

**Oscar Clinical Guidelines - Pharmacy  
2026 Q1 (Mar) P&T Summary of Changes**

**Revisions/Off-Cycle Reviews**

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Wegovy (semaglutide) for Cardiovascular Risk Reduction or Metabolic Dysfunction-Associated Steatohepatitis (MASH) (PG194)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Clarified in continued care that member must be on target maintenance dosing for CVD and MASH (i.e., 2.4 mg once weekly injection or 25 mg oral once daily) unless clinical rationale is provided as to why member must use a lower dose (i.e., 1.7 mg injection once weekly).</li> <li>2. Wegovy (semaglutide) pill/tablet for noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) is considered Experimental or Investigational / Not Medically Necessary.</li> </ol>	Yes	5/1/2026
Weight Loss Agents (PG070)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Added in initial and continued care, the weight loss agent is being prescribed at an age, dose, and frequency that is within FDA approved labeling.</li> </ol>	Yes	5/1/2026
Zepbound (tirzepatide) for the Treatment of Obstructive Sleep Apnea (PG255)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Clarified in continued care, the prescribed dose is 10 mg or 15 mg once weekly.</li> </ol>	Yes	5/1/2026

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Zepbound (tirzepatide) for the Treatment of Obstructive Sleep Apnea - New York (PG276)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Clarified in continued care, the prescribed dose is 10 mg or 15 mg once weekly.</li> </ol>	Yes	5/1/2026
(Commercial) Preferred Physician-Administered Specialty Drugs (CG052)	Preferred Drug List	<ol style="list-style-type: none"> <li>1. Added instruction in PDL that when a drug code (e.g., J or Q code) includes both brand and generic versions, the generic is preferred unless otherwise specified in the table.</li> <li>2. Moved Steqeyma (ustekinumab-stba) IV [Q5099] from preferred to non-preferred. As such, Yesintek (ustekinumab-kfce) exclusively preferred.</li> <li>3. Removal of Osteoarthritis, Viscosupplements (Single Injection) and Osteoarthritis, Viscosupplements (Multi Injection) products. Refer to CG054.</li> </ol>	Yes	7/1/2026
Hyaluronate and Derivatives - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG094)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Sunsetting this policy, refer to CG054.</li> </ol>	Yes	7/1/2026

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Viscosupplementation for Osteoarthritis (CG054)	Clinical Indication	1. The use of viscosupplementation (intra-articular hyaluronic acid injection) for the treatment of osteoarthritis is unproven and therefore considered not medically necessary. While hyaluronic acid products have received FDA clearance as medical devices, the available clinical evidence does not demonstrate that viscosupplementation provides clinically meaningful benefits in terms of pain relief or functional improvement when compared to placebo.	Yes	7/1/2026
Immunomodulating Agents - Biologics for Autoimmune and Inflammatory Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG086)	Preferred Drug List	1. Moved Steqeyma (ustekinumab-stba) IV [Q5099] from preferred to non-preferred.	Yes	7/1/2026
sildenafil (PAH, Viagra) (PG051)	Clinical Indication	1. Added new product Vybrique (sildenafil oral film) and member has dysphagia or has tried and failed sildenafil tablets.	Yes	6/1/2026

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Continuous Glucose Monitors (CGMs) Prescription Products (PG121)	Summary	1. Created a new table for Combination CGMs used with External Insulin Pumps to address Instinct Sensor.	Yes	6/1/2026
	Clinical Indication	1. Added if the member is established on an insulin pump and it is not compatible with the preferred CGMS then an exception is allowed for non-formulary CGMS.		
Vyvanse (lisdexamfetamine) (PG098)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Clarified that lifetime authorization is for generic Vyvanse (lisdexamfetamine); for initial authorization brand Vyvanse remains 12 months for both binge eating disorder and attention deficit hyperactivity disorder indications.</li> <li>2. Reauthorization, brand Vyvanse eligible for lifetime approval if positive clinical response.</li> </ol>	No	8/3/2026
Avonex (interferon beta-1a) (PG218)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026

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Rebif (interferon beta-1a) (PG231)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Betaseron (interferon beta-1b) (PG220)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Plegridy (peginterferon beta-1a) (PG229)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Dimethyl Fumarate (Tecfidera) (PG222)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the</li> </ol>	Yes	5/1/2026

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		<p>benefits outweigh the risks.</p> <p>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</p>		
Teriflunomide (Aubagio) (PG232)	Clinical Indication	<p>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</p> <p>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</p>	Yes	5/1/2026
Zeposia (ozanimod) (PG234)	Clinical Indication	<p>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</p> <p>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</p>	Yes	5/1/2026
Bafiertam (monomethyl fumarate) (PG219)	Clinical Indication	<p>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</p> <p>2. Removal of pediatrics from Experimental or investigational / not medically necessary</p>	Yes	5/1/2026

