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Oscar Clinical Guidelines - Pharmacy
2026 Q3 (August) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antidiabetic Agent - SymlinPen (pramlintide acetate) (PG156, Ver. 5)	Clinical Indication	1. Sunsetting policy as product off market.	Yes	9/1/2027
Yescarta (axicabtagene ciloleucel) (CG063, Ver. 10)	Clinical Indication	1. For adult b-cell lymphoma added "or that relapses within 12 months of first-line chemoimmunotherapy". 2. Added coverage for primary central nervous system (CNS) lymphoma per NCCN Central Nervous System Cancers v2.2026 updated on June 10, 2026. Asking for adult, diagnosis of primary CNS lymphoma, being used as a single agent for relapsed or refractory disease, and the member meets one of the following: 1) Received prior whole brain radiation therapy (WBRT), 2) Received a prior high-dose methotrexate-based regimen without prior radiation therapy (RT), 3) In combination with whole brain RT or involved field RT in patients who received a prior high-dose methotrexate-based regimen without prior RT after no response or short response duration (<12 months) to prior regimen, or 4) Received	Yes	10/1/2026

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		prior high-dose systemic therapy with stem cell rescue (recommendation 2A). If approved, the requested product will be authorized for 1 dose per lifetime, with an approval duration of 6-months. 3. Removed primary CNS lymphoma from experimental, investigational, or unproven section per NCCN above and label update removing the previous Limitations of Use in patients with relapsed or refractory (R/R) primary central nervous system lymphoma (PCNSL). The FDA's decision was based on results from a phase 1 investigator-sponsored safety study conducted by the Dana-Farber Cancer Institute that included patients with relapsed or refractory PCNSL. 4. Updated applicable billing codes for primary CNS lymphoma.		

New Guidelines

Clinical Guideline	Details	Effective Date
N/A		

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Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Alvesco (ciclesonide) (PG105, Ver. 7)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Removed 30 day requirement for preferred alternatives. 3. Removed "clinical chart documentation" standalone criteria as it is duplicative and already in the relevant criteria. 4. In continued care, removed adherence criteria as reauthorization criteria already asks for positive response evidenced by clinical improvement or disease stability.	Yes	1/4/2027
Duaklir (aclidinium/formoterol) (PG107, Ver. 7)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Removed 30 day requirement for preferred alternatives. 3. Removed "clinical chart documentation" standalone criteria as it is duplicative and already in the relevant criteria. 4. In continued care, removed adherence criteria as reauthorization criteria already asks for positive response evidenced by clinical improvement or disease stability.	Yes	1/4/2027

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Vesicular Monoamine Transporter Type 2 (VMAT2) Inhibitors (PG144, Ver. 4)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. Added the plan's quantity limit as aligned with the formulary file. 2. In continued care, removed the word "meaningful" as subjective and added examples for clinical improvements.	Yes	1/4/2027
Daybue (trofinetide) (PG148, Ver. 4)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Added no evidence of severe renal impairment per package labeling stating use is not recommended in this population. 3. Extended initial authorization from 12 weeks to 6 months as the consensus guidelines on managing Rett syndrome across the lifespan (2020) recommend monitoring of the disease state every 6 months.	Yes	1/4/2027
Xdemvy (lotilaner) (PG161, Ver. 4)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. The requested medication is being used within the Plan's Quantity Limit of: 1 bottle every 6 weeks to align with the formulary file.	Yes	1/4/2027

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Osphena (ospemifene) (PG169, Ver. 4)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. The requested medication is being used within the Plan's Quantity Limit of: 30 tablets per 30 days to align with the formulary file. 2. Extended initial authorization from 12 weeks to 6 months as Osphena (ospemifene) is supported for use by the Genitourinary Syndrome of Menopause: AUA/SUFU/AUGS Guideline (2025).	Yes	1/4/2027
Briviact (brivaracetam) Tablet, Solution (PG172, Ver. 5)	Clinical Indication	1. If the request is for brand Briviact, the member is unable to use, or has tried and failed the corresponding generic brivaracetam from one manufacturer, when available. 2. If the request is for Briviact (brivaracetam) injection for intravenous (IV) use, documentation indicating oral Briviact (brivaracetam) administration is not feasible (e.g., esophageal condition or intraoral infection, recent oral or neck surgery, reliance on gastrostomy tube, status epilepticus, myasthenia gravis, or other neuromuscular condition).	Yes	1/4/2027

