

**Oscar Clinical Guidelines - Pharmacy
2026 Q2 (Apr) P&T Summary of Changes**

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antineoplastic and Immunomodulating Agents - Tocilizumab Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG108)	Exceptions Criteria	<ol style="list-style-type: none"> Removed requirement if request is for Actemra (tocilizumab) IV to try and fail Actemra (tocilizumab) SC. Added new drug Avtozma (tocilizumab-anoh) IV to try and fail Tyenne (tocilizumab-aazg) SC. 	Yes	6/1/2026
Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors (PG068)	Clinical Indication	<ol style="list-style-type: none"> General medical necessity: updated to “or” statement for “For statin intolerance, specific symptoms or lab evidence (e.g., CK levels)”. Per the 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia, for Treatment of Primary Hyperlipidemia, including Heterozygous Familial Hypercholesterolemia (HeFH), added the option that if the member is younger than 18 years of age LDL-C \geq160 mg/dL before any lipid-lowering therapies. Trial and failure of two statins unless unable to use if LDL-C \geq100 mg/dL or with HEFH LDL-C 	Yes	6/1/2026

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		<p>≥70 mg/dL.</p> <p>3. Per the 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia, or Treatment of Primary Hyperlipidemia, added criteria for the member is an adult and has a coronary artery calcium (CAC) score of ≥300 AU.</p> <p>4. Added Lerochol (IerodalciBep-liga) for Treatment of Primary Hyperlipidemia, including Heterozygous Familial Hypercholesterolemia (HeFH) requiring prescriber specialty, age, dosing within FDA label or compendia, trial and failure of preferred Praluent (alirocumab), will not be used with other PCSK9 inhibitors, documentation of lab work, baseline LDL-C ≥190 mg/dL or ≥160 mg/dL if younger than 18 years of age with HEFH, and current LDL-C ≥100 mg/dL or ≥70 mg/dL after trying and failing 2 statins unless unable to use.</p> <p>5. Added Leqvio (inclisiran) expanded indication for HoFH in those 12 to less than 18 years of age asking for prescriber specialty, trial and failure of preferred Praluent as appropriate by age, not used with other PCSK9 inhibitors, documentation of lab values, and trial and failure of two statins in combination with</p>		

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		ezetimibe unless unable to use and LDL-C is ≥ 100 mg/dL.		
	Applicable Billing Codes	1. Added CPT/HCPCS and ICD-10 Codes for Praluent (alirocumab), Repatha (evolocumab), Leqvio (inclisiran), and Lerochol (lerodalcibep-liga).		
Rystiggo (rozanolixizumab-noli) (PG190)	Clinical Indication	<ol style="list-style-type: none"> Added criteria treatment cycles are no more frequent than every 63 days from the start of the previous treatment cycle. Clarified that trial and failure for anti-AChR antibody positive is a non-steroidal immunosuppressive therapy. Trial and failure of 2 is each from a different class. Added if anti-MuSK antibody positive, trial and failure of one of the following: 1) two immunosuppressive therapies or 2) one immunosuppressive therapy plus intravenous immunoglobulin. Updated initial authorization duration from 16 weeks to 6 months. 	Yes	9/1/2026
Neffy (epinephrine nasal spray) (PG243)	Clinical Indication	1. Removal of age restriction of 4 years and older per package labeling update. No age criteria.	Yes	5/1/2026
Natalizumab and Natalizumab	Clinical Indication	1. If the request is for Tysabri (natalizumab), the member is unable to use, or has tried and failed Tyruko (natalizumab-sztn).	Yes	1/1/2027

