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Oscar Clinical Guidelines - Pharmacy
2025 Q2 (April & May) 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)	Medical Necessity Criteria for Initial Clinical Review	1. For External Insulin Pump Delivery Systems Criteria, removed criteria asking for beta-cell autoantibody as it does not predict success and to align with guidelines. 2. For Artificial Pancreas / Hybrid Closed-Loop Insulin Delivery Systems, updated that member has a documented diabetic treatment plan in place to allow for newly diagnosed to align with guidelines. 3. Clarified that CPT/HCPCS codes 0446T, 0447T, and 0448T are considered medically necessary if Continuous Glucose Monitors (CGMs) (PG121) are met.	Yes	7/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antineoplastic and Immunomodulating Agents - Tocilizumab Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG108)	Tyenne (tocilizumab-aazg) or Actemra (tocilizumab) Subcutaneous (SC) Injection Requirement	1. Added that members are required to use the subcutaneous (SC) injection formulation for Tyenne (tocilizumab-aazg) or Actemra (tocilizumab) unless exception criteria for continued intravenous (IV) use is met.	Yes	8/1/2025
	Exception Criteria for Continued Intravenous (IV) Tyenne (tocilizumab-aazg) or Actemra (tocilizumab	1. For continued of Tyenne (tocilizumab-aazg) IV or Actemra (tocilizumab) IV member meets one of the following: contraindication to the SC formulation that would not occur with IV, intolerable adverse event to the SC formulation that would not occur with IV, physical or cognitive limitation that prevents SC use, medical condition that impairs SC absorption, or needs a dose not available, feasible, or advisable for SC administration.	Yes	
Benzodiazepines for Acute Repetitive Seizures or Seizure Clusters (PG254)	Clinical Indications - Epilepsy	1. Lowered age to 2 years of age and older for Valtoco (diazepam nasal spray) per package insert.	Yes	10/1/2025
Neffy (epinephrine nasal spray) (PG243)	Clinical Indications - Type I Allergic Reactions	1. Policy expanded to include the new 1 mg formulation.	Yes	10/1/2025

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New Guidelines

Clinical Guideline	Details	Effective Date
Prenatal Vitamins Zero Copay Exception-REG (PG258)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	10/01/2025
Kebilidi (eladocagene exuparvovec-tneq) (PG259)		10/1/2025
Journavx (suzetrigine) Quantity Limit Exceptions Criteria (PG260)		10/1/2025

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Lokelma (sodium zirconium cyclosilicate) (PG143)	Medical Necessity for Initial authorization	1. Increased in initial authorization duration from 3 to 6 months.	Yes	10/01/2025
	Medical Necessity for Reauthorization	2. Increased duration of reauthorization from 6 to 12 months	Yes	
Omega-3-acid ethyl esters (Lovaza) (PG005)	References	1. Update to references including updated American Diabetes Association (ADA) guidelines, ASCEND trial, and the STRENGTH trial.	No	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Bafiertam (monomethyl fumarate) (PG219)	Medical Necessity for Initial Authorization	1. Updated quality limit as per max daily dosing. Change from 240 capsules to 120 capsules (max dosing is 190 mg, as two 95 mg capsules, twice daily) for 30 days. 2. Removal of "Glatopa" as a trial/failure (t/f) due to non-formulary status	Yes	10/01/2025
	Experimental/Investigational/Not Medically Necessary	3. Added the following: "Use for the treatment of other neurological conditions not related to multiple sclerosis" consistent with other Multiple Sclerosis (MS) Policy Guidelines (PGs)	Yes	
Dimethyl Fumarate (Tecfidera) (Pg222)	Medical Necessity for Initial Authorization	1. Update to dosing subsection, clarifying initial and maintenance doses. 2. Removal of "Glatopa" as a trial/failure due to non-formulary status	No	10/01/2025
Extavia (interferon beta-1b) (PG223)	Experimental/Investigational/Not Medically Necessary	1. Removal of the duplicate cognitive enhancement indication as this is already covered broadly by the neurological conditions criteria.	Yes	10/01/2025
Rebif (interferon beta-1a) (PG231)	Experimental/Investigational/Not Medically Necessary	1. Removal of the following Experimental/Investigational/Not Medically Necessary (E/I/NMN) criteria related to: Treatment of progressive forms of MS, clinical definite MS, chronic fatigue syndrome 2. Above criteria are already covered by other	Yes	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		criteria; more consistent with other interferon-based MS products		
Plegridy (peginterferon beta-1a) (PG229)	Experimental/Investigational/Not Medically Necessary	1. Removal of the following E/I/NMN criteria related to: progressive forms of MS, chronic fatigue syndrome 2. Above criteria are already covered by other criteria; more consistent with other interferon-based MS products	Yes	10/01/2025
