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Oscar Clinical Guidelines - Pharmacy
2025 Q4 (November) P&T Summary of Changes

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Benzodiazepines for Acute Repetitive Seizures or Seizure Clusters (PG254)	Clinical Indications	1. Policy revised to allow for coverage of suspected epilepsy or seizures in initial authorization. Moved that member will be or is currently on antiepileptic maintenance therapy to reauthorization and added that member has a diagnosis of epilepsy or seizures. For suspected epilepsy authorization duration of 3 months.	Yes	1/1/2026
Cibinqo (abrocitinib) (PG111)	Clinical Indications	1. Policy revised to clarify trial and failure of Eucrisa (crisaborole) and removed mention of topical corticosteroid in relation to Eurisa (crisaborole).	Yes	1/1/2026
(Commercial) Preferred Physician-Administered Specialty Drugs (CG052)	Medical Preferred Drug List	1. Added Vabrinty (leuprolide acetate) [J9217] as non-preferred (NP) 2. Moved Epysqli (eculizumab-aagh) [Q5151] to preferred from NP 3. Added a new class docetaxel in which docetaxel (generic of Taxoetere) [J9171] is preferred. Docivyx (docetaxel) [J9172] and	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Beizray (docetaxel) [J9174] are NP. Exceptions criteria to use CG052. 4. Added new class Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) in which Adstiladrin (nadofaragene firadenovec-vncg) [J9029] is preferred and Anktiva (nogapendekin alfa inbakicept-pmln) [J9028] is non-preferred. 5. Codes a. Updated codes i. Bendamustine HCl (Apotex, Baxter) [J9036 from J9058] ii. Boruzu (bortezomib; Amneal/Shilpa) [J9054 from not otherwise classified (NOC)] b. Removed inactive J codes/drugs off market i. Bortezomib (Dr. Reddy's) [J9046] ii. Bortezomib (Fresenius Kabi) [J9048] iii. fulvestrant (Teva/Actavis 505(b)(2)) [J9393] c. Added codes for the new adds above		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		(docetaxel, Vabrinity, Adstiladrin, and Anktiva)		
Casgevy (exagamglogene autotemcel) (CG113)	Clinical Indications	1. For sickle cell disease, revised to allow for additional genotypes on a case-by-case basis, removed Karnofsky performance status, removed history of stroke as an exclusion criteria, and removed maximum dose limit to align with package insert.	Yes	12/1/2025
Antineoplastic and Immunomodulating Agents - Biologics for Autoimmune and Inflammatory Conditions - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG086)	Clinical Indications	1. For Entyvio (vedolizumab) IV if the request is for Crohn's disease (CD) or ulcerative colitis (UC), the member is unable to use, or has tried and failed an ustekinumab IV. 2. Of note, taken to a previous (August 2025) P&T for Skyrizi (risankizumab-rzaa) IV or Tremfya (guselkumab) IV if the request is for Crohn's disease (CD) or ulcerative colitis (UC), the member is unable to use, or has tried and failed an ustekinumab IV criteria moved to here (effective 1/1/2026).	Yes	4/1/2025
Hemangeol	Clinical Indications	Removed documentation for safety criteria and	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
(propranolol hydrochloride oral solution) (PG135)		updated to “no evidence of”. Extended use into 2 years (24 months) of age.		
Ycanth (cantharidin) (PG162)	Medical Necessity Criteria for initial authorization	1. Removal of trial and failure of podofilox 0.5% topical solution. 2. Removal of documentation requirement for a diagnosis that they do not have uncomplicated, mild, molloscum contagiosum amenable to expectant observation in those who are immunocompetent.	Yes	1/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of criteria that will be sunset and using SGM: 1. Skyrizi (risankizumab) (PG266) 2. Tremfya (guselkumab) (PG250)	Yes	1/1/2026

New Guidelines

Clinical Guideline	Details	Effective Date
Intravitreal Corticosteroid Injections or Implants (PG271)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	4/1/2026
Tepezza (teprotumumab-trbw) (PG273)		

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Entecavir (Baraclude) (PG085)	Medical Necessity Criteria for Initial Authorization	1. Removal of specialist prescriber requirement for chronic hepatitis B virus infection (HBV). 2. Updated specialist prescriber for HBV reactivation prophylaxis to include those with experiencing managing this indication. 3. Added language consistent with American Gastroenterology Association (AGA) regarding risk stratification for when entecavir would be appropriate.	Yes	1/1/2026
	Appendix	1. Added an appendix to highlight risk stratification in the setting of Hepatitis B reactivation prophylaxis management per the AGA guidelines.	No	1/1/2026
Ilaris (canakinumab) (PG185)	Medical Necessity Criteria for Initial Clinical Review	1. Defined "fever" under Systemic Juvenile Idiopathic arthritis per guidelines as daily or quotidian for at least 3 days.	No	4/1/2026
lurasidone (Latuda) (PG057)	Medical Necessity Criteria for Initial Authorization	1. Removal of clinical documentation requirements (with specifications inconsistent with current guidelines) for postpartum psychosis. This is consistent with other policies we have for this clinical indication. 2. Increase authorization from 12 months to a	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		lifetime, subsequent removal of re-authorization criteria.		
