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Oscar Clinical Guidelines - Pharmacy
2025 Q3 (September) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Injectable Iron Supplements (PG196)	Clinical Indications	1. Revised criteria that for iron deficiency anemia, the member meets hemoglobin and transferrin saturation or has low total iron and evidence of symptomatic iron deficiency. 2. Added Venofer (iron sucrose) for restless leg syndrome for those 17 years and younger, supporting labs and symptoms, and trial and failure of oral iron for 1 month per compendia.	Yes	1/1/2026
Injectable Iron Supplements - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG107)	Exceptions	1. Added exception if the member is requesting a non-preferred product and the member is pregnant and the preferred product with alcohol does not need to be tried. 1. Added exception if the member is in their third trimester of pregnancy and requires Monoferric it can be approved. 2. Added exception if guidelines support the preferential use of the requested product over ALL preferred products.	Yes	1/1/2026
Wegovy (semaglutide) for Cardiovascular	Clinical Indications	1. Added expanded indication for MASH. For initial review asking for prescriber specialty,	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Risk Reduction or Metabolic Dysfunction-Associated Steatohepatitis (MASH) (PG194)		age 18 years and older, diagnosis of noncirrhotic MASH with moderate to advanced liver fibrosis consistent with stages F2 to F3 confirmed by labs, attempted at least 6 months of lifestyle intervention, will be used in conjunction with diet and exercise for weight loss, does not have cirrhosis or decompensated liver disease, not used with other GLP-1 receptor agonists or other therapy indicated for NASH/MASH, and dosed per label. 2. Reauthorization asking for positive response to therapy, weight management through diet and exercise, has not developed cirrhosis or decompensated liver disease, and dosed per label.		
Site-of-Service (Site-of-Care) (Infusion Therapy & Physician-Administered Drugs) (CG046)	Applicable Billing Codes	1. Added CPT/HCPCS codes for denosumab biosimilars and natalizumab biosimilar.	Yes	1/1/2026
Armodafinil (Nuvigil) (PG036)	Medical Necessity Criteria for Initial Authorization	1. Update of initial authorization duration from 12 to 36 months.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity Criteria for Reauthorization:	1. Update of reauthorization duration from 12 to 36 months.	Yes	11/1/2025
Rezdiffra (resmetirom) (PG198)	Medical Necessity Criteria for Initial Authorization	1. Addition of language to avoid concomitant therapy with other therapies for the same FDA-approved indication.	No	1/1/2026

New Guidelines

Clinical Guideline	Details	Effective Date
Step Therapy Exception-REG (PG270)	1. Created in accordance to Illinois: (215 ILCS 134/) Managed Care Reform and Patient Rights Act and New York: State Senate Bill 2023-S1267A regarding step therapy exceptions.	1/1/2026