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Biosimilars (Tysabri, Tyruko) (PG195)				
Exception Criteria for Autoimmune Conditions (PG286)	Exceptions Criteria	<ol style="list-style-type: none"> For Ulcerative colitis, updated that if the request is for Xeljanz/Xeljanz XR, the member has had a documented inadequate response or intolerable adverse event with any ONE TNF inhibitor. 	Yes	4/1/2026
Weight Loss Agents (PG070)	Clinical Indication	<ol style="list-style-type: none"> Addressed Wegovy (semaglutide) HD 7.2 mg. Added new drug Foundayo (orforglipron) subject to age-appropriate use and dosing per FDA labeling, documentation of body mass index, will be used as an adjunct to a reduced calorie-diet and increased physical activity, and will not be used in combination with other weight loss products. Continued care including lifestyle modifications and meaningful weight loss. 	Yes	6/1/2026
fingolimod (Gilenya, Tascenso ODT) (PG224)	Clinical Indication	<ol style="list-style-type: none"> Clarified for pediatrics if request is for brand brand Gilenya 0.25 mg the member weighs ≤ 40 kg. If for brand Gilenya 0.5 to try and fail generic fingolimod 0.5 mg capsules from two different manufacturers. If for brand Tascenso 0.25 mg the member is unable to swallow fingolimod capsules and weighs ≤ 40 kg. If the request is for Tascenso ODT 0.5 mg the member is unable to swallow fingolimod 	No	5/1/2026

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		capsules or has tried and failed generic fingolimod 0.5 mg capsules from two different manufacturers.		
Teriflunomide (Aubagio) (PG232)	Clinical Indication	1. Clarified for pediatrics if request is for brand Aubagio, the member has tried and failed generic teriflunomide from two different manufacturers.	No	5/1/2026
Glatiramer Acetate (Copaxone, Glatopa) (PG221)	Clinical Indication	1. Clarified for pediatrics if the request is for glatiramer products (i.e., glatiramer acetate, brand Glatopa [glatiramer acetate]), the member is unable to use, or has tried and failed Copaxone.	No	5/1/2026
Dimethyl Fumarate (Tecfidera) (PG222)	Clinical Indication	1. Clarified for pediatrics if the request is for brand Tecfidera, the member is unable to use, or has tried and failed generic dimethyl fumarate from two manufacturers.	No	5/1/2026

New Guidelines

Clinical Guideline	Details	Effective Date
N/A		

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
armodafinil (Nuvigil) (PG036)	Medical Necessity Criteria for Initial Clinical Review	<ol style="list-style-type: none"> Added general medical necessity criteria, including requirement that the member requesting brand Nuvigil then trials and failure of the generic from two or more manufacturers if available. Added fatigue related to multiple sclerosis (MS) criteria - requiring they be 18 or older, diagnosed with fatigue due to MS, demonstrated excessive daytime sleepiness associated with their MS-related fatigue, and have tried and failed non-pharmacological strategies. Added idiopathic hypersomnia criteria - requiring they are 17 and older, confirmed diagnosis of idiopathic hypersomnia (IH), other causes of IH have been ruled out, have tried and failed non-pharmacologic approaches, and they require treatment for improvement of excessive daytime sleepiness and functional impairment. 	Yes	6/1/2026
Onasemnogene abeparvovec (Zolgensma [-xioi]; Itvisma, [-brve]) (CG061)	Medical Necessity Criteria for Initial	<ol style="list-style-type: none"> Addition of new Gene therapy (Itvisma [Onasemnogene abeparvovec-brve]) for Spinal muscular atrophy (SMA) including: The prescriber is a neurologist or neuromuscular specialist with expertise in the diagnosis and 	Yes	9/1/2026

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	Clinical Review	<p>management of spinal muscular atrophy (SMA); age 2 to less than 18 years of age at time of treatment; diagnosed with autosomal recessive 5q13-linked (genetically proven) Spinal Muscular Atrophy (SMA) with bi-allelic mutations (deletion or point mutations) in the survival motor neuron 1 (SMN1) gene; has 1-3 copies of the SMN2 gene, confirmed by genetic testing (i.e., submission of medical records confirming the member has 3 copies or less of the SMN2 gene); does not require invasive ventilation, awake noninvasive ventilation for greater than 6 hours during a 24-hour period, noninvasive ventilation for greater than 12 hours during a 24-hour period, or require tracheostomy; baseline anti-adenovirus 9 (anti-AAV9) antibody titer $\leq 1:50$ measured by ELISA (enzyme-linked immunosorbent assay); baseline labs include: Liver function (clinical exam, aspartate aminotransferase [AST], alanine aminotransferase [ALT], total bilirubin, prothrombin time), Complete blood count (including hemoglobin and platelet count), Creatinine, Troponin-I; The member does not have an active infectious process (e.g., viral, bacterial or febrile illness) prior to</p>		

