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Oscar Clinical Guidelines - Pharmacy
2025 Q3 (July) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Insulin Delivery Systems and Continuous Glucose Monitoring (CG029)	Continuous Glucose Monitors (CGMs)	1. Added criteria for continuous glucose monitors including appropriate following FDA approval, diagnosis of diabetes mellitus, hemoglobin A1c test, amount to be dispensed, clinical documentation showing the member needs a CGM. 2. Additional criteria for Eversense 365 including trial and failure of other devices and does not have contraindications to Eversense. 3. Criteria added for requests to switch CGMs. 4. Criteria added for exception criteria for additional receives/readers. 5. Added Simplera System to the CGM table.	Yes	12/1/2025
	Applicable Billing Codes	1. Updated CPT/HCPCS codes to cover for long term CGMs.		
Continuous Glucose Monitors (CGMs) (PG121)	Clinical Indication	1. Adjusted language that the requested product has received U.S. Food and Drug Administration (FDA) approval/clearance and is age-appropriate for the member.	Yes	12/1/2025

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		2. Revised that member has a documented diabetic treatment plan in place to allow for new starts. 3. Added to allow that type 2 diabetes treated with insulin with hyperglycemic excursions, despite appropriate changes in insulin therapy and compliance with the treatment plan 4. Removed that if the request is for the Plan's non-preferred CGMS AND the member is unable to use, or has tried and failed the Plan's preferred CGMS as there are no non-preferred CGMs. 5. Added Simplera System as a non-formulary CGM.		
Antidiabetic Agents - Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (PG152)	Clinical Indication	1. Added that the member is not receiving a GLP-1 receptor agonist or dual GIP and GLP-1 receptor agonist in combination with a DPP-4 inhibitor or DPP-4 antidiabetic combination per recommendation by 2025 American Diabetes Association guidelines.	Yes	12/1/2025

New Guidelines

Clinical Guideline	Details	Effective Date
Amvuttra (vutrisiran) (PG264)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	12/1/2025
Non-Formulary Mental Health Products Criteria (PG265)		

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Tysabri (natalizumab) (PG195)	Title	1. Updated title to include biosimilar(s) - Tyruko was added under the listed medications for which the policy applies.	No	12/1/2025
	Medical Necessity Criteria for Initial Authorization	1. Crohn's Disease: Change from trial and failure (t/f) of TWO tumor necrosis factor (TNF) inhibitors to ONE TNF inhibitors	Yes	12/1/2025
Rebyota (fecal microbiota, live-jslm) (PG240)	Medical Necessity Criteria for Initial Authorization	1. Updated lookback period for medical necessity criteria documentation from 30 to 60 days to better match the member journey for acquiring this product.	Yes	12/1/2025
Vowst (fecal microbiota spores, live-brpk) (PG241)	Medical Necessity Criteria for Initial Authorization	1. Updated lookback period for medical necessity criteria documentation from 30 to 60 days to better match the member journey for acquiring this product.	Yes	12/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Varubi (rolapitant) (PG178)	Medical Necessity Criteria for Initial Authorization	1. Update to allow for state regulations that do not allow for step therapy for medications related to stage IV advanced, metastatic cancer.	Yes	12/1/2025
	Applicable Billing Codes (HCPCS/CPT Codes)	1. Removal of J code for Varubi (rolapitant) injection which is no longer available on the market.	No	12/1/2025
	Appendix	1. Update to table 1 regarding low, moderate or high emetogenic risk to be consistent with MASCC/ESMO consensus recommendation.	Yes	
Kymriah (tisagenlecleucel) (CG058)	Medical Necessity Criteria for Authorization	1. Removal of Risk Evaluation and Mitigation Strategy (REMS) language 2. Removal of criteria which are not explicitly contraindications per the package insert 3. re-organized/updated HIV-related B-cell lymphoma diagnosis 4. Updated language to be consistent with NCCN guidelines for B-cell lymphomas (relapsed or refractory) and Folicular lymphoma (relapsed or refractory)	Yes	12/1/2025
	Experimental or Investigation/ Not	1. Removal of criteria that are not explicit contraindications		

