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Oscar Clinical Guidelines - Pharmacy
2025 Q2 (June) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
(Commercial) Preferred Physician-Administered Specialty Drugs (CG052)	Medical Preferred Drug List	1. Added preferred and non-preferred cyclophosphamide products. 2. Added Bkemv (eculizumab-aeeb) as a preferred product. 3. Added Epysqli (eculizumab-aagh) as a non-preferred product. 4. Added Imaavy (nipocalimab-aahu) as a non-preferred product. 5. Added Starjemza (ustekinumab-hmny) as a non-preferred product.	Yes	11/1/2025
	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated codes for Empaveli (pegcetacoplan). 2. Updated codes for Imuldosa, Selarsdi, Steqeyma, and Yesintek. 3. Updated code descriptor for Axtle. 4. Added permanent code for Bkemv (eculizumab-aeeb). 5. Added permanent code for Epysqli (eculizumab-aagh). 6. Updated permanent code for Ocrevus Zunovo. 7. Added NOC codes for Imaavy	Yes	

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		(nipocalimab-aahu). 8. Added NOC codes Starjemza (ustekinumab-hmny).		
Complement Inhibitors - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG098)	Exception Criteria	1. Added Bkemv (eculizumab-aeeb) as a preferred product. 2. Added Epysqli (eculizumab-aagh) as a non-preferred product.	Yes	11/1/2025
	Applicable Billing Codes (HCPCS/CPT Codes)	1. Added code for Bkemv (eculizumab-aeeb). 2. Added code for Epysqli (eculizumab-aagh). 3. Updated codes for Empaveli (pegcetacoplan).		
Antineoplastics - Pemetrexed Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG105)	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated code descriptor for Axtle.	No	11/1/2025

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Antineoplastic and Immunomodulating Agents - Biologics for Autoimmune and Inflammatory Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG086)	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated codes for Imuldosa, Selarsdi, Steqeyma, and Yesintek. 2. Added NOC codes Starjemza (ustekinumab-hmny).	Yes	11/1/2025
Multiple Sclerosis Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG096)	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated permanent code for Ocrevus Zunovo.	Yes	11/1/2025
Dupixent (dupilumab) (PG026)	Clinical Indications	1. Added criteria for expanded indication Chronic Spontaneous Urticaria (CSU) requiring prescriber specialty, 12 years of age or older, diagnosis of CSU, trial and failure of a second generation H1 antihistamine that has been up-dosed, symptoms of CSU, and	Yes	11/1/2025

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		evaluated for other causes. 2. Reauthorization asking for a positive response.		
Qalsody (tofersen) (PG151)	Experimental or Investigational / Not Medically Necessary	1. Policy updated to include additional literature on Qalsody (tofersen) that were appraised as low quality supporting continued not medically necessary stance.	No	11/1/2025
	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated HCPCS/CPT with J1304.	No	
Quantity Limit Exception Criteria (PG200)	Quantity Limits for Medical Benefit Drugs	1. Added frequency edits for denosumab and denosumab biosimilars, infliximab and infliximab biosimilars, pegfilgrastim and pegfilgrastim biosimilars, and vedolizumab. 2. These edits must also match other prespecified details such as source, age, indication, etc.	Yes	11/1/2025
	Applicable Billing Codes	1. Added codes for above drugs.	Yes	

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Furoscix (furosemide) 8mg/1mL Solution for injection [On-Body Infusor] (PG132)	Medical Necessity for Authorization	1. Updated for new indication of edema in those with chronic kidney disease (CKD) or nephrotic syndrome	Yes	11/1/2025
	Experimental or Investigation/Not Medically Necessary	1. Removal of nephrotic syndrome given new indication	No	
	Applicable Billing codes (HCPCS/CPT codes)	1. Update with several additional ICD-10 heart failure-relates codes 2. Added applicable CKD ICD-10 codes. 3. Removal of subsection of ICD-10 codes we would not cover	Yes	
Lenmeldy (atidarsagene autotemcel) (CG117)	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated with new J code	Yes	11/1/2025
Dexlansoprazole (dexilant) (PG047)	Policy title	1. Updated from prior policy name “Proton Pump Inhibitors - Dexlansoprazole (Dexilant), Esomeprazole and Rabeprazole (PG047)”	Yes	11/1/2025
	Medical Necessity Criteria for Clinical Review	1. Addition of esomeprazole and rabeprazole as potential agents for trial/failure - no longer part of non-preferred/no longer require prior authorization (note change in name of policy).	Yes	

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		2. Increased authorization duration from 12 to 36 months.		