Avonex (interferon beta-1a)(PG218)	Experimental/Investigational/Not Medically Necessary	1. Addition of the following criteria in E/I/NMN section to be consistent with other interferon-based MS products related to: treatment for cancer, treatment of viral infections, and other autoimmune disorders.	Yes	10/01/2025
Betaseron (interferon beta-1b) (PG220)	Experimental/Investigational/Not Medically Necessary	1. Addition of the following criteria in E/I/NMN section to be consistent with other interferon-based MS products related to: treatment of cancer.	Yes	10/01/2025
Ponvory (ponesimod) (PG230)	Medical necessity for initial authorization	1. Addition of recommended dosing monitoring per package insert (PI) including specific indications that require monitoring and monitoring parameters. 2. Removal of “Glatopa” as a trial/failure due to non-formulary status	No	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Experimental/Investigational/Not Medically Necessary	1. Addition of the following criteria related to: Treatment of other autoimmune conditions (consistent with other MS), and chronic graft vs. host disease criteria (only one study was able to recruit n=1 participants, poor quality, no comparator group, low sample size).	Yes	
Teriflunomide (Aubagio) (PG232)	Medical necessity for initial authorization	1. Removal of "Glatopa" as a trial/failure due to non-formulary status	No	10/01/2025
Vumerity (diroximel fumarate) (PG233)	Medical necessity for initial authorization	1. Removal of "Glatopa" as a trial/failure due to non-formulary status	No	10/01/2025
Briumvi (ublituximab) (PG134)	Medical necessity for initial authorization	1. Removal of requirement for documentation of both hepatitis B screening and quantitative serum immunoglobulin as well as extended language re: active infections and replaced with abbreviated requirement. 2. Removed criteria stating they could not be diagnosed with Primary progressive multiple sclerosis as this was already explicitly included in the E/I/NMN section	Yes	10/01/2025
Ocrelizumab (Ocrevus, Ocrevus Zunovo) (PG235)	Experimental/Investigational/Not Medically	1. Explicitly stated Lupus nephritis and autoimmune encephalitis due to lack of statistically significant benefits and lack of	No	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Necessary	data, respectively.		
	Applicable Billing Codes	2. Updated J code (J2351), removal of unclassified C and J codes	Yes	
Kesimpta (ofatumumab) (PG225)	Experimental/Investigational/Not Medically Necessary	1. Added treatment of nephrotic syndrome due to lack of efficacy and low quality/small sample studies.	Yes	10/01/2025
Mayzent (siponimod) (PG228)	Experimental/Investigational/Not Medically Necessary	1. Addition of the following to this criteria related to: Alzheimer's disease (lack of supporting evidence for this indication), intracerebral hemorrhage (only been studied for this indication in mouse models), autoimmune diseases polymyositis and dermatomyositis (lack of evidence to support use at this time).	Yes	10/01/2025
Mavenclad (cladribine) (PG227)	Medical Necessity Criteria for Initial Authorization	1. Under contraindications added language around breastfeeding risk duration and risk related to men of reproductive potential, consistent with PI. 2. Updated dosing regimen to be consistent with PI 3. Clarified dosing recommendation per PI 4. Updated dosing to allow for up to 20 tabs/year (10 tabs/cycle x 2 cycles/year)	Yes	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity for Reauthorization	1. Clarified dosing recommendation per PI 2. Updated dosing to allow for up to 20 tabs/year (10 tabs/cycle x 2 cycles/year), and up to 40 tabs for 2 years	Yes	
	Experimental/Investigational/Not Medically Necessary	5. Added myasthenia gravis (currently being studied in a phase III trial).	Yes	
	Appendix	6. Added an appendix which includes a table describing dosing for Mavenclad (cladribine) and dosing considerations from PI	Yes	
Lemtrada (Alemtuzumab) (PG226)	Medical Necessity Criteria for Initial Authorization	1. Removal of "Tyruke" as t/f as non-formulary 2. Updated "dosing guidelines" subsection to include recommended corticosteroid premedication and antiviral prophylaxis based on CD4+ count	Yes	10/01/2025
Eucrisa (crisaborole) (PG023)	Medical Necessity Criteria for Initial Authorization	3. Addition of skin fold as a sensitive site (consideration for not t/f of topical corticosteroid due to risk of skin atrophy)	No	10/01/2025
Dapsone 7.5% Topical Gel (Aczone) (PG214)	Medical Necessity Criteria for Initial Authorization	4. Change from requiring both t/f of topical retinoid AND topical antibiotics to *either* of those therapies. This is consistent with guidelines recommendations that place	Yes	10/01/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		dapsone as a potentially first line therapy including benzoyl peroxide, topical retinoids, or topical antibiotics. However standard of care now is typically retinoid OR topical antibiotic + benzoyl peroxide.		
