

April 2025 Utilization Management Changes

Effective April 1, 2025, there will be an enhancement in coverage of certain medications for Commercial and Healthcare Reform members.

- The medications outlined in **Table 1** may now require Step Therapy (ST), Prior Authorization (PA), or be subject to a Quantity Limit (QL).
 - Some medications are being added to the Specialty Pharmacy Copay drug list.
 - Some medications will no longer be covered under the prescription benefit.
 - New Utilization Management requirements for fully insured members in New York will instead occur upon group renewal date.

UPPER CASE= brand name drug
lower case= generic drug

TABLE 1 – Utilization Management Changes

Drug Name	Commercial Comprehensive	Commercial Core	Commercial National Select	HCR Comprehensive	HCR Essential
Oracea capsules doxycycline monohydrate 40mg	Adding QL (1 capsule per day)	Adding QL (1 capsule per day)	Adding QL (1 capsule per day)	Adding QL (1 capsule per day)	Adding QL (1 capsule per day)
Ergotamine-caffeine tablets	Adding PA and ST Adding QL (40 tablets per 21 days)	Adding PA and ST Adding QL (40 tablets per 21 days)	Adding QL (40 tablets per 21 days)	Adding PA and ST Adding QL (40 tablets per 21 days)	Adding PA and ST Adding QL (40 tablets per 21 days)
Bimzelx 160mg/mL	Changing QL (1 unit per 21 days)	Changing QL (1 unit per 21 days)	Changing QL (1 unit per 21 days)	Changing QL (1 unit per 21 days)	Changing QL (1 unit per 21 days)
midazolam vials* midazolam CARPUJECT*	No longer covered under prescription benefit	No longer covered under prescription benefit	No longer covered under prescription benefit	No longer covered under prescription benefit	No longer covered under prescription benefit
desonide 0.05% lotion fluticasone prop 0.05% lotion beser 0.05% lotion clobetasol emollnt 0.05% foam clobetasol emollnt 0.05% foam tovet emollient 0.05% foam	Adding PA and ST	Adding PA and ST		Adding PA and ST	Adding PA and ST
tretinoin gel micro 0.1% tube tretinoin gel micro 0.1% pump tretinoin gel micro 0.04% tube tretinoin gel micro 0.04% pump	Adding PA and ST	Adding PA and ST		Adding PA and ST	Adding PA and ST

*Medication may be covered under the medical benefit.