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	Medically Necessary			
Yescarta (axicabtagene ciloleucel) (CG063)	Medical Necessity Criteria for Authorization	1. Re-organized into sub-sections: B-cell lymphomas (pediatric vs. adult) for clarity 2. re-organized/updated HIV-related B-cell lymphoma diagnosis 3. Updated language to be consistent with NCCN guidelines	Yes	12/1/2025
	Experimental or Investigation/ Not Medically Necessary	1. Removal of criteria that are not explicit contraindications		
Lamotrigine extended release (Lamictal XR) (PG055)	Medical Necessity Criteria for Authorization	1. Addition of antiseizure medications on formulary and appropriate for the seizure indication for Lamotrigine (Lamictal). 2. Update to duration of authorization to a lifetime.	Yes	12/1/2025
Lamotrigine Orally Disintegrating Tablet (PG083)	Medical Necessity Criteria for Initial Authorization	1. Update to duration of authorization to a lifetime.	Yes	12/1/2025
	Medical Necessity Criteria for Reauthorization	1. Removal of this section given duration of authorization change to lifetime approval.		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Briviact (brivaracetam) Tablet (PG172)	Medical Necessity Criteria for Initial Authorization	1. Addition of antiseizure medications on formulary and appropriate for the seizure indications for Briviact (brivaracetam). 2. Update to duration of authorization to a lifetime.	Yes	12/1/2025
	Medical Necessity Criteria for Reauthorization	1. Removal of this section given duration of authorization change to lifetime approval.		
Fycompa (perampanel) (PG176)	Medical Necessity Criteria for Initial Authorization	1. Addition of antiseizure medications on formulary and appropriate for the seizure indications for Fycompa (perampanel). 2. Update to duration of authorization to a lifetime.	Yes	12/1/2025
	Medical Necessity Criteria for Reauthorization	1. Removal of this section given duration of authorization change to lifetime approval.		
Aptiom (eslicarbazepine acetate) (PG174)	Medical Necessity Criteria for Initial Authorization	1. Addition of antiseizure medications on formulary and appropriate for the seizure indications for Aptiom (eslicarbazepine). 2. Update to duration of authorization to a lifetime.	Yes	12/1/2025
	Medical Necessity Criteria for	1. Removal of this section given duration of authorization change to lifetime approval.		

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	Reauthorization			
Benlysta (belimumab) (PG014)	Medical Necessity Criteria for Initial Authorization	1. Updated to include other antibodies used to diagnose systemic lupus erythematosus and lupus nephritis. 2. Removal of requirement to be free of hepatitis B, hepatitis C and/or tuberculosis given this is not a true contraindication per the package insert.	Yes	12/1/2025
iDose TR (travoprost intracameral implant) (CG115)	Medical Necessity Criteria for Initial Authorization	1. Updated language to require no evidence of another ophthalmic prostaglandin analogs versus any intraocular pressure (IOP)-lowering medications in the same eye.	Yes	12/1/2025
Verkazia (cyclosporine ophthalmic emulsion) 0.1% (PG236)	Medical Necessity Criteria for Authorization	1. Update from requiring trialing and failing either topical anti-histamine or topical mast cell stabilizer AND dual anti-histamine/mast cell stabilizer to ONE of the above.	Yes	12/1/2025
Rivastigmine (Exelon) (PG212)	Medical Necessity Criteria for Reauthorization	1. Addition of “slowing” of cognitive function as a marker of benefit (in addition to stabilization and improvement).	Yes	12/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Memantine (Namenda) (PG213)	Medical Necessity Criteria for Reauthorization	1. Addition of "improvement" and "stabilization" of cognitive function as a marker of benefit (in addition to slowing) and addition of global improvement by caregiver, provider or member for Alzheimer's disease dementia and Parkinson's disease dementia. 2. Addition of "improvement" of cognitive function (in addition to maintenance) and improvement in quality of life for the indication of prevention of neurocognitive toxicity (due to brain metastasis with radiation therapy).	Yes	12/1/2025
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Azelaic Acid 15% gel (PG059) 2. Prescription Drugs for Serious Mental Illnesses-REG (PG171) 3. Restasis (cyclosporine 0.05% ophthalmic emulsion) (PG025) 4. Direct Acting Antiviral Agents for Hepatitis C (PG045) 5. Dipentum (olsalazine sodium) (PG244) 6. Doxylamine/Pyridoxine (Bonjesta, Diclegis) (PG096)	No	12/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		7. Methotrexate Injectable Solution (PG249)		