Oscar Clinical Guidelines	Clinical Guideline	List of criteria that have completed the annual review process. No clinical changes. 1. Armodafinil (Nuvigil (PG036) 2. Glatiramer Acetate (Copaxone, Glatopa) (PG221) 3. Mesalamine DR 800 (PG024)	No	10/01/2025
Durysta (bimatoprost intracameral implant) (CG116)	Experimental/Investigational/Not Medically Necessary	1. Added two additional criteria including concurrent use with iDose TR (travaprost intracameral implant) and treatment of thyroid eye disease as the FDA has not approved this product for this indication.	No	10/1/2025
	Applicable Billing Codes (HCPCS/CPT codes)	1. Addition of many ICD-10 codes to cover all potential glaucoma-related indications	No	
Fingolimod (Gilenya, Tascenso ODT) (PG224)	Medical necessity for initial authorization	1. Updated criteria to clarify use of Gilenya versus orally disintegrating tablet Tascenso, including clarifying when a lower dose is appropriate (based on age and weight for both Tascenso and Gilenya products).	Yes	10/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Zeposia (ozanimod) (PG234)	Medical necessity for initial authorization	1. Removal of requirement for Zeposia to not be used concurrently with other immunosuppressive agents; not a true contraindication and was not included in all Multiple Sclerosis agents with the same warning/precaution.	Yes	10/1/2025
	Experimental/Investigational/Not Medically Necessary	1. Addition of Alzheimer's disease, given some literature published for this indication as there is only mouse data at this time.	Yes	
Dalfampridine (Ampyra) (PG217)	Experimental/Investigational/Not Medically Necessary	1. Update to include examples of non-Multiple Sclerosis diagnosis for which we consider experimental/investigation/not medically necessary.	No	10/1/2025
Tevimbra (tislelizumab) (PG210)	Medical Necessity Criteria for Initial Authorization	1. Updated with new criteria for updated, expanded indication of gastric cancer. 2. Clarified and updated criteria for Esophageal Carcinoma for first-line treatment (tumors that express PD-L1) versus second-line treatment	Yes	10/1/2025
	Experimental or Investigations/Not Medically Necessary	1. Updated to clarify gastric cancer treatment should not be for monotherapy - should only be treated in combination with platinum and fluropyrimidine-based chemotherapies as it has been studied.	Yes	

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		2. Added criteria to avoid use in pediatrics as it has not been studied in this population.		
	Applicable Billing Codes (HCPCS/CPT codes)	1. Updated with new J code for Tevimbra (tislelizumab-jsgr) of J9329 - replaced unclassified J codes.	Yes	
Rezdiffra (Resmetirom) (PG198)	Medical Necessity Criteria for Authorization	1. Update to diagnosis of noncirrhotic metabolic dysfunction-associated steatotic liver (MASH) disease criteria to capture recent guideline recommendations regarding both Fibrosis severity levels 2 and 3 (F2 and F3, intermediate or high risk, respectively). Updated language to allow for interpretation by a healthcare provider and/or laboratory findings where appropriate, as consistent objective definitions of F2 and F3 diagnosis with certain methodologies is not universally agreed upon based on proprietary methodologies. 2. Changed weight-loss goal to be consistent with lower recommended weight-loss goal in recent guidelines to 5-10%.	Yes	10/1/2025
Casgevy (exagamglogene autotemcel) (CG113)	Medical Necessity Criteria for Authorization	1. Updated duration from 9 months to 18 months to allow for a longer member journey given potential for unforeseen real-world complications (e.g., increased cycle requirements, scheduling	Yes	10/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		complications/delays) that were not as clearly defined at last review.		
Lidoderm (lidocaine) 5% Transdermal Patch (PG124)	Medical Necessity Criteria for Initial Authorization	1. Removed initial from title of this subsection, as no need for specific reauthorization criteria, to continue to follow authorization criteria as written. Of note, re-authorization criteria were not in place.	No	10/1/2025
Collagenase Ointment (Santyl) (PG141)	Medical Necessity Criteria for Initial Authorization	1. Updated plan quantity limit note to match current quantity limit.	No	10/1/2025
	Applicable Billing Codes (HCPCS/CPT Codes)	1. Addition of many ICD-10 codes to cover all potential chronic dermal ulcer or burn	No	
Sancuso (granisetron) Patch (PG007)	Medical Necessity Criteria for Authorization	1. Allow for multi-day chemotherapy regimens of 2 or more versus 3 or more days to be more inclusive of recommendation for dosing potential as per PI	Yes	10/1/2025
Lenmeldy (atidarsagene autotemcel) (CG117)	Medical Necessity Criteria for Authorization	1. Updated intelligence quotient criteria for early symptomatic early juvenile metachromatic leukodystrophy to match updated inclusion criteria from pivotal trial.	No	10/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Eohilia (budesonide) (PG216)	Medical Necessity Criteria for Initial Authorization	1. Updated trial/failure requirement to clarify what an adequate trial of a proton pump inhibitor is, and allowed for either swallowed/inhaled corticosteroid OR Dupixent (dupilumab) versus both.	Yes	10/1/2025
	Medical Necessity Criteria for Reauthorization	1. Additional criteria - to highlight inability to use with Dupixent (dupilumab)	Yes	
Oscar Clinical Guidelines	Clinical Guideline	List of criteria that have completed the annual review process. No clinical changes. 1. Quantity Limit Exception Criteria (PG200) 2. Zelsuvmi (berdazimer topical gel 10.3%) (PG201) 3. Veozah (fezolinetant) (PG215)	No	10/1/2025
Oscar Clinical Guidelines	Clinical Guideline	List of criteria that will be sunsetted during Quarter two (2): 1. Beqvez (fidanacogene elaparvovec) (CG118) 2. Aduhelm (aducanumab-avwa) (PG139)	No	10/1/2025