

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

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Tarpeyo (budesonide delayed release capsules) (PG116)	Clinical Indication	1. Removed "rapid" for criteria asking for risk of disease progression.	No	7/1/2026
Autoimmune Conditions Exception Criteria (2026, Ver. 7)	Table 1. Drugs for autoimmune conditions (non-infliximab products)	<ol style="list-style-type: none"> Added Sotyktu (deucravacitinib) as a targeted product for psoriatic arthritis per its label expansion. Added new drug Icotyde (icotrokinra) as a targeted product for plaque psoriasis. Added Cimzia (certolizumab pegol) as a targeted agent for Non-Radiographic Axial Spondyloarthritis. 	Yes	7/1/2026
Autoimmune Conditions Exceptions Criteria For Certain States (PG286)	Table 1. Drugs for autoimmune conditions (non-infliximab products)	1. Revised to state this policy applies to FL, GA, IA, NJ, OH, TN, TX states.	Yes	8/3/2026
(Commercial) Preferred	Medical Preferred Drug	1. pemetrexed (Accord) [J9296] and pemetrexed (Sandoz) [J9297] removed from PDL as	Yes	7/1/2026

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Physician-Administered Specialty Drugs (CG052)	List	<p>preferred as all off market. Pemetrexed ditromethamine (Hospira) [J9323] removed from PDL as non-preferred as off market.</p> <ol style="list-style-type: none"> Added Alimta (pemetrexed; Lilly) [J9305] to preferred from non-preferred. Added Nufymco (ranibizumab-leyk) as a non-preferred product. 		
	Applicable Billing Codes	<ol style="list-style-type: none"> Updated to add Q codes for BILDYOS (denosumab-nxxp) [Q5162], BOSAYA (denosumab-kyqq) [Q5161], AUKELSO (denosumab-kyqq) [Q5161], and BILPREVDA (denosumab-nxxp) [Q5162] 		
Antineoplastics - Pemetrexed Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG105)	Table 1: Pemetrexed Products, Medical Preferred Drug List	<ol style="list-style-type: none"> pemetrexed (Accord) [J9296] and pemetrexed (Sandoz) [J9297] removed from PDL as preferred as all off market. Pemetrexed ditromethamine (Hospira) [J9323] removed from PDL as non-preferred as off market. Added Alimta (pemetrexed; Lilly) [J9305] to preferred from non-preferred. 	Yes	7/1/2026
Vascular Endothelial Growth Factor (VEGF) Inhibitor Ophthalmic Agents - Medical Benefit	Table 1: Vascular Endothelial Growth Factor (VEGF) Inhibitor	<ol style="list-style-type: none"> Added Nufymco (ranibizumab-leyk) as a non-preferred product. For Eylea HD (aflibercept) changed trial and failure to Eylea (aflibercept) OR Pavblu (aflibercept-ayyh) instead of both. 	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Preferred Physician-Administered Drug Exceptions Criteria (CG099)	Ophthalmic Agents (i.e., Retinal Disorders Agents), Medical Preferred Drug List			

New Guidelines

Clinical Guideline	Details	Effective Date
Autoimmune Conditions Specialty Exceptions All Other States (PG287)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines Created a new policy to state it applies to all other states except FL, GA, IA, NJ, OH, TN, TX.	8/3/2026

