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Oscar Clinical Guidelines - Pharmacy
2025 Q4 (December) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Dupixent (dupilumab) (PG026)	Clinical Indications	1. Added that for all indications, the member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication in initial and reauthorization.	Yes	2/2/2026
Soliris (eculizumab) (PG188)	Medical Necessity Criteria for Clinical Review	1. Updated generalized myasthenia gravis (gMG) indication to allow for those 6 years and older consistent with updated package insert. 2. In pediatric gMG required either a diagnosis of life-threatening or rapidly progressing gMG OR trial and failure of 2 prior therapies.	Yes	2/2/2026
Tezspire (tezepelumab) (PG118)	Medical Necessity Criteria for initial clinical review	1. Added general medical necessity criteria including prescriber specialist by indication, manufacturer/publishing dosing guideline dosing, no concomitant biologic or target synthetic drug for same indication, and documentation providing they meet criteria for all indication-specific medical necessity criteria	Yes	2/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		2. Asthma indication added that Tezspire cannot be used as monotherapy consistent with package insert and pivotal trials. 3. Added clinical indication per updated package insert for chronic rhinosinusitis with nasal polyps (CRSwNP)- age of 12 years or older, diagnosis of CRSwNP, documentation of bilateral nasal endoscopy or anterior rhinoscopy showing polyps reading below the lower border of middle turbinate or beyond each nostril, at least one symptoms of CRSwNP (rhinorrhea, loss of smell), consistent CRSwNP symptoms despite either prior surgery or failure of corticosteroids in last 2 years, CRSwNP is bilateral and failed intranasal corticosteroids for at least 2 months, and will continue to be used with a daily intranasal corticosteroid unless unable to.		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity Criteria for subsequent clinical review	1. Added subsequent general medical necessity criteria (manufacturer/publishing dosing guideline dosing, no concomitant biologic or target synthetic drug for same indication, and documentation providing they meet criteria for all indication-specific medical necessity criteria) 2. Added no monotherapy for asthma indication subsequent medical necessity. 3. Added subsequent medical necessity for CRSwNP (age 12 and older, improved condition on tezspire and continued to use intranasal corticosteroid is able to).	Yes	2/2/2026
	Experimental or investigations/Not medically necessary	1. Removal of CRSwNP from list	Yes	2/2/2026
Rezdiffra (resmetirom) (PG198)	Medical Necessity Criteria for initial clinical review	1. Added that member has tried and failed Wegovy (semaglutide) for Metabolic dysfunction-associated steatotic liver disease (MASH).	Yes	2/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity Criteria for subsequent clinical review	1. Added that member (if applicable) has tried and failed Wegovy (semaglutide) for Metabolic dysfunction-associated steatotic liver disease (MASH).	Yes	2/2/2026
Vyvanse (lisdexamfetamine) (PG098)	Medical Necessity Criteria for initial clinical review	1. Change in trial and failure from both an extended-release (ER) amphetamine product and ER methylphenidate product to ONE of these products. 2. If the request is for brand Vyvanse, the member is unable to use, or has tried and failed generic lisdexamfetamine from two or more (≥ 2) manufacturers, when available.	Yes	2/2/206
Caplyta (lumateperone) (PG175)	Medical Necessity Criteria for initial clinical review	1. Addition of new FDA-approved indication of adjunct therapy of major depressive disorder (MDD). Requires member diagnosis of MDD, inadequate response to 8-week trial of antidepressants, will be used as adjunct to antidepressants, they have tried and failed or are unable to use two prior antipsychotics with the same indication (aripiprazole, olanzapine, quetiapine), and documentation to substantiate above.	Yes	2/2/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Lazcluze (lazertinib) (PG251)	Medical Necessity Criteria for Initial Authorization	1. Removal of requirement to always be used in combination with amivantamab (Rybrevant) due to new December National Comprehensive Cancer Network (NCCN) guideline language supporting single-agent therapy with Lazcluze. 2. Update to table 1 in appendix to include updated NCCN guideline recommendation for single therapy use of Lazcluze.	Yes	2/2/2026

