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

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Testosterone Replacement Therapy (PG122)	Clinical Indication	1. For the treatment of delayed puberty in males, removal of counseling requirement. 2. For all indications, added "up to" for authorization durations.	Yes	03/02/2026
Xifaxan (rifaximin) 550 mg Tablets (PG022)	Clinical Indication	1. Clarified that for Irritable Bowel Syndrome with diarrhea the trial and failure of two drugs is each from a different class.	Yes	03/02/2026
Briviact (brivaracetam) Tablet, Solution (PG172)	Medical Necessity Criteria for Initial Clinical Review	1. Removed requirement to get to maximally tolerated dose as this can be subjective. 2. Addition of Appendix which highlights age-specific dosing guidance per FDA approval.	Yes	3/2/2026
Kymriah (tisagenlecleucel) (CG058)	Medical Necessity Criteria for Initial Clinical Review	1. Added authorization criteria for one dose per lifetime up to an approval duration of 6 months.	Yes	3/2/2026
Yescarta (axicabtagene ciloleucel) (CG063)	Medical Necessity Criteria for Initial Clinical Review	1. Added authorization criteria for one dose per lifetime up to an approval duration of 6 months.	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Carvykti (ciltacabtagene autoleucel; cilta-cel) (CG067)	Medical Necessity Criteria for Initial Clinical Review	1. Added authorization criteria for one dose per lifetime up to an approval duration of 6 months.	Yes	3/2/2026
(Commercial) Preferred Physician-Administered Specialty Drugs (CG052)	Clinical Indication	1. Added 3 months or other duration per provider clinical rationale for drug transitioning. 2. Fixed code for Mircera (methoxy polyethylene glycol-epoetin beta) in table.	Yes	04/01/2026
Erythropoiesis-Stimulating Agent (ESA) - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG084)	Clinical Indication	1. Fixed code for Mircera (methoxy polyethylene glycol-epoetin beta) in table.	No	04/01/2026
Antineoplastics - Pemetrexed Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG105)	Clinical Indication	1. Added if the request is for a therapy regimen where clinical evidence and/or current treatment guidelines (e.g., NCCN) support the preferential use of the requested product over ALL preferred products to allow for exception.	Yes	03/02/2026
Hyaluronate and	Clinical Indication	1. Consolidated criteria and state the member is	Yes	03/02/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Derivatives - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG094)		currently receiving treatment with the requested product and coverage is required to complete the current course of treatment, excluding when the requested product is obtained as samples or via assistance programs as an exception.		
Oscar Clinical Guidelines	Clinical Indication	Added 3 months or other duration per provider clinical rationale for drug transitioning to the following: 1. Somatostatin Analogs - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG078) 2. Factor VIII (Long-Acting) Antihemophilic Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG090) 3. Factor VIII Antihemophilic Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG091) 4. Complement Inhibitors - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG098) 5. Vascular Endothelial Growth Factor (VEGF) Inhibitor Ophthalmic Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG099) 6. Antineoplastics - HER2-Targeted Agents -	Yes	03/02/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG101)		
Specialty Exceptions Autoimmune MF 4979-D	Clinical Indication	1. For psoriatic arthritis, moved Tremfya (guselkumab) to preferred. Increased trial and failure from five to six preferred products for psoriatic arthritis. 2. For ulcerative colitis, added if the request is for Xeljanz/Xeljanz XR, the member has had a documented inadequate response or intolerable adverse event with Humira.	Yes	02/01/2026
Step Therapy Exception-REG (PG270)	Coverage Criteria	1. Clarified for New York Step Therapy - Previous History by removing “not” available for continuation of care regarding therapeutic equivalent. 2. Clarified for New York Step Therapy - Previous History by adding singular “a” in front of already completed a step therapy for the requested drug.	Yes	02/01/2026
Urea Cycle Disorder (UCD) Treatment Agents (PG187)	Clinical Indication	1. Removed generic glycerolol phenybutyrate as a trial and failure agent.	Yes	6/1/2026

New Guidelines

Clinical Guideline	Details	Effective Date
Non-Solid Oral Dosage Formulations (PG279)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	6/1/2026
Prevymis (letermovir) (PG280		6/1/2026
Lynkuet (elinzanetant) (PG281)		3/2/2026