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		section.		
Mavenclad (cladribine) (PG227)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Mayzent (siponimod) (PG228)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Ponvory (ponesimod) (PG230)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026

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Vumerity (diroximel fumarate) (PG233)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Ocrelizumab (Ocrevus, Ocrevus Zunovo) (PG235)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Natalizumab and Natalizumab Biosimilars (Tysabri, Tyruko) (PG195)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Briumvi (ublituximab) (PG134)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the</li> </ol>	Yes	5/1/2026

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		<p>benefits outweigh the risks.</p> <ol style="list-style-type: none"> <li>2. Removal of trial and failure through Tysabri (natalizumab), reduced from double to single trial and failure through oral generic DMT.</li> <li>3. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>		
Lemtrada (Alemtuzumab) (PG226)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Addition of trial and failure through Tysabri or Tyruko (natalizumab).</li> <li>3. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Kesimpta (ofatumumab) (PG225)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Effective 5/1/26               <ol style="list-style-type: none"> <li>a. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>b. Removal of pediatrics from Experimental or investigational / not</li> </ol> </li> </ol>	Yes	5/1/2026 & 7/1/2026

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		<p>medically necessary section.</p> <p>2. Effective 7/1/26</p> <p>a. Addition of trial and failure through Tysabri or Tyruko (natalizumab).</p>		
Fingolimod (Gilenya, Tascenso ODT) (PG224)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatric-specific requirements for Gilenya and Tascenso dosing (0.25 mg dosage form)</li> <li>3. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
mitoxantrone (Novantrone) (PG126)	Clinical Indication	<ol style="list-style-type: none"> <li>1. Addition of general medical necessity criteria allowing for the use in pediatric onset multiple sclerosis given documentation that the benefits outweigh the risks.</li> <li>2. Removal of pediatrics from Experimental or investigational / not medically necessary section.</li> </ol>	Yes	5/1/2026
Specialty Exceptions Autoimmune MF 4979-D	Exceptions Criteria	<p>Effective 7/1/26</p> <ol style="list-style-type: none"> <li>1. For Crohn's disease, plaque psoriasis, ulcerative colitis, and psoriatic arthritis added</li> </ol>	Yes	7/1/2026 & 8/1/2026

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		<p>unbranded ustekinumab-aauz and ustekinumab-ttwe as targeted products.</p> <ol style="list-style-type: none"> <li>2. Polyarticular juvenile idiopathic arthritis, added Rinvoq (all formulations) and trial and failure of one preferred or targeted TNF blocker.</li> <li>3. Added Avtozma (IV/SC) (tocilizumab-anoh) as targeted for rheumatoid arthritis and polyarticular juvenile idiopathic arthritis.</li> <li>4. For plaque psoriasis and psoriatic arthritis added Otezla XR (apremilast) as preferred product.</li> <li>5. Added new indication Non-Radiographic Axial Spondyloarthritis of which Cimzia, Cosentyx SC, and Rinvoq are preferred and Bimzelx and Talz are targeted. In exceptions criteria asking the targeted products try all preferred products unless already receiving treatment.</li> <li>6. When applicable listed formulations targeted based on package insert (e.g., SC used for plaque psoriasis or psoriatic arthritis and SC/IV used for Crohn’s or ulcerative colitis).</li> <li>7. In Exceptions criteria added               <ol style="list-style-type: none"> <li>a. Exceptions criteria for targeted ustekinumab products for Crohn’s</li> </ol> </li> </ol>		

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		<p>disease, plaque psoriasis, ulcerative colitis, and psoriatic arthritis.</p> <p>b. For Crohn’s disease and ulcerative colitis added exceptions criteria for:</p> <ul style="list-style-type: none"> <li>i. The requested product is Entyvio SC and the member received Entyvio IV for induction therapy.</li> <li>ii. The requested product is Omvoh SC and the member received Omvoh IV for induction therapy.</li> </ul> <p>c. For Hidradenitis suppurativa updated exceptions criteria that for targeted products (Bimzelx and targeted adalimumab biosimilars) member has a documented inadequate response or intolerable adverse event with BOTH of the preferred products (Cosentyx SC or Humira), unless there is a documented clinical reason to avoid TNF inhibitors or already on Bimzlex.</p> <p>d. For rheumatoid arthritis and polyarticular juvenile idiopathic arthritis, added Avtozma IV/SC to allow</p>		