New Guidelines

Clinical Guideline	Details	Effective Date
Forzinity (elamipretide) (PG274)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	2/2/2026
Zepbound (tirzepatide) for the Treatment of Obstructive Sleep Apnea - New York (PG276)		2/2/2026
Papzimeos (zopapogene imadenovec-drba) (PG275)		5/1/2026
Ekterly (sebetralstat) (PG278)		5/1/2026

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Growth Hormones (Lonapegsomatropin, Somapacitan, Somatropin, Somatrogon) (PG049)	Medical Necessity Criteria for Initial Clinical Review	1. Added prescribing specialist including endocrinologist, pediatric endocrinologist, geneticist or pediatric nephrologist. Adult growth hormone deficiency: 1. Updated criteria for when two pre-treatment provocative growth hormone (GH) tests (either one or two) would not be required consistent with American Association of Clinical Endocrinology (AACE) 2019 guidelines. Pediatric growth hormone deficiency: 1. Additional criteria for newborns with hypoglycemia diagnosed based on their GH levels, additional pituitary hormone deficiency or classical imaging triad (congenital malformation of ectopic posterior pituitary and pituitary hypoplasia with abnormal stalk) Treatment of growth hormone failure associated with chronic kidney disease, cerebral palsy, congenital adrenal hyperplasia, cystic fibrosis or Russell-Silver syndrome: 1. Additional criteria added for those with a A pre-treatment 2-year height velocity greater than (>) 1.5 SD below the mean.	Yes	2/2/2026

Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors (PG068)	Medical Necessity Criteria for Clinical Review	1. Added prescribing specialist including endocrinologist, cardiologist, lipid specialist or someone who specializes in/extensive experience with familiar hypercholesterolemia or atherosclerotic cardiovascular disease (ASCVD). 2. Other acceptable documentation added as alternative to clinical documents/supporting lab dominant to validate diagnosis. Treatment of ASCVD 1. Reduced threshold for LDL from >/= 70 mg/dl to >/=55 mg/dl consistent with 2022 American College of Cardiology Expert Consensus Decision Pathway recommendation for adults with clinical ASCVD at very high risk. Treatment of Primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH) 1. Added an option for intolerance or contraindication to ezetimibe as an alternative to being used in combination with ezetimibe. 2. Added a criteria for those who have a documented contraindication or intolerance to statin medications. 3. Above recommendations consistent with 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary Treatment of homozygous familial hypercholesterolemia (HoFH)	Yes	2/2/2026

		1. Re-organized criteria to be explicit that in addition to meeting LDL threshold requirement, can be used in combination with ezetimibe OR documented intolerance/contraindication to ezetimibe.		
Antidiabetic Agents - Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (PG152)	Medical Necessity Criteria for Initial Clinical Review	1. Rybelsus (semagutide oral) updated approval for to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus who are at high risk for these events (i.e., have established atherosclerotic cardiovascular disease [ASCVD]). 2. Updated diagnostic criteria to include a random plasma glucose >/=200 mg/dl as per ADA guidelines. 3. Defined “multiple” cardiovascular risk factors as 2 or more. 4. Added language that a GLP1 cannot be used concomitantly with another GLP1 or dual GLP1/Glucose-dependent insulinotropic polypeptide (GIP)	Yes	2/2/26

	Experimental or Investigational / Not Medically Necessary	1. Added language about a diagnosis of Diabetes Mellitus “type 1.5” (those who have features of both type 1 and type 2 diabetes) - ADA guidelines do not recognize this diagnosis.	No	1/1/26
Rezzayo (rezafungin) (PG145)	Medical Necessity Criteria for Initial Clinical Review	1. Updated criteria to be consistent with Infectious Disease Society of America (IDSA) guidelines and organized medical necessity criteria to first identify the diagnosis then trial and failure of ONE prior agent as diagnostically appropriate - creating a table in the Appendix which highlights IDSA guideline recommendations. 2. Limiting Rezzayo dosing to be consistent with FDA approved dosage labeling.	Yes	2/2/2026
Zurzuvae (zuranolone) (PG182)	Medical Necessity Criteria for Initial Clinical Review	1. Addition of Hamilton depression rating scale (HAMD) as a depression scale consistent with pivotal trial inclusion criteria and package insert. 2. Update of threshold for Edinburgh Postnasal Depression Scale (EPDS) from >/=14 to >/=10 (this depression scale is binary with values >/=10 considered a positive screen). 3. Removal of requirement that member is not suicidal, homicidal, currently pregnant, with a history of seizures, bipolar disorder schizophrenia, schizoaffective disorder, or	Yes	2/2/2026

