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Oscar Clinical Guidelines - Pharmacy
2026 Q1 (Feb) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Omisirge (omidubicel-onlv) (PG149)	Clinical Indication	1. Expanded indication for severe aplastic anemia (SAA) asking for prescriber specialty, age, diagnosis of SAA, severity supported by bone marrow lab or neutropenia or transformed to myelodysplastic syndrome (MDS), tried and failed standard immunosuppressive therapy, member is considered high risk or no available identical matching donor, will receive reduced intensity preparative conditioning regimen, intent is to use product to reduce time to neutrophil recovery and incidence of infection, and no known hypersentivity to product, and no prior hematopoietic stem cell transplant (HSCT) unless provider states rationale why another transplant is needed.	Yes	4/1/2026
(Commercial) Preferred Physician-Administered Specialty	Preferred Drug List	1. For 7/1/26 effective date a. Removed Tysabri (natalizumab) as a preferred drug and moved to non-preferred.	Yes	4/1/2026 and 7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Drugs (CG052)		b. Removed Bkemv (eculizumab-aeeb) and Soliris (eculizumab) as a preferred drug and moved to non-preferred. c. Added Uplizna (inebilizumab-cdon) [J1823] as a preferred product for Neonatal Fc Receptor Antagonist class. 2. For 4/1/26 effective date a. Added Exdensur (depemokimab-ulaa) as non-preferred.		
Biologics for Chronic Respiratory and Allergic Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG100)	Preferred Drug List	1. Added Exdensur (depemokimab-ulaa) as non-preferred.	Yes	4/1/2026
Complement Inhibitors - Medical Benefit Preferred Physician-Adminis	Preferred Drug List	1. Removed Bkemv (eculizumab-aeeb) and Soliris (eculizumab) as a preferred drug and moved to non-preferred.	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
tered Drug Exceptions Criteria (CG098)				
Immunomodulating Agents - Biologics for Autoimmune and Inflammatory Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG086)	Clinical Indication	1. Removed antineoplastic from policy name. 2. Added 3 months or other duration per provider clinical rationale for drug transitioning.	Yes	4/1/2026
Vyjuvek (beremagene geperpavec-svdt) (PG147)	Clinical Indication	1. Per label update, removed age as can now be used at birth, updated maximum dosing, and administration. If self-administration, the member or caregiver has been educated on proper administration technique and is capable of self-administration. 2. Removed measurement of baseline wound size and replaced with documentation of at least one cutaneous wound that is clean in appearance with adequate granulation tissue, has excellent vascularization, and does not appear infected.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		3. Updated comprehensive treatment plan to state the member is receiving standard-of-care preventive or treatment therapies for wound care, control of infection, and/or nutritional support as applicable. 4. In continued care removed wound size measurement and instead asking decrease in wound size, increase in granulation tissue, or partial or complete wound closure. 5. Clarified that for continued care the target wound remains open and is clean in appearance with adequate granulation tissue, excellent vascularization, and are not infected or at least one (1) new cutaneous wound that is clean in appearance with adequate granulation tissue, has excellent vascularization, and does not appear infected. 6. Removed no disease progression criteria as it is encompassed in above #5. 7. Updated initial authorization from 3 months to 6 months.		