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		<p>for continuation of care.</p> <p>e. For psoriatic arthritis removed Stelara SC in continuation of care exception.</p> <p>Effective 8/1/26</p> <p>8. For Crohn’s disease, plaque psoriasis, and ulcerative colitis moved Yesintek (ustekinumab-kfce) from targeted to preferred.</p> <p>9. For Crohn’s disease, plaque psoriasis, and ulcerative colitis moved Stelara (SC) (ustekinumab) from preferred to targeted.</p> <p>10. For psoriatic arthritis, moved Yesintek (ustekinumab-kfce) from targeted to preferred.</p>		

**New Guidelines**

Clinical Guideline	Details	Effective Date
Cardamyst (etripamil) (PG285)	See the new Oscar Clinical Guideline on <a href="https://www.hioscar.com/clinical-guidelines">https://www.hioscar.com/clinical-guidelines</a>	5/1/2026

### Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Immune Globulin Weight-Based Dosing Criteria (PG256)	Medical Necessity Criteria for Initial Clinical Review	1. Added one additional category for those unable to use weight-based dosing based on failure of prior attempt to use either adjusted or ideal body weight dosing.	Yes	5/1/2026
Recorlev (levoketoconazole) (PG115)	Medical Necessity Criteria for Initial Clinical Review	1. Updated diagnostic criteria consistent with guidelines to allow for either baseline 24-hour urinary free cortisol, late night (bedtime) salivary cortisol levels, or overnight 1 mg dexamethasone suppression test.	Yes	5/1/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Consistent with initial authorization, expanded evidence of positive response to include changes in either baseline 24-hour urinary free cortisol, late night (bedtime) salivary cortisol levels, or overnight 1 mg dexamethasone suppression test.	Yes	5/1/2026
Livtency (maribavir) (PG113)	Medical Necessity Criteria for Initial Clinical Review	1. Added prescriber specialist requirement of either infectious disease specialist, hematologist or transplant specialist.	Yes	8/3/2026

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Vyvgart (efgartigimod alfa-fcab) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvf c) (PG191)	Medical Necessity Criteria for Subsequent Clinical Review	1. Addition of Manual Muscle Test (MMT), MG-Composite as evidence of positive response to therapy.	Yes	5/1/2026
Rystiggo (rozanolixizumab-noli) (PG190)	Medical Necessity Criteria for Subsequent Clinical Review	1. Addition of Manual Muscle Test (MMT), MG-Composite as evidence of positive response to therapy.	Yes	5/1/2026
Neffy (epinephrine nasal spray) (PG243)	Medical Necessity Criteria for Clinical Review	<ol style="list-style-type: none"> <li>Updated age to allow for those 4 years and older consistent with update in package insert, with allowance for clinical documentation for rationale for use in those less than 4 but weighing &gt; 15 kg.</li> <li>Changed language regarding structural/anatomical nasal conditions to allow for use unless there is severe obstruction that would reasonably impair drug delivery. Studies support use of Neffy</li> </ol>	Yes	5/1/2026

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		(epinephrine) in cases of nasal obstruction such as chronic nasal congestion.		
Fleqsuvy (baclofen oral suspension) (PG112)	General Medical Necessity	<ol style="list-style-type: none"> <li>1. Additional off-label indications added: trigeminal neuralgia and symptomatic refractory gastroesophageal disease.</li> <li>2. Additional indication for inability to use oral baclofen tablets: oral or motor difficulties consistent with our non-solid dosage form policy.</li> </ol>	Yes	5/1/2026
	Medical Necessity Criteria for Subsequent Clinical Review	<ol style="list-style-type: none"> <li>1. Added criteria for evidence of clinical improvement for those with trigeminal neuralgia and symptomatic refractory gastroesophageal disease based on clinical trial outcomes.</li> </ol>	Yes	5/1/2026
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> <li>1. Caveat added to muscle cramps for those with hepatic cirrhosis, given lack of pain management options in this population.</li> </ol>	Yes	5/1/2026
Adbry (tralokinumab) (PG110)	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> <li>1. Addition of asthma and idiopathic pulmonary fibrosis due to lack of consistent benefit in clinical trials (asthma) and early termination of available trial due to lack of efficacy (idiopathic pulmonary fibrosis).</li> </ol>	Yes	8/3/2026

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Illumya (tildrakizumab-as mn) (CG053)	Medical Necessity Criteria for Initial Clinical Review	1. Reduced trial and failure requirement from double to single: either phototherapy or conventional therapy. This is consistent with the package insert labeled indication and guidelines.	Yes	5/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. <ol style="list-style-type: none"> <li>1. Adakveo (crizanlizumab) (PG193)</li> <li>2. Dexlansoprazole (Dexilant) (PG047)</li> <li>3. Icosapent ethyl (Vascepa) (PG125)</li> <li>4. Azstarys (serdexmethylphenidate and dexmethylphenidate) (PG130)</li> </ol>	No	8/3/2026