		agreeing to use contraception. These are not true contraindications and should be evaluated by the treating prescriber.		
	Experimental or Investigational / Not Medically Necessary	1. Removal of suicidal/homicidal risk factors due to lack of data to support this exclusion.	Yes	2/2/2026
Exemestane (Aromasin) (PG084)	Medical Necessity Criteria for Initial Clinical Review	1. Updated to include appropriate diagnosis consistent with NCCN guidelines in postmenopausal members: risk-reduction endocrine therapy for ipsilateral breast with estrogen receptor-positive ductal carcinoma in situ (DCIS) following surgery, and invasive breast cancer as adjuvant endocrine therapy with hormone receptor positive tumor disease as first line. 2. Updated to include appropriate diagnosis consistent with NCCN guidelines in premenopausal members: invasive breast cancer as adjuvant endocrine therapy with hormone receptor-positive disease. 3. For other cancer diagnosis, to be consistent with NCCN guidelines included endometrial adenocarcinoma.	Yes	2/2/2026
Factor VIII (Long-Acting)	Coverage criteria	1. Coverage criteria expanded to include hypersensitivity to specific excipients	Yes	1/1/2026

Antihemophilic Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG090)		precluding use of all preferred products, contraindications that would specifically not be expected to occur with non-preffered product, and drug shortage or unavailability of product. 2. Coverage criteria excludes the continuation of therapy when it is only previously obtained from samples or assistance programs. 3. Drug shortage/drug unavailability duration added (3 months initial, can be extended based on continued documentation of shortage/unavailability)		
Agents for Amyloidosis-Associated Polyneuropathy - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG109	Coverage criteria	1. Coverage criteria expanded to include hypersensitivity to specific excipients precluding use of all preferred products, a contraindication to Wainua (eplontersen), and drug shortage or unavailability of product. 2. Drug shortage/drug unavailability duration added (3 months initial, can be extended based on continued documentation of shortage/unavailability)	Yes	1/1/2026
Biologics for Chronic Respiratory and	Coverage criteria	1. Coverage criteria expanded to include a trial and failure of three FDA compendia or evidence-based guideline-supported preferred	Yes	1/1/2026

Allergic Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG100)		products for the indication; all preferred products have not received FDA approval, evidence-based guidelines do not support or would not be clinically appropriate for the given indication, the required dosing or administration cannot be achieved by all preferred products, and drug shortage or unavailability of product. 2. Drug shortage/drug unavailability duration added (3 months initial, can be extended based on continued documentation of shortage/unavailability)		
Hyaluronate and Derivatives - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG094)	Coverage criteria	1. Coverage criteria expanded to include drug shortage or unavailability of product. 2. Drug shortage/drug unavailability duration added (3 months initial, can be extended based on continued documentation of shortage/unavailability)	Yes	1/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Enteral and Oral Nutritional Supplements (CG011) 2. Prescription Digital Therapeutics (PG142)	No	5/1/2026

		3. Elevidys (delandistrogene moxeparvovec-rokl) (PG160) 4. Leqembi (lecanemab-irmb) (PG138) 5. Sohonos (palovarotene) (PG183) 6. Lantidra (donislecel-jujn) (PG167)		
Oscar Clinical Guidelines	Clinical Indication	List of criteria that will be sunset and will use (Commercial) Preferred Physician-Administered Specialty Drugs (CG052): 1. Long-Acting Granulocyte Colony-Stimulating Factors - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG079)	No	1/1/2026