Furoscix (furosemide) 8mg/1mL Solution for injection [On-Body Infusor] (PG132)	Clinical Indication	1. Allow use in pediatric members that weigh 43 kg or above per expanded indication. 2. If the request is to treat chronic heart failure, member is unable to use or has tried and failed Lasix ONYU (furosemide injection).	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antidiabetic Agents - Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (PG152)	Clinical Indication	1. Added rebranding of Rybelsus as Ozempic Pill.	Yes	4/1/2026
Aripiprazole oral disintegrating tablet, solution (PG173)	Clinical Indication	1. If the request is for Mezofy/Opipza (aripiprazole oral film), the member is unable to use, or has tried and failed aripiprazole tbdp/ODT.	Yes	7/1/2026
Xifaxan (rifaximin) 550 mg Tablets (PG022)	Clinical Indication	1. For the treatment of Irritable Bowel Syndrome with diarrhea removal of trial and failure of alternative drugs.	Yes	3/2/2026
Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors (PG068	Medical Necessity Criteria for Initial Clinical Review	1. Updated to include indication for reducing the risk of cardiovascular events in those at high risk for Praluent and Repatha Including: high risk for a major cardiovascular event, at least one of the following: atherosclerotic cerebrovascular disease, coronary artery disease, peripheral arterial disease, high-risk diabetes mellitus, no history of prior myocardial infarction or stroke, use is for primary prevention of cardiovascular events, and LDL is 55 mg/dl or greater plus a failure of 2 high-intensity statins with ezetimibe OR intolerance to statins.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Anti-migraine Agents: Calcitonin Gene-Related Peptide (CGRP) Antagonists and Serotonin Receptor 5-HT1F Agonists (PG008)	Coverage criteria	1. Allowance for concomitant use with botulinum toxin (Botox) for migraine prevention given the member has previously experienced a positive response with botulinum toxins and the member continues to experience migraine days thus requiring additional therapy for prevention. 2. Allowance of continuation of therapy with botulinum toxin (Botox) given the member has had further reduction in migraine days or severity compared to Botox or CGRP antagonist alone.	Yes	4/1/2026

New Guidelines

Clinical Guideline	Details	Effective Date
Zevaskyn (prademagene zamikeracel) (PG277)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	7/1/2026
Lasix ONYU (furosemide injection) (PG282)		4/1/2026
Lybalvi (olanzapine/samidorphan) (PG283)		7/1/2026
Revuforj (revumenib) (PG284)		7/1/2026

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Insulin Delivery Systems and Continuous Glucose Monitoring (CG029)	General Medical Necessity Criteria	1. Removal of A1c requirement	Yes	4/1/2026
	Medical Necessity Criteria for Initial Clinical Review	External Insulin Pump Delivery Systems Criteria 1. Removal of requirement for diagnosis of diabetes as it is included in the general medical necessity criteria. 2. Removal of requirement for comprehensive diabetes education program. 3. Change from requirement of 3+ insulin injections to "multiple" (2+) insulin injections daily consistent with 2026 ADA Standards of Care (SOC) guidelines. 4. Removal of requirement for caregivering/member training and motivation for blood glucose monitoring/using a continuous glucose monitor (CGM). Professional Diagnostic or Short-Term Continuous Glucose Monitoring Systems and its components 1. Addition of newly diagnosed gestational diabetes as an indication for short-term use Long-Term Continuous Glucose Monitoring Systems and its components	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		1. Addition of medications that increase the risk of hypoglycemia (e.g., insulin, sulfonylureas) as an indication for long-term CGM use as per 2026 ADA SOC guideline. 2. Added age requirement (adult) for Senseonics Eversense 365 system.		
Tzield (teplizumab-mzwv) (CG072)	Medical Necessity Criteria for Initial Clinical Review	1. Removal of requirement for negative pregnancy test for female of reproductive potential	Yes	4/1/2026
Lantidra (donislecel-jujn) (PG167)	Medical Necessity Criteria for Subsequent Clinical Review	1. Addition of no severe hypoglycemic events as evidence of response to prior infusion consistent with outcome of pivotal trial.	Yes	4/1/2026
Briumvi (ublituximab) (PG134)	Medical Necessity Criteria for Initial Clinical Review	1. Increased trial and failure requirement to be consistent with Lemtrada - from one to TWO (Tysabri and one additional oral moderate efficacy therapy). 2. Added teriflunomide to list of ONE moderate efficacy therapies as options for trial and failure.	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Ocrelizumab (Ocrevus, Ocrevus Zunovo) (PG235)	Medical Necessity Criteria for Initial Clinical Review	1. Added teriflunomide to list of ONE moderate efficacy therapies as options for trial and failure.	Yes	4/1/2026
Lidocaine topical system (PG124)	Medical Necessity Criteria for Initial Clinical Review	1. Addition of Bondlido (lidocaine 10% topical system) for the indication of postherpetic neuralgia; requires trial and failure of lidocaine 5% transdermal patch.	Yes	4/1/2026