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		3. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. The requested medication is being used within the Plan's Quantity Limit of: Briviact (brivaracetam) tablets: 60 tablets every 30 days; or Briviact (brivaracetam) oral solution: 600 mL every 30 days. 4. Updated authorization duration to 12 months for Briviact (brivaracetam) injection for IV. Tablet and oral solution remain a lifetime. 5. Added dosage formulations in Appendix A for antiepileptic drugs.		
	Applicable Billing Codes	1. Added CPT/HCPCS code and ICD-10 codes for Briviact (brivaracetam) 50 mg/5 mL injection, solution.		
Aptiom (eslicarbazepine acetate) (PG174, Ver. 4)	Clinical Indication	1. If the request is for brand Aptiom, the member is unable to use, or has tried and failed generic eslicarbazepine acetate from one manufacturer. 2. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. The requested medication is being used within the Plan's Quantity Limit of: 60 tablets every 30 days.	Yes	1/4/2027

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		3. Added labeled age and dosage formulations in Appendix A for antiepileptic drugs.		
	Experimental /or Investigational, or unproven	1. Added Aptiom (eslicarbazepine acetate) should not be taken as an adjunctive therapy with oxcarbazepine as noted in the package insert due to their overlapping pharmacology and safety risks.		
Fycompa (perampanel) (PG176, Ver. 4)	Clinical Indication	1. Added if the request is for brand Fycompa, the member is unable to use, or has tried and failed the corresponding generic perampanel from one manufacturer. 2. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. The requested medication is being used within the Plan's Quantity Limit of: Fycompa (perampanel) tablets 2 mg, 4 mg, 6 mg: 60 tablets every 30 days; or Fycompa (perampanel) tablets 8 mg, 10 mg, 12 mg: 30 tablets every 30 days; or Fycompa (perampanel) oral suspension: 720 mL every 30 days. 3. For Lennox-Gastaut Syndrome, added valproate sodium as an alternative as it is a first-line therapy for LGS per guidelines. 4. Added labeled age and dosage formulations in Appendix A for antiepileptic drugs.	Yes	1/4/2027

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
albendazole (Albenza) (PG101, Ver. 7)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Added if the request is for brand Albenza, the member is unable to use, or has tried and failed generic albendazole from one manufacturer. 3. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria. 4. In initial authorization duration added prior authorization may be extended based on the documentation provided, current treatment guidelines, and individual member needs.	Yes	1/4/2027
Entecavir (Baraclude) (PG085, Ver. 8)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. Added the plan’s quantity limit as aligned with the formulary file. 2. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria. 3. IF the request is for brand Baraclude, the member is unable to use, or has tried and failed the corresponding generic entecavir from two manufacturers.	Yes	1/4/2027

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		4. For reauthorization changed to indication-specific and broader criteria. For Chronic Hepatitis B Virus (HBV) Infection one of the following: decrease or normalization of serum aminotransferases (ALT or AST) levels, or loss or reduction of HBeAg or HBsAg, or minimal histologic evidence of liver injury, or reduction, suppression, or undetectable levels of serum HBV DNA levels. For Hepatitis B Virus (HBV) Reactivation Prophylaxis, no evidence of hepatitis B reactivation. For Hepatitis B Virus (HBV) Reinfection Prophylaxis Post Liver Transplant, no evidence of hepatitis b virus reinfection. 5. Added TKI therapy in Appendix A for high risk in HBsAG positive per 2025 AGA Clinical Practice Guideline on the Prevention and Treatment of Hepatitis B Virus Reactivation in At-Risk Individuals.		
adefovir dipivoxil (Hepsera) (PG081, Ver. 8)	Clinical Indication	1. Adefovir (Hepsera) 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.	Yes	1/4/2027

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		2. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria. 3. In reauthorization added loss or reduction of HBeAg or HBsAg as another option for positive response to therapy.		
Luxturna (voretigene neparvovec-rzyl) (CG060, Ver. 8)	Clinical Indication	1. Changed remaining visual field within 30 (from 50) degrees of fixation as measured by a III4e isopter or equivalent to align with clinical trial.	Yes	1/4/2027
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Preventive Services Statins Zero Copay Exception-REG (PG159, Ver. 4)	No	1/4/2027