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Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Anti-migraine Agents: Calcitonin Gene-Related Peptide (CGRP) Antagonists and Serotonin Receptor 5-HT1F Agonists (PG008)	Medical Necessity Criteria for Initial Clinical Review	Migraine prophylaxis: 1. Addition of serotonin-norepinephrine reuptake inhibitors and "other" options (e.g., candesartan, frovatriptan) to possible agents to trial and fail, consistent with guidelines. 2. Change of preferred agent from Qulipta (atogepant) to Nurtec ODT (rimegepant). 3. Reorganization of Migraine prophylaxis to include both adult and pediatric criteria due to lack of FDA approval for most therapies for migraine prophylaxis in pediatrics (only relevant to Ajovy [fremanezumab] which has a new indication for those 6 to 17 years of age) 4. Update for Ajovy (fremanezumab) - new pediatric FDA approval. Migraine Treatment: 1. Change of preferred agent from Ubrelvy (ubrogepant) to Nurtec ODT (rimegepant).	Yes	11/1/2025
	Experimental or Investigational / Not Medically Necessary	1. Addition of Ajovy (fremanezumab) to be used in combination with other agents in pediatrics	No	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Applicable Billing Codes	1. Update to ICD-10 codes	No	11/1/2025
Allergy (Allergen) Immunotherapy (CG059)	Medical Necessity Criteria for Initial Authorization	1. Removal of medication allergy criteria under Accelerated schedules for subcutaneous immunotherapy (SCIT) subsection - language was from prior policies for a general approach to management of medications where a member has an allergy. Does not apply to this policy.	Yes	11/1/2025
	Experimental or Investigational / Not Medically Necessary	1. Rewording of language around other administration techniques for SCIT.	No	11/1/2025
	Applicable Billing Codes	1. Update to ICD-10 codes	No	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
fesoterodine (Toviaz) (PG102)	Medical Necessity Criteria for Initial Authorization	1. Addition of solifenacin (Vesicare) for trial and failure	Yes	11/1/2025
Luxturna (voretigene neparvovec-rzyl) (CG060)	Medical Necessity Criteria for Authorization	1. Update of age requirement consistent with FDA approval for those 12 months of age (from 3 years of age) 2. Visual field change from 30 to 50 degrees of fixation consistent with pivotal trial.	Yes	11/1/2025
Daybue (trofinetide) (PG148)	Medical Necessity Criteria for Initial Authorization	1. Update to Rett syndrome diagnosis consistent with the Rett Syndrome revised diagnostic criteria and nomenclature. 2. Removal of requirements for specific pathogenic variants not consistent with diagnostic requirements.	Yes	1/1/2026
Hemgenix (etranacogene dezaparvovec) (CG075)	Medical Necessity Criteria for Authorization	1. Update of criteria to match pivotal trial inclusion and exclusion criteria regarding history of advanced liver fibrosis.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Vyvanse (lisdexamfetamine) (PG098)	Medical Necessity Criteria for Initial Clinical Review	1. Update of reauthorization duration from 6 to a member's lifetime. 2. Removal of reauthorization criteria	Yes	11/1/2025
Sunosi (solriamfetol) (PG097)	Medical Necessity Criteria for Initial Clinical Review	Narcolepsy 1. Reduction from trial and failure of 2 to trial and failure of 1 stimulant medication prior to use consistent with guideline recommendations. Obstructive Sleep Apnea (OSA) 1. Allowance for inability to use conventional therapy for OSA.	Yes	11/1/2025
Wakix (pitolisant hydrochloride) (PG247)	Medical Necessity Criteria for Initial Authorization	1. Addition of amphetamine-based stimulants to the list of stimulants for trial/failure consistent with guideline recommendations. 2. Addition of dextroamphetamine to list of stimulants to trial/failure for those 6 to 17 years consistent with guideline recommendations.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Spevigo (spesolimab-sbzo) (CG071)	Medical Necessity Criteria for General Clinical Review	1. Reorganization to include criteria just for acute flare versus prevention of another flare. 2. Increase of authorization duration for acute treatment from 1 to 2 weeks.	Yes	11/1/2025
Zortress (everolimus) (PG033)	Medical Necessity Criteria for Clinical Review	1. Reorganization by indication for rejection prophylaxis (kidney transplant, liver transplant, heart transplant, lung transplant). 2. Allowance of either tacrolimus or cyclosporine reduced dose (versus only tacrolimus) in liver transplant rejection prophylaxis based on clinical trial inclusion criteria and clinical guidelines. 3. Allowance of either tacrolimus or cyclosporine reduced dose (versus only cyclosporine) in lung transplant rejection prophylaxis based on clinical trial inclusion criteria and clinical guidelines.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Zynteglo (betibeglogene autotemcel) (CG073)	Medical Necessity Criteria for Authorization	1. Allowance for up to 18 months for authorization duration for the one-time administration.	Yes	11/1/2025
Pancreatic Digestive Enzymes - pancrelipase (Brand Names: Creon; Pancreaze; Pertzye; Viokace; Zenpep) (PG027)	Medical Necessity Criteria for Initial Authorization	1. Additional documented diagnoses for pancreatic insufficiency.	Yes	11/1/2025
Roctavian (valoctocogene roxaparvovec-rvox) (PG163)	Medical Necessity Criteria for Authorization	1. Updated language regarding documentation of provider review for risk of hepatotoxicity-inducing medications, herbals/dietary supplements, and alcohol consumption. 2. Removal of requirement to undergo corticosteroid therapy or immunosuppressive therapy as this is not a necessary component of therapy and not a direct contraindication.	Yes	11/1/2025

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Cibinqo (abrocitinib) (PG111)	Medical Necessity Criteria for Initial Authorization	1. Reduction in trial and failure of topical corticosteroid from two to one, given 365 day lookback period and usual care for atopic dermatitis.	Yes	11/1/2025
icosapent ethyl (Vascepa) (PG125)	Medical Necessity Criteria for Initial Authorization	1. For the indication of reducing cardiovascular risk in those with elevated triglycerides: additional language allowing for concurrent use of maximally tolerated statin consistent with how the drug was initially studied.	No	11/1/2025
Tzield (teplizumab-mzwv) (CG072)	Medical Necessity Criteria for Authorization	1. Addition of an abnormal glucose tolerance finding on an oral glucose tolerance test consistent with the inclusion criteria of the pivotal trial.	Yes	11/1/2025
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Osphena (ospemifene) (PG169) 2. Duaklir (aclidinium/formoterol) (PG107) 3. Alvesco (ciclesonide) (PG105) 4. Kisunla (donanemab-azbt) (PG238) 5. Emverm (mebendazole) (PG001)	No	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		6. Ohtuvayre (ensifentrine) (PG237) 7. Fleqsuvy (baclofen oral suspension) (PG112) 8. Preventive Services Statins Zero Copay Exception-REG (PG159) 9. Infertility Injectable Agents (PG119)		