Botulinum Toxin (CG033)	Medical Necessity Criteria for Initial Clinical Review	1. Botox - Combined and aligned indication of blepharospasm and hemifacial spasms for Botox, consistent with other botulinum toxin therapies with these indications. 2. Chronic anal fissures indication and Botox to match diagnosis including anal bleeding instead of nocturnal pain and bleeding; removed criteria for no evidence of hemorrhoids, HIV, perianal abscess and perianal cancers as these are not contraindications. 3. Chronic migraines and Botox/Dysport - Allowance for concomitant use with CGRP antagonist for migraine prevention given the member has previously experienced a positive response with botulinum toxins or CGRP antagonist (whichever came first) and the member continues to experience migraine	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		days thus requiring additional therapy for prevention. Aligned diagnostic criteria with CGRP antagonist policy. 4. Oromandibular dystonia and Botox - removal of bilateral from requirement as unilateral involuntary muscle spasms/contractions are sufficient to require intervention. 5. Overactive bladder and Botox - reduced trial and failure of anticholinergic/beta-3 agonist products from three to two. 6. Sialorrhea and Botox/Dysport/Myobloc/Xeomin - added atropine solution and methoscopolamine for potential trial and failure; added diminished quality of life as alternative to complications due to sialorrhea and removal of topical treatment failure as this is already required in the criteria. 7. Spasticity in upper/lower extremity and Botox/Dysport - removal of trial and failure of non-surgical approaches as prior criteria requires that surgical intervention is the only other alternative option. 8. Upper extremity focal dystonia (e.g. writer's cramp) and Botox/Dysport - added language that conservative therapy (e.g., levodopa) is		

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		only required in select individuals based on risk factors/age of onset per guidelines. 9. Strabismus and Botox - removed criteria for no evidence of Duane's syndrome given there is data to support the safety and efficacy in this indication. 10. Urinary incontinence due to detrusor overactivity and Botox - removal of balloon sphincter dilation or surgical treatment prior to Botox as not in line with guideline recommendations; updated trial and failure to allow for pediatric-specific cases (6+ years).		
	Medical Necessity Criteria for Subsequent Clinical Review	1. Aligned with CGRP antagonist policy for continuation of care; allowance of continuation of therapy with CGRP antagonists given the member has had further reduction in migraine days or severity compared to Botox or CGRP antagonist alone.	Yes	4/1/2026
Natalizumab and Natalizumab Biosimilars (Tysabri, Tyruko) (PG195)	Medical Necessity Criteria for Initial Clinical Review	1. Added teriflunomide to list of ONE moderate efficacy therapies as options for trial and failure.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Lemtrada (Alemtuzumab) (PG226)	Medical Necessity Criteria for Initial Clinical Review	1. Added teriflunomide to list of ONE moderate efficacy therapies as options for trial and failure.	Yes	
Kesimpta (ofatumumab) (PG225)	Medical Necessity Criteria for Initial Clinical Review	1. Increased trial and failure requirement to be consistent with Lemtrada - from one to TWO (Tysabri and one additional oral moderate efficacy therapy). 2. Added teriflunomide to list of ONE moderate efficacy therapies as options for trial and failure.	Yes	7/1/2026
Zeposia (ozanimod) (PG234)	Medical Necessity Criteria for Initial Clinical Review	1. Removal of step therapy for ulcerative colitis indication.	Yes	4/1/2026
	Medical Necessity Criteria for Subsequent Clinical Review	1. Update to objective markers and symptoms markers of improvement based on clinical trial outcomes.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Approved and Accepted Off-label Medical Necessity Criteria for Products, Drugs and Biologicals (PG136)	Medical Necessity Criteria for Initial Clinical Review	1. Additional documentation of failure of three FDA-approved or cleared products considered standard of care (if available).	Yes	7/1/2026
Soliris (eculizumab) and Biosimilars (PG188)	Medical Necessity Criteria for Clinical Review	1. Addition of Biosimilars Bkemv and Epysqli. 2. Removal of not allowing concomitant immunomodulatory biologics - this was added individually to each indication. Atypical hemolytic uremic syndrome (aHUS) 1. Added not to be used in combination with another complement inhibitor. Generalized myasthenia gravis (gMG) 1. Added not to be used in combination with another complement inhibitor. Neuromyelitis Optica Spectrum Disorder (NMOSD) 1. Added not be used in combination with another biologic for NMOSD Paroxysmal Nocturnal Hemoglobinuria (PNH) 1. Added documentation options for proof of PNH including lactate dehydrogenase, renal	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		dysfunction, pulmonary hypertension, or dysphagia. 2. Added not to be used in combination with another complement inhibitor.		