Cobenfy (xanomeline and trospium) (PG253)	Medical Necessity Criteria for Initial Authorization	1. Increased trial/failure from one to two agents 2. Removed requirement to have documentation of inability to use ALL other formulary antipsychotics and documentation of significant metabolic complications or severe extrapyramidal (e.g., tardive dyskinesia) symptoms. 3. Added Clozapine to list of potential antipsychotics to trial (second generation antipsychotic with same indication as Cobenfy). 4. Removed known hypersensitivity and moderate to severe renal impairment as a indication to deny; moderate-to-severe renal impairment not a direct contraindication. 5. Removed maximum duration of cross-titration when switching from another antipsychotics (30 days) as this is not always clinically feasible. 6. Updated duration of authorization from 12 months to a lifetime.	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Weight Loss Agents (PG070)	Medical Necessity Criteria for Initial Authorization	1. Removed off-market product, organized all branded agents under the generic name to reduce redundancy. 2. Update to definition of weight-related comorbid definitions per guidelines. 3. Qsymia (phentermine /topiramate) initial authorization updated to 6 months (from 12 weeks) consistent with dosing from package insert/labeling, guidelines (AACE 2025, AGA 2022,) which classify it as long-term/chronic weight management medication, and 5% weight loss consistent with findings from 6 months (vs. 12 weeks) of therapy.	Yes	1/1/2026
	Medical Necessity Criteria for reauthorization	1. Updated lookback for documentation from 1 months to 3 months.	Yes	1/1/2026
Savella (milnacipran) (PG062)	Medical Necessity Criteria for Initial Authorization	1. Reduced trial/failure from three to two agents. 2. Added major depressive disorder (MDD) as a clinical indication. Criteria requires members to be 18 and older, documentation of	Yes	1/1/26

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		diagnosis of MDD, and trial and failure of 2 therapies.		
	Medical necessity criteria for subsequent clinical review	1. Reauthorization criteria added for new MDD indication; requires documentation of clinical improvement or stability in condition.	Yes	1/1/26
	Experimental or investigational/ Not Medically Necessary	1. Removal of major depressive disorder (off-label dosing available on major compendia)	Yes	1/1/26
Febuxostat (Uloric) (PG066)	Medical Necessity Criteria for Initial Clinical Review	1. Lowered threshold for allopurinol failure from 600-800 mg to at least 300 mg (dependent on renal function). This is consistent with dosing of allopurinol in studied against Febuxostat and consistent with recommended dosing and guidelines. 2. Added to see the table in appendix re: contraindications/rationale for inability to use allopurinol.	Yes	1/1/2026
	Appendix A	1. Added table 1 with contraindication and precautions for use of allopurinol. This includes a note on HLA-B*58:01 allele which	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		notes those with this genetic marker are at a significantly higher risk of severe reactions to allopurinol. Guidelines recommend against the use of allopurinol in these individuals.		