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Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Tadalafil (Adcirca, Alyq, Chewtadzy, Cialis, Tadliq) (PG052)	Medical necessity criteria for initial clinical review	1. Removed chewtadzy - was never brought to market and NDC filing was discontinued. Erectile dysfunction 1. Removed requirement of documentation of medical history and physical exam to support diagnosis. Benign Prostatic Hyperplasia (BPH) 1. Added alpha blockers as a class to trial/fail (in addition to 5-alpha reductase inhibitors) consistent with guideline recommended therapy and clinical practice. 2. Added no evidence on concomitant drugs that are contraindicated (nitrates/nitrites and guanylate cyclase stimulators) Pulmonary arterial hypertension (PAH) 1. Added prescriber specialist - cardiologist, pulmonologist with expertise in PAH. Raynaud phenomenon 1. Added prescriber specialist - rheumatologist or provider with expertise in raynaud phenomenon Prevention and treatment of high-altitude pulmonary edema 1. Replaced language around explicit dosing with acceptance of dosing consistent with compendia or evidence-based published dosing guidelines.	Yes	6/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
sildenafil (PAH, Viagra) (PG051)	Medical necessity criteria for initial clinical review	Erectile dysfunction 1. Removed requirement of documentation of medical history and physical exam to support diagnosis. Pulmonary arterial hypertension (PAH) 1. Added prescriber specialist - cardiologist, pulmonologist with expertise in PAH. Raynaud phenomenon 1. Added prescriber specialist - rheumatologist or provider with expertise in raynaud phenomenon Prevention and treatment of high-altitude pulmonary edema 1. Replaced language around explicit dosing with acceptance of dosing consistent with compendia or evidence-based published dosing guidelines.	Yes	6/1/26
	Medical Necessity Criteria for Subsequent Clinical Review	1. Added reauthorization criteria for Raynaud phenomenon, consistent with tadalafil reauthorization criteria.	Yes	6/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Winrevair (sotatercept-csrk) (PG207)	Medical Necessity Criteria for Initial Clinical Review	1. Added prostacyclin analogues or receptor agonists as potential to trial/fail before trialing Winrevair.	Yes	3/2/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Added maintenance of WHO functional class to documentation of positive response options.	Yes	3/2/2026
Pedmark (sodium thiosulfate) (PG133)	Experimental or Investigational / Not Medically Necessary	1. Removal of ovarian cancer and metastatic solid tumors (NCCN category 2A) in those receiving high dose carboplatin (NCCN category 2B)	Yes	3/2/2026
Lumryz (sodium oxybate) (PG246)	Medical Necessity Criteria for Initial Clinical Review	1. Removal of requirement to trial and fail at least one antidepressant in adults with cataplexy. 2021 AASM guideline states insufficient evidence to support any of these agents for cataplexy. 2021 European guideline and expert statement on management of narcolepsy in adults and children state there is poor evidence for use of antidepressants and psychostimulants for narcolepsy. 2. Added that pediatrics should not have cataplexy for the trial/failure requirement of stimulant	Yes	3/2/2026

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		products as 2021 European guideline recommends against psychostimulants in those with cataplexy. 3. Removed requirement of 30 day trial for all trial/failure requirements. 4. Removal of requirement for documentation that there is no other condition contributing to the members hypersomnolence or multiple sleep latency testing findings, as following ICD diagnostic criteria for narcolepsy would have to have already ruled out other conditions.		
sodium oxybate (Xyrem) (PG009)	Medical Necessity Criteria for Initial Clinical Review	1. Added criteria that adults with narcolepsy AND cataplexy to trial/failure only Lumryz and Wakix, as Sunosi is not approved in those with cataplexy. 2. Removal of requirement for documentation that there is no other condition contributing to the members hypersomnolence or multiple sleep latency testing findings, as following ICD diagnostic criteria for narcolepsy would have to have already ruled out other conditions.	Yes	3/2/2026
Xywav (calcium, magnesium, potassium, and sodium oxybates) (PG248)	Medical Necessity Criteria for Initial Clinical Review	1. Additional diagnostic criteria option for those with idiopathic hypersomnia (24-hour sleep time ≥ 660 minutes using a 24-hour polysomnography or wrist actigraphy in association with a sleep log, averaged over at	Yes	3/2/2026