	Medical Necessity Criteria for Subsequent Clinical Review	Atypical hemolytic uremic syndrome (aHUS) 1. Added not to be used in combination with another complement inhibitor Generalized Myasthenia Gravis 1. Added measures of positive clinical response including the myasthenia gravis (MG) manual muscle test (MMT) and MG composite consistent with clinical trial outcomes 2. Added not to be used in combination with another complement inhibitor. Neuromyelitis Optica Spectrum Disorder 1. Added measures of positive clinical response including: improvement or stabilization of neurological symptoms, reduced hospitalizations, and reduction/discontinuation in plasma exchange treatment 2. Added not to be used in combination with other biologics for NMOSD Paroxysmal Nocturnal Hemoglobinuria (PNH)	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		1. Added improvement in addition to stabilization of hemoglobin level as positive clinical response. 2. Added not be used in combination with another complement inhibitor.		
Ultomiris (ravulizumab-cwvz) (PG189)	Medical Necessity Criteria for Clinical Review	1. Removal of not allowing concomitant immunomodulatory biologics from general medical necessity criteria - this was added individually to each indication. 2. Removal of criteria for those previously receiving Soliris Atypical hemolytic uremic syndrome (aHUS) 1. Added not to be used in combination with another complement inhibitor. Generalized myasthenia gravis (gMG) 1. Added not to be used in combination with another complement inhibitor. Neuromyelitis Optica Spectrum Disorder (NMOSD) 1. Added not be used in combination with another biologic for NMOSD Paroxysmal Nocturnal Hemoglobinuria (PNH) 1. Added documentation options for proof of PNH including lactate dehydrogenase, renal	Yes	7/1/2026

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		dysfunction, pulmonary hypertension, or dysphagia. 2. Added not to be used in combination with another complement inhibitor.		
	Medical Necessity Criteria for Subsequent Clinical Review	Atypical hemolytic uremic syndrome (aHUS) 1. Added not to be used in combination with another complement inhibitor. Generalized Myasthenia Gravis 1. Added measures of positive clinical response including the myasthenia gravis (MG) manual muscle test (MMT) and MG composite consistent with clinical trial outcomes 2. Added not to be used in combination with another complement inhibitor. Neuromyelitis Optica Spectrum Disorder 1. Added measures of positive clinical response including: improvement or stabilization of neurological symptoms, reduced hospitalizations, and reduction/discontinuation in plasma exchange treatment 2. Added not to be used in combination with other biologics for NMOSD Paroxysmal Nocturnal Hemoglobinuria (PNH)	Yes	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		1. Added improvement in addition to stabilization of hemoglobin level as positive clinical response. 2. Added not be used in combination with another complement inhibitor.		
Tarpeyo (budesonide delayed release capsules) (PG116)	Medical Necessity Criteria for Clinical Review	1. Updated proteinuria definition from 1 gm/day to 0.5 gm/day threshold consistent with 2025 KDIGO guidelines for initiation of therapy in those with immunoglobulin A (IgA) nephropathy.	Yes	4/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. fingolimod (Gilenya, Tascenso ODT) (PG224) 2. Glatiramer Acetate (Copaxone, Glatopa) (PG221) 3. Teriflunomide (Aubagio) (PG232) 4. Dalfampridine (Ampyra) (PG217) 5. Ponvory (ponesimod) (PG230) 6. Mavenclad (cladribine) (PG227) 7. Mayzent (siponimod) (PG228) 8. Avonex (interferon beta-1a) (PG218) 9. Rebif (interferon beta-1a) (PG231)	No	7/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		10. Betaseron (interferon beta-1b) (PG220) 11. Plegridy (peginterferon beta-1a) (PG229) 12. Vumerity (diroximel fumarate) (PG233) 13. Dimethyl Fumarate (Tecfidera) (PG222,) 14. Bafiertam (monomethyl fumarate) (PG219) 15. Tezspire (tezepelumab) (PG118)		
Oscar Clinical Guidelines	Clinical Indication	List of criteria that will be sunset 1. Extavia (interferon beta-1b) (PG223)	No	7/1/2026