Rexulti (brexpiprazole) (PG074)	Medical Necessity Criteria for Initial Clinical Review	1. Added non-pharmacological therapies to trial/fail (group therapy, music therapy, redirecting) consistent with guidelines for agitation associated with dementia due to Alzheimer's disease. 2. Removal of clinical documentation requirements (with specifications inconsistent with current guidelines) for postpartum psychosis. This is consistent with other policies we have for this clinical indication. 3. Schizophrenia - additional antipsychotics added (asenapine, lurasidone, paliperidone). 4. Increase authorization from 12 months (6 months in agitation due to dementia) to a lifetime, subsequent removal of re-authorization criteria.	Yes	1/1/26
Adefovir Dipivoxil (Hepsera) (PG081)	Medical Necessity Criteria for Initial Authorization	1. Requirement of documented diagnosis of chronic HBV made consistent with entecavir (Baraclude) and Vemlidy (tenofovir alafenamide) policies.	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Medical Necessity Criteria for Reauthorization	1. Additional criteria added for indication of positive response to Adefovir dipivoxil consistent with language in entecavir (Baraclude) and Vemlidy (tenofovir alafenamide) policies for HBV.	Yes	1/1/2026
Urea Cycle Disorder (UCD) Treatment Agents (PG187)	Medical Necessity Criteria for Initial Authorization	1. Update from package insert - Olpruva (sodium phenylbutryrate) approved in those 7 kg or great (was previously 20 kg) 2. Removal of additional criteria for those diagnosed with partial Urea Cycle Disorder (UCD) deficiencies as guidelines do not designate a difference in management; additional Buphenyl is approved for this indication. 3. Added generic glycerol phenylbutyrate as one of three products to try and fail. 4. Added Branded Ravicti as an exception to trial and failure instead needs to try and fail two generic manufacturers of glycerol phenylbutyrate.	Yes	1/1/26
Antidiabetic Agents - Soliqua, Xultophy (PG153)	Medical Necessity Criteria for Initial Authorization	1. Removed specific requirement regarding supporting lab documentation for type 2 diabetes (only need a documented diagnosis of type 2 diabetes) 2. Added language that a GLP1 cannot be used concomitantly with another GLP1, dual	Yes	4/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		GLP1/Glucose-dependent insulinotropic polypeptide (GIP), DPP-4 inhibitor, or DPP-4 antidiabetic combination. 3. Updated duration of approval from 12 to 24 months		
	Medical Necessity Criteria for Reauthorization	1. Updated reauthorization duration from 12 to 24 months 2. Added language that a GLP1 cannot be used concomitantly with another GLP1, dual GLP1/Glucose-dependent insulinotropic polypeptide (GIP), DPP-4 inhibitor, or DPP-4 antidiabetic combination.	Yes	4/1/2026
Diabetes Equipment and Supplies (CG028)	Medical Necessity Criteria for Authorization	1. Updated diagnostic criteria to be consistent with ADA guidelines and the Plan's additional diabetes-related policies.	Yes	1/1/2026
	Applicable Billing codes (CPT/HCPCS/ICD-10 codes)	1. Updated HCPCS and ICD-10 codes	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Opioids (PG018)	Medical Necessity Criteria for Initial Authorization	Immediate acting opioid analgesics 1. Updated duration from 3 to 5 days for member 19 years and younger consistent with American Academy of Pediatrics 2024 guidelines. 2. Added skeletal muscle relaxants as a pharmacological therapy to trial/fail as per American College of Physicians recommendation for chronic low back pain. 3. Updated language to clarify that recent urine drug (UDS) screen should be prior to initiation. Guidelines support UDS prior to initiation of opioids for chronic pain, then at least annually thereafter based on risk stratification. Extended release opioid analgesics 4. Updated language to clarify that recent urine drug (UDS) screen should be prior to initiation IF the management is for chronic pain. Guidelines support UDS prior to initiation of opioids for chronic pain, then at least annually thereafter based on risk stratification.	Yes	1/1/2026
	Medical Necessity Criteria for Reauthorization	1. Updated language to clarify that recent urine drug (UDS) screen should be prior to initiation IF the management is for chronic pain. Guidelines support UDS prior to initiation of	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		opioids for chronic pain, then at least annually thereafter based on risk stratification.		