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		<p>treatment; does not have a serious concomitant illness (i.e., severe liver or kidney disease, symptomatic cardiomyopathy); vaccination status will be up to date prior to administration; the requested medication will not be used concurrently with other SMA therapies such as Spinraza (nusinersen) or Evrysdi (risdiplam); If the member is on Spinraza (nusinerse) or Evrysdi (risdiplam), it will be discontinued prior to the administration of the requested drug; does not have a history of prior treatment with Zolgensma (onasemnogene abeparvovec-xioi), Itvisma (onasemnogene abeparvovec-brve), or or any other gene transfer therapy for SMA; is dosed at 1.2×10^{14} vector genomes administered as a one-time intrathecal bolus injection.</p> <ol style="list-style-type: none"> 2. Updated Zolgensma criteria to include the following: no active infectious process, no serious concomitant illness, and vaccination status is up to date. 3. Changed language for Zolgensma consistent with Itvisma - removed that it will not be used concurrently with other SMA therapies to other SMA therapies will be discontinued prior to Zolgensma administration. 		

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		4. For Zolgensma and Itivisma clarified that laboratory testing shows the member has been determined to be clinically stable.		
	Experimental or Investigational or Unproven / Not Medically Necessary	1. Added previous administration of Zolgensma (onasemnogene abeparvovec-xioi) or Itivisma (onasemnogene abeparvovec-brve) precludes a new request for either gene therapy.		
Omega-3-acid ethyl esters (Lovaza) (PG005)	Medical Necessity Criteria for Initial Clinical Review	1. Updated language that the member will continue to utilize a lipid-lowering diet and exercise regimen versus requiring documentation/attestation from provider/nutritionist that education has been performed in addition to attestation of continued therapy with lipid-lowering diet/exercise regimen.	Yes	6/1/2026
Durysta (bimatoprost)	Medical Necessity	1. Reduction in trial and failure from two to one ophthalmic prostaglandin analogs.	Yes	6/1/2026

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intracameral implant) (CG116)	Criteria for Initial Clinical Review			
Tevimbra (tislelizumab) (PG210)	Medical necessity criteria for clinical review	1. Added a general medical necessity criteria requesting prescriber specialty (oncologist), that the dose is consistent with FDA labeling/compendia or evidence based guidelines, and they either meet one of FDA approved indications for which we have criteria for (previously treated unresectable or metastatic esophageal squamous cell carcinoma [ESCC], first-line treatment treatment of unresectable or metastatic ESCC in those whose tumors express PD-L1, or gastric cancer) OR an indication with a category 1, 2A or 2B recommendation per National Comprehensive Cancer Network (NCCN).	Yes	6/1/2026
	Experimental or investigatio	1. Removed use in earlier stages of ESCC in neoadjuvant, adjuvant or maintenance setting as this was no longer consistent with NCCN guidelines.	Yes	6/1/2026

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	nal or unproven / not medically necessary	2. Removed use in those with ECOG performance status > 2 as this is no longer consistent with several indications per NCCN.		
Thyrogen (thyrotropin alfa) (PG140)	Medical necessity criteria for initial authorization	1. Removed specific reasons why someone would be unable to undergo thyroid hormone withdrawal given the wide variety of indications and the general consensus that thyroid hormone withdrawal is considered unfavorable. Now only require documentation of inability to undergo thyroid hormone withdrawal.	Yes	6/1/2026
Cibinqo (abrocitinib) (PG111)	Medical necessity criteria for initial authorization	1. Reduced step therapy from three to two therapies (topical corticosteroids, tacrolimus ointment, or Eucrisa [crisaborole]). This is more consistent with AAAAI/ACAAI JTF 2024 Atopic Dermatitis Guideline and AAD 2024 and 2025 guidelines. 2. Added contraindication of inability to use an antiplatelet (exception for 81 mg or less of aspirin daily) for the first 3 months of therapy consistent with package insert.	Yes	6/1/2026