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Journavx (suzetrigine) Quantity Limit Exceptions Criteria (PG260)	Clinical Indication	<ol style="list-style-type: none"> Added if member plans to undergo surgical procedure the member has 1 risk factor for increased post-operative pain or the member's surgery is a major surgery and the treating provider attests that other pharmacologic pain relief therapies are not appropriate. 	Yes	7/1/2026
Spevigo (spesolimab-sbzo) (CG071)	Clinical Indication	<ol style="list-style-type: none"> Added the member is not using Spevigo (spesolimab-sbzo) concomitantly with any other biologic drug or targeted synthetic drug for the same indication. Clarified pustules are new or worsening on an erythematous base instead of just non-acral skin. 	Yes	10/01/2026
Caplyta (lumateperone) (PG175)	Clinical Indication	<ol style="list-style-type: none"> Added ziprasidone as a trial and failure option for bipolar disorder. Removed "1 month trial" of alternatives for bipolar disorder. Added clozapine (Clozaril) as an option for trial and failure for schizophrenia. Removed "1 month trial" of alternatives for schizophrenia and schizoaffective disorder. INTEGRATE: International Guidelines (2025) state for "early switching" (adjusting medications after if no response). 	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> 3. Removed "8 week trial" of antidepressant for adjunct therapy of major depressive disorder. 4. Removed descriptor of "adequately" for trial and failure of alternatives. 5. Added that Caplyta (lumateperone) dose and frequency is prescribed within FDA approved labeling or compendia. 		
Rexulti (brexpiprazole) (PG074)	Clinical Indication	<ol style="list-style-type: none"> 1. Clarified for Agitation Associated with Dementia due to Alzheimer's Disease to try and fail two non-pharmacological treatments for agitation. 2. Added clozapine (Clozaril) as an option for trial and failure for schizophrenia. Removed "1 month trial" of alternatives for schizophrenia. INTEGRATE: International Guidelines (2025) state for "early switching" (adjusting medications after if no response). 3. Removed "8 week trial" of antidepressant for adjunct therapy of major depressive disorder. 4. Removed descriptor of "adequately" for trial and failure of alternatives. 5. Removed documentation substantiating the above listed requirements. 6. Added that Rexulti (brexpiprazole) dose and frequency is prescribed within FDA approved labeling or compendia. 	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> Added additional supporting rationale for EIU/NMN use of Post Traumatic Stress Disorder (PTSD) citing FDA complete response letter for Rexulti (brexpiprazole) in PTSD in September 2025 citing "insufficient evidence of effectiveness" compared to sertraline alone. 		
asenapine (Saphris) (PG058)	Clinical Indication	<ol style="list-style-type: none"> Removed "1 month trial" of alternatives for bipolar disorder. Added clozapine (Clozaril) as an option for trial and failure for schizophrenia. Removed "1 month trial" of alternatives for schizophrenia and schizoaffective disorder. INTEGRATE: International Guidelines (2025) state for "early switching" (adjusting medications after if no response). Added that asenapine (Saphris) dose and frequency is prescribed within FDA approved labeling or compendia. If the request is for brand Saphris, the member has tried and failed generic asenapine. 	Yes	7/1/2026
Cobenfy (xanomeline and trospium) (PG253)	Clinical Indication	<ol style="list-style-type: none"> Removed "1 month trial" of alternatives for schizophrenia. INTEGRATE: International Guidelines (2025) state for "early switching" (adjusting medications after if no response). 	Yes	7/1/2026

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Lurasidone (Latuda) (PG057)	Clinical Indication	<ol style="list-style-type: none"> 1. Removed “1 month trial” of alternatives for bipolar disorder, schizophrenia, and schizoaffective disorder. 2. Added clozapine (Clozaril) as an option for trial and failure for schizophrenia. 3. Changed from two to one trial and failure of preferred alternatives for bipolar disorder. 4. Removed documentation substantiating the above listed requirements. 5. Removed descriptor of “adequately” for trial and failure of alternatives. 6. If the request is for brand Latuda, the member has tried and failed generic lurasidone. 7. Added that lurasidone (Latuda) dose and frequency is prescribed within FDA approved labeling or compendia. 	Yes	7/1/2026
Amvuttra (vutrisiran) (PG264)	Clinical Indications	<ol style="list-style-type: none"> 1. In general medical necessity added dosing as supported by compendia or evidence-based dosing guidelines. 	Yes	7/1/2026
Lokelma (sodium zirconium cyclosilicate) (PG143)	Medical necessity criteria for initial	<ol style="list-style-type: none"> 1. Removed prescriber specialty in consultation with a nephrologist for hyperkalemia with chronic kidney disease. Kept for unexplained hyperkalemia. 2. Updated diagnostic criteria to only require support for acute hyperkalemia, acute or 	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	authorization	<p>chronic hyperkalemia after trial and failure of first-line loop or thiazide diuretic, or acute or chronic hyperkalemia and Lokelma (sodium zirconium cyclosilicate) is used as adjunct to other therapies for hyperkalemia.</p> <p>3. Added Lokelma (sodium zirconium cyclosilicate) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.</p>		
Quantity Limit Exception Criteria (PG200)	Table 1: Maximum Allowed Dosage and Frequencies for Select Physician Administered Drugs	<ol style="list-style-type: none"> 1. Added "age" to be within FDA approved labeling or compendia. 2. Added biosimilars of denosumab. 3. Removed Ixifi (infliximab-qbtx) as off market. Added Zymfentra infliximab-dyyb (SC). 	Yes	7/1/2026
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. Vykot XR (diazoxide choline) (PG267) 2. Non-Formulary Antiretroviral Products Criteria (PG268) 3. Intravitreal Corticosteroid Injections or Implants (PG271) 	No	10/1/2026

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		4. Tepezza (teprotumumab-trbw) (PG273)		