



2024 New York

Traditional Drug List - Negative Changes

Drug Name	Tier Status Change	Utilization Management Change
ADVAIR HFA	Tier 2 -> Tier 3	Add Step Therapy
ALLOPURINOL 200 MG		Add Prior Authorization
BYDUREON		Change from Step Therapy to Prior Authorization
BYETTA		Change from Step Therapy to Prior Authorization
CARBINOXAMINE		Add Step Therapy and Prior Authorization
CLEMASTINE		Add Step Therapy
COPPER TRACE METAL	Tier 1 -> Tier 3	
CYSTAGON		Add Prior Authorization
DIVIGEL	Tier 2 -> Tier 3	
FINACEA GEL		Add Step Therapy
FLUDARABINE PHOSPHATE (Brand)	Tier 1 -> Tier 3	
FOLTABS 800	Tier 1 -> Tier 3	
HALCION		
INDOMETHACIN INJ (Brand)	Tier 1 -> Tier 3	
INSULIN PEN NEEDLES (except BD pen needles)		Add Step Therapy to existing utilizers
INSULIN SYRINGES (except BD syringes)		Add Step Therapy to existing utilizers
IRESSA	Tier 2 -> Tier 3	
ISENTRESS CHEW/TAB	Tier 2 -> Tier 3	
KARBINAL		Add Step Therapy
LINEZOLID IV (Brand)	Tier 1 -> Tier 3	
METHITEST		Add Prior Authorization
MOUNJARO		Change from Step Therapy to Prior Authorization
MYDAYIS	Tier 2 -> Tier 3	Add Step Therapy
NP THYROID	Tier 1 -> Tier 3	
OZEMPIC		Change from Step Therapy to Prior Authorization
POTASSIUM CHLORIDE/SODIUM (Brand)	Tier 1 -> Tier 3	



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PREZISTA TAB 600 & 800 MG	Tier 2 -> Tier 3	
PROCYSBI		Add Prior Authorization
RESTORIL		Add Step Therapy
RYBELSUS		Change from Step Therapy to Prior Authorization
RYCLORA	Tier 1 -> Tier 3	Add Step Therapy
RYVENT		Add Step Therapy
SENSORCAINE-MPF/EPINEPHRINE (Brand)	Tier 1 -> Tier 3	
SYMBICORT	Tier 2 -> Tier 3	Add Step Therapy
TREXALL		Add Step Therapy
TROKENDI XR	Tier 2 -> Tier 3	Add Step Therapy
TRULICITY		Change from Step Therapy to Prior Authorization
VICTOZA		Change from Step Therapy to Prior Authorization
VYVANSE	Tier 2 -> Tier 3	Add Step Therapy
ZINC CHLORIDE IV (Brand)	Tier 1 -> Tier 3	
ZINC SULFATE IV (Brand)	Tier 1 -> Tier 3	
ADVAIR HFA	Tier 2 -> Tier 3	Add Step Therapy
ALLOPURINOL 200 MG		Add Prior Authorization
BYDUREON		Change from Step Therapy to Prior Authorization
BYETTA		Change from Step Therapy to Prior Authorization
CARBINOXAMINE		Add Step Therapy and Prior Authorization
CLEMASTINE		Add Step Therapy
COPPER TRACE METAL	Tier 1 -> Tier 3	
CYSTAGON		Add Prior Authorization
DIVIGEL	Tier 2 -> Tier 3	
FINACEA GEL		Add Step Therapy
FLUDARABINE PHOSPHATE (Brand)	Tier 1 -> Tier 3	
FOLTABS 800	Tier 1 -> Tier 3	



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Drug Name	Tier Status Change	Utilization Management Change
HALCION		Add Step Therapy
INDOMETHACIN INJ (Brand)	Tier 1 -> Tier 3	
INSULIN PEN NEEDLES (except BD pen needles)		Add Step Therapy to existing utilizers
INSULIN SYRINGES (except BD syringes)		Add Step Therapy to existing utilizers
IRESSA	Tier 2 -> Tier 3	
ISENTRESS CHEW/TAB	Tier 2 -> Tier 3	
KARBINAL		Add Step Therapy
LINEZOLID IV (Brand)	Tier 1 -> Tier 3	
METHITEST		Add Prior Authorization
MOUNJARO		Change from Step Therapy to Prior Authorization
MYDAYIS	Tier 2 -> Tier 3	Add Step Therapy
NP THYROID	Tier 1 -> Tier 3	
OZEMPIC		Change from Step Therapy to Prior Authorization
POTASSIUM CHLORIDE/SODIUM (Brand)	Tier 1 -> Tier 3	

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Revised 10/1/23