHLORPERAZINE		Add Age Prior Authorization
PULMOZYME		Add Prior Authorization
RILUZOLE		Add Prior Authorization
RISPERDAL CONSTA	Tier 2 -> Tier 3	
SA3 DERM EXTERNAL CREAM	Tier 3 -> NC	
SAVI DUAL	Tier 3 -> NC	
SODIUM BICARBONATE SOL D5W	Tier 3 -> NC	



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SODIUM CITRATE-GENTAMICIN INJ 4%-320 MCG/ML	Tier 3 -> NC	
SPIRIVA HANDIHALER	Tier 2 -> Tier 3	Add Step Therapy
SPRYCEL		Add Step Therapy
TARGADOX TAB 50MG	Tier 1b -> Tier 3	
TASIGNA		Add Step Therapy
TEGADERM AG MESH DRESSING	Tier 2 -> NC	
TERIFLUNOMIDE	Tier 1b -> Tier 3	
TIGLUTIK		Add Prior Authorization
TIOPRONIN	Tier 1b -> Tier 3	
TRAMADOL TAB 25MG		Add Prior Authorization
TRICHOSOL	Tier 3 -> NC	
VANCOMYCIN HYDROCHLORIDE INJ (BRAND)	Tier 1b -> Tier 3	
VEMLIDY		Add Prior Authorization
VICTOZA	Tier 2 -> Tier 3	Add Step Therapy
VIREAD		Add Prior Authorization
VORICONAZOLE INJ 200MG (BRAND)	Tier 1b -> Tier 3	
VORVIDA MIS	Tier 3 -> NC	
YARGESA	Tier 2 -> Tier 3	
ZOLEDRONIC ACID INJ	Tier 1b -> Tier 3	

*NC = Not Covered (Non-FDA approved product)

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