New Guidelines

Clinical Guideline	Details	Effective Date
Antineoplastics - Cyclophosphamide Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Policy (CG120)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	11/1/2025
Orilissa (elagolix) (PG261)		
PiaSky (crovalimab-akkz) (PG262)		

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Thyrogen (thyrotropin alfa) (PG140)	Medical Necessity Criteria for Authorization	1. Addition of non-toxic multinodular goiter diagnosis (clarified inclusion of this diagnosis, was previously included but not explicitly stated) 2. Additional criteria for identifying rationale for avoiding thyroid hormone withdrawal given thyroid hormone withdrawal still provides the most accurate lab evaluation, return of thyroid stimulating hormone (TSH) elevation, and improves radioiodine update by thyroid cells. However more data supports use of recombinant human TSH (i.e., Thyrogen) over thyroid hormone withdrawal due to lack of distinct clinical superiority/change in quality of life metrics, lower whole body radiation absorbed dose and duration of hospitalization.	Yes	11/1/2025
	Applicable Billing codes (HCPCS/CPT codes)	1. Removal of unnecessary CPT codes regarding imaging for proper diagnosis.	No	
Mitoxantrone (Novantrone) (PG126)	Medical Necessity Criteria for Initial Authorization	1. Update for duration of authorization from 3 to 6 months (for multiple sclerosis [MS] diagnosis), consistent with other MS drug policies.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity Criteria for Reauthorization	1. Addition of a cumulative lifetime dose as recommended in the package insert to limit risk (cardiotoxicity, secondary acute myelogenous leukemia)	Yes	
Injectable Iron Supplements (PG196)	Medical Necessity Criteria for Initial Authorization	1. Iron deficiency anemia (IDA): a. Clarified chronic condition criteria that could contribute to without a clear ferritin/transferritin saturation(TSAT) cut off. b. Subsequently removed ferritin/TSAT cut-off which contradicted preceding criteria (in settings where ferritin/TSATs could be explained/appropriate but not a classic IDA lab definition) 2. Iron deficiency in Heart Failure (HF) a. Removal of hemoglobin, ferritin and TSAT upper limit cut-off to be consistent with guideline-recommended requirements for treatment with injectable iron. b. Allowing for a 90 vs. 30 day lookback window for applicable labs. 3. Restless legs syndrome (RLS)/Willis-Ekbom disease	Yes	11/1/2025

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		a. Addition of TSAT cut-off to follow explicit recommendation to avoid in setting of iron overload.		
Injectable Iron Supplements - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG107)	Exception Criteria	1. Addition of IDA in HF exception specifically for Injectafer (ferric carboxymaltose)	Yes	11/1/2025
Carvykti (ciltacabtagene autoleucel; cilta-cel) (CG067)	Medical Necessity Criteria for Authorization	1. Addition of inflammatory disorders as a flag for non-coverage as per package insert language.	Yes	11/1/2025
Zolgensma (onasemnogene abeparvovec-xioi) (CG061)	Medical Necessity Criteria for Authorization	1. Addition of lab testing: complete blood count and creatinine as included in the package insert 2. Added specific duration of approval (6 months) consistent with other gene therapy policies with similar administration/mechanism.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Lyfgenia (lovotibeglogene autotemcel) (CG114)	Medical Necessity Criteria for Clinical Review	1. Added specific duration of approval (6 months) consistent with other gene therapy policies with similar administration/mechanism.	Yes	11/1/2025
Concomitant use of biologics and tsDMARDs (CG064)	Applicable Billing Codes (HCPCS/CPT Codes)	1. Updated J codes for fedratinib, momelotinib, pacritinib, ruxolitinib, tofacitinib, bimekizumab, mirikizumab, satralizumab, secukinumab, tocalizumab-aazg, ustekinumab and biosimilars, adalimumab and biosimilars, and infliximab,	No	11/1/2025
Viscosupplementation for osteoarthritis (CG054)	Medical Necessity Criteria for Initial Authorization	1. Changed requirement from meeting ALL to ONE for diagnostic criteria as radiological evidence of osteoarthritis (OA) is no longer recommended to confirm a diagnosis if appropriate clinical manifestations are present. 2. Included dietary weight management as part of the non-pharmacological therapy for a trial/failure. This is hard to operationalize and is not clear what type of weight management system will provide an improvement in OA symptoms.	Yes	11/1/2025
Oscar Clinical Guidelines	Clinical Guideline	List of criteria that have completed the annual review process. No clinical changes.	No	11/1/2025

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		1. Hyaluronate and Derivatives - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG094) 2. Filsuvez (birch triterpenes) (PG211)		
Oscar Clinical Guidelines	Clinical Guideline	List of criteria that will be sunset: 1. Rosuvastatin (Crestor) (PG006) 2. Ezetimibe (Zetia) (PG073) 3. Pregabalin immediate-release (P060) 4. Oral Retinoids for Acne (PG123) 5. Acyclovir 5% ointment (Zovirax) (PG099) 6. Viibryd (vilazodone) (PG071) 7. Modafinil (Provigil) (PG035) 8. Antidiabetic Agents - Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors & SGLT2 Antidiabetic Combinations (PG154) 9. Antidiabetic Agents - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & DPP-4 Antidiabetic Combinations (PG155) 10. Desvenlafaxine succinate ER (PG072)	No	7/1/2025