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Ohtuvayre (ensifentrine) (PG237)	Medical necessity criteria for subsequent clinical review	1. Allowed for stability of lung function in addition to improvement of lung function as an objective measure of positive clinical response.	Yes	6/1/2026
Zelsuvmi (berdazimer topical gel, 10.3%) (PG201)	Clinical Indication	1. Changed coverage from not medically necessary to medically necessary with the following criteria: age 1 year or older, diagnosis of molluscum contagiosum (MC), documentation of one of the following: lesion on sensitive area, sexually transmitted MC, atopic dermatitis, immunocompromised, or extensive involvement/bleeds/secondary infections/or discomfort, one of the following: did not have complete resolution within 6 months of diagnosis or is experiencing bleeding/itching/pain/sexually active/or complications such as secondary infection, no evidence Zelsuvmi is being used with other pharmacological treatments for MC, and dose and frequency is within FDA approved labeling including not exceeding 1 kit per 14 days.	Yes	6/1/2026

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		<ol style="list-style-type: none"> Continued care asking for meeting initial criteria, documentation member has previously experienced a complete or partial clearance, and requires additional courses for recurrence of MC. 		
PiaSky (crovalimab-akkz) (PG262)	Clinical Indication	<ol style="list-style-type: none"> For Paroxysmal Nocturnal Hemoglobinuria (PNH) symptoms added dysphagia, pulmonary hypertension, and renal dysfunction as allowable options. For trial and failure added Epysqli (eculizumab-aagh) and removed Bkemv (eculizumab-aeeb) and Soliris (eculizumab). Added "no evidence of" for adverse reactions. 	Yes	9/1/2026
Kerendia (finerenone) (PG263)	Clinical Indication	<ol style="list-style-type: none"> Added that there is no evidence the member is using a nonsteroidal mineralocorticoid receptor antagonist (MRA) (e.g., Kerendia) with an MRA (e.g., spironolactone, eplerenone) per ADA Standards of Care 2026. 	Yes	9/1/2026
Spravato (esketamine) (PG257)	Clinical Indication	<ol style="list-style-type: none"> Added to allow for dosing is supported by compendia or evidence-based published dosing guidelines for the requested indication. Clarified trial and failure for treatment resistant depression is two antidepressants each from a different drug class. 	Yes	6/1/2026

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Oscar Clinical Guidelines	Clinical Indication	<p>List of criteria that have completed the annual review process. No clinical changes.</p> <ol style="list-style-type: none"> 1. Sancuso (granisetron) Patch (PG007) 2. Dapsone 7.5% Topical Gel (Aczone) (PG214) 3. Mesalamine DR 800 mg (Asacol HD) (PG024) 4. Eucrisa (crisaborole) (PG023) 5. Qalsody (tofersen) (PG151) 6. Lenmeldy (atidarsagene autotemcel) (CG117) 7. Lyfgenia (lovotibeglogene autotemcel) (CG114) 8. Concomitant (Concurrent) use of Biologics (Biologic Response Modifiers Therapies) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs) (CG064) 9. Collagenase Ointment (Santyl) (PG141) 10. Eohilia (budesonide) (PG216) 11. Orilissa (elagolix) (PG261) 12. paroxetine 7.5 mg capsule (PG272) 13. Prenatal Vitamins Zero Copay Exception-REG (PG258) 14. Kebilidi (eladocagene exuparvovec-tneq) (PG259) 	No	9/1/2026