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		least 7 days with unrestricted sleep. 2. Removed requirement of 30 day trial for all trial/failure requirements. 3. Removal of requirement for documentation that there is no other condition contributing to the members hypersomnolence or multiple sleep latency testing findings, as following ICD diagnostic criteria for narcolepsy would have to have already ruled out other conditions.		
Veozah (fezolinetant) (PG215)	Medical Necessity Criteria for Initial Clinical Review	1. Additional hormonal therapies to consider trial and failure: Duavee (conjugated estrogens, bazedoxifene), oral estrogens with methyltestosterone, progesterone only oral therapy, and intrauterine devices (estradiol ring or progesterone only devices) per ACOG guidelines and supported by IRO specialist reviewer. 2. Additional non-hormonal therapies to consider trial/failure: pregabalin and clonidine.	Yes	3/2/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Removal of development of new contraindications section as first criteria requires members to meet applicable initial criteria and this is covered.	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Disposable Insulin Pump Devices (PG127)	Medical Necessity Criteria for Initial Clinical Review	For all products removal of criteria asking for diabetic treatment plan and training of device. Omnipod DASH and Omnipod 5 1. Change from 3 or more to "multiple" insulin injections daily consistent with 2026 ADA guideline language for use of insulin delivery devices/technology. 2. Removal of comprehensive diabetic education program requirement - replaced with documented diabetic treatment plan and ability to train member/caregiver on device. 3. Change of starter kit quantity duration of 365 days (from 4 years) consistent with formulary. Omnipod Go 1. Removal of comprehensive diabetic education program requirement - replaced with documented diabetic treatment plan and ability to train member/caregiver on device.	Yes	3/2/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Additional criteria for meeting improvement in glycemic control including improved time in range, and "other" individual glycemic targets with examples including average blood glucose, and reduced pre/post-prandial glucose.	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Diabetes Equipment and Supplies (CG028)	Medical Necessity Criteria for Clinical Review - general medical necessity criteria	1. Removed requirement for documentation of specific method of diagnosis of diabetes - we ask for a diagnosis of diabetes mellitus which is sufficient; lab values supporting diagnosis can be years old and hard to include in documentation submitted for claim.	Yes	3/2/2026
Continuous Glucose Monitors (CGMs) Prescription Products (PG121)	Medical Necessity Criteria for Initial Clinical Review	Continuous glucose monitoring (CGM) systems 1. Additional criteria to define problematic hypoglycemia: the member is on a medication that increases the risk of hypoglycemia (i.e., insulin, sulfonylureas) consistent with 2026 ADA guideline language for CGM recommendation. 2. Added criteria that member must be 18 years of age or older if requesting the Senseonics eversense 365. 3. Removal of criteria asking for diabetic treatment plan and training of device.	Yes	6/1/2026
Antidiabetic Agents - Soliqua, Xultophy (PG153)	Medical Necessity Criteria for Subsequent Clinical Review	1. Changed language from “maintenance” to “attainment” of target Hemoglobin A1c.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antidiabetic Agents - Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (PG152)	Medical Necessity Criteria for Initial Clinical Review	1. Mounjaro expanded approved in pediatrics 10 years of age and older added.	Yes	3/2/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Changed language from “maintenance” to “attainment” of target Hemoglobin A1c. 2. Additional criteria for improvement in glycemic control defined: achievement of individual glycemic target with examples including average blood glucose, and reduced pre/post-prandial glucose.	Yes	3/2/2026
Wegovy (semaglutide) for Cardiovascular Risk Reduction or Metabolic Dysfunction-Associated Steatohepatitis (MASH) (PG194)	Medical Necessity Criteria for Initial Clinical Review	Atherosclerotic Cardiovascular Disease 1. Wegovy tablet for oral use added due to new product and indication. 2. Updated requirement for guideline-directed medical therapy to be more inclusive and consistent with guidelines - high intensity statins changed to lipid lowering agents (including high intensity states and PCSK9-inhibitors); ACE inhibitors/ARB therapy removed and included with antihypertensive medications; added beta-blockers as examples for anti-hypertensives; updated language that antihypertensive goal should be individualized. 3. Added criteria related dosing requirements for	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Wegovy tablet for oral use		
	Medical Necessity Criteria for Subsequent Clinical Review	Atherosclerotic Cardiovascular Disease 1. Updated continued guideline-directed medical therapy to be consistent with initial authorization criteria above. 2. Updated language for contraindications: diagnosis of diabetes instead of "personal history"; pancreatitis instead of "personal history" of pancreatitis - as development of pancreatitis is in indication to discontinue therapy, but no contraindication exists to not initiate/continue therapy in this population 3. Added that Wegovy will not be used concurrently with other semaglutide-containing products or other GLP-1 receptor agonists.	Yes	3/2/2026
Weight Loss Agents (PG070)	Clinical Indication	1. Addition of Wegovy tablet per new FDA approval of the Wegovy tablet for weight loss, same indication as Wegovy injection for weight loss.	Yes	3/2/2026
CeQur Simplicity Insulin Delivery System (PG192)	Medical Necessity Criteria for Initial Clinical Review	1. Added hyperglycemia and complications of inadequate glycemic control (e.g., neuropathy, retinopathy, nephropathy) as evidence of suboptimal glycemic control. 2. Removal of criteria asking for diabetic	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		treatment plan and training of device.		
	Medical Necessity Criteria for Subsequent Clinical Review	1. Additional criteria for meeting improvement in glycemic control including improved time in range, and "other" individual glycemic targets with examples including average blood glucose, and reduced pre/post-prandial glucose.	Yes	3/2/2026
Zepbound (tirzepatide) for the Treatment of Obstructive Sleep Apnea (PG255)	Medical Necessity Criteria for Initial Clinical Review	1. Requirement for continuous positive airway pressure (CPAP) clarified to include either current use or inability to use/trial and failure of CPAP or equivalent noninvasive ventilation device. 2. Removal of personal history of pancreatitis - this is not a contraindication. 3. Removal of requirement of negative pregnancy test, only requires lack of documentation of current pregnancy. 4. Clarified language that Zepbound will be used in combination with CPAP unless unable to use.	Yes	3/2/2026
	Medical Necessity Criteria for	1. Added that member could not be receiving concurrent tirzepatide-containing products or other GLP-1 receptor agonists.	Yes	3/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Subsequent Clinical Review			
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Xarelto (rivaroxaban) 1mg/mL Granules for Suspension (PG137) 2. Izervay (avancincaptad pegol) (PG168) 3. Antidiabetic Agent - SymlinPen (pramlintide acetate) (PG156) 4. Rezdiffra (resmetirom) (PG198) 5. Ycanth (cantharidin) (PG162)	No	6/1/2026