

April 2026 Utilization Management Changes

Effective April 1, 2026, 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).
 - New Utilization Management requirements for regulated 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
BANZEL	Adding prior authorization (PA) (applies to new starts only)	Adding prior authorization (PA) (applies to new starts only)	Adding prior authorization (PA) (applies to new starts only)	Adding prior authorization (PA) (applies to new starts only)	Adding prior authorization (PA) (applies to new starts only)
BANZEL rufinamide	Adding quantity limit (QL): 200 mg tablet: 4 tablets per day 400 mg tablet: 8 tablets per day 40 mg/mL suspension: 80 mL per day	Adding quantity limit (QL): 200 mg tablet: 4 tablets per day 400 mg tablet: 8 tablets per day 40 mg/mL suspension: 80 mL per day	Adding quantity limit (QL): 200 mg tablet: 4 tablets per day 400 mg tablet: 8 tablets per day 40 mg/mL suspension: 80 mL per day	Adding quantity limit (QL): 200 mg tablet: 4 tablets per day 400 mg tablet: 8 tablets per day 40 mg/mL suspension: 80 mL per day	Adding quantity limit (QL): 200 mg tablet: 4 tablets per day 400 mg tablet: 8 tablets per day 40 mg/mL suspension: 80 mL per day
OTEZLA STARTER PACK	Changing quantity limit (QL): 1 starter pack per 365 days.	Changing quantity limit (QL): 1 starter pack per 365 days.	Changing quantity limit (QL): 1 starter pack per 365 days.	Changing quantity limit (QL): 1 starter pack per 365 days.	Changing quantity limit (QL): 1 starter pack per 365 days.
BETIMOL EYE DROPS timolol 0.5% eye drops timolol 0.25% and 0.5% gel solution	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)
hydrocortisone butyrate 0.1% solution, cream, and ointment hydrocortisone valerate 0.2% ointment fluocinonide-e 0.05% cream	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)		Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)
isotretinoin capsules (Aurobindo manufacturer, specifically)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)
doxycycline hyclate 150 mg tab doxycycline 50 mg tablet doxycycline hyclate dr 50 mg, 100 mg, 150 mg, 200 mg tablets doxycycline mono 75 mg, 150 mg capsules and 150mg tablets MONDOXYNE NL 75 MG CAPSULE	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)		Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)
clinda-tretinoin 1.2%-0.025% AZELEX 20% CREAM	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)		Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)
fenofibrate 130 mg capsule	Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)		Adding prior authorization (PA) and step therapy (ST)	Adding prior authorization (PA) and step therapy (ST)