Verquvo (vericiguat) (PG091)	Medical Necessity Criteria for Initial Authorization	1. Updated criteria for defining postmenopausal to exclude age requirement - this is consistent with ACOG guideline definition.	No	1/1/2026
	Medical Necessity Criteria for Reauthorization	1. Added stability of disease as a positive clinical response.	Yes	1/1/2026
NexoBrid (anacaulase-bcdb) (CG112)	Medical Necessity Criteria for Initial Authorization	1. Removed age requirement consistent with updated package insert	Yes	1/1/2026
Lazcluze (lazertinib) (PG251)	Medical Necessity Criteria for Initial Authorization	1. Updated diagnostic criteria to include treatment consistent with NCCN category 1, 2A or 2B recommendations for EGFR-mutated Non-small cell lung cancer. Removed specific diagnosis (where language may change slightly between each NCCN guideline update) and added a table in the appendix with the most recent guideline recommendations and associated recommendation categories which more inclusively covered all diagnoses.	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Orladeyo (berotralstat) (PG090)	Medical Necessity Criteria for Initial Authorization	1. Updated to include new genetic mutations associated with Hereditary angioedema (HAE) - consistent with several updated clinical guidelines and pivotal trial.	Yes	4/1/2026
	Medical Necessity Criteria for Reauthorization	1. Allowing for a significant reduction in frequency of attacks, which could include a >/=50% reduction from baseline. 2. Changed reduction in severity, duration or need for rescue meds to just reduction in rescue medications. Consistent with other HAE policies.	Yes	4/1/2026
albendazole (Albenza) (PG101)		1. Removed requirement for trial and failure of pyrantel pamoate for hookworm and Oesphagostomiasis diagnosis given data supporting albendazole should be first line and is more effective than pyrantel pamoate for those diagnosis. 2. Updated requirement for giardiasis step therapy for pediatrics - only need to trial and failure one product given only one agent is appropriate for those 0-1, 1-3, and 4-18.	Yes	1/1/2026
Omisirge (omidubicel-onlv) (PG149)	Medical Necessity Criteria for Initial Authorization	1. Removal of requirement for no history of severe infusion related reaction, graft-versus-host-disease, engraftment syndrome or graft failure as these are not contraindications	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Skysona (elivaldogene autotemcel) (CG074)	Medical Necessity Criteria for Initial Clinical review	1. Updated definition of renal impairment per package insert to </= 50 ml/min (versus </=70 ml/min)	Yes	1/1/2026
Imcivree (setmelanotide) (PG088)	Medical Necessity Criteria for Initial authorization	1. Added prescriber speciality. 2. Updated age requirement from 6+ to 2+ years as per the most recent package insert update, for all indications. 3. Removal of requirement for no evidence of severe renal impairment in those 6 to 12 - has been removed from the most recent package insert update.	Yes	1/1/2026
	Medical Necessity Criteria for Reauthorization	1. Updated documentation requirement from last month to last 3 months.	Yes	1/1/2026
Budesonide 3mg Delayed-Release Capsule (Entocort EC) (PG082)	Medical Necessity Criteria for Initial authorization	1. Removed trial/failure of antidiarrheal agents from microscopic colitis indication, no longer supported by European and US guidelines.	Yes	1/1/2026
Gonadotropin-Releasing Hormone Agonists for Prostate	Exception Criteria	1. Added Vabrinty (leuprolide acetate) [J9217] as non-preferred (NP) and to use exceptions criteria in CG085.	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Cancer - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG085)		2. Exceptions criteria expanded to allow for use of non-preferred products of all preferred products have not received FDA approved indication or not supported by compendia. 3. Exceptions criteria expanded to allow for non-preferred product if guidelines support the preferential use over all preferred products. 4. Exceptions criteria expanded for drug shortage.		
Follicle Stimulating Hormone (FSH) Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG092)	Exception Criteria	1. Exceptions criteria expanded to allow for inadequate response, intolerance or contraindication to Gonal F. 2. Exceptions criteria expanded for drug shortage or unavailability. 3. Drug shortage/unavailability language added for duration of authorization (3 months)	Yes	1/1/2026
Nevanac (nepafenac) ophthalmic suspension (PG078)	Medical Necessity Criteria for Initial authorization	1. Removed specific potencies from products to trial and fail as multiple are available on formulary or for the same indication.	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Antineoplastics - HER2-Targeted Agents - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG101	Exception Criteria	1. Exceptions criteria expanded to allow for inadequate response, intolerance or contraindication to two preferred products. 2. Exception criteria expanded to allow for continuation if already using the non-preffered product to complete a current course of treatment (excludes if obtained via samples or assistance programs) 3. Exceptions criteria expanded for drug shortage or unavailability. 4. Drug shortage/unavailability language added for duration of authorization (3 months)	Yes	1/1/2026
Complement Inhibitors - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG098)	Exception Criteria	1. Moved Epysqli from non-preffered to preferred. 2. Exceptions criteria expanded to allow for documented intolerance/adverse effects to ALL preferred products. 3. Exceptions criteria expanded for drug shortage or unavailability. 4. Drug shortage/unavailability language added for duration of authorization (3 months)	Yes	1/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Oscar Clinical Guidelines	Clinical Indication	List of criteria that have completed the annual review process. No clinical changes. 1. Brand Medically Necessary Drugs (PG186) 2. Rasagiline 1mg Oral tablet (PG065) 3. Belsomra (suvorexant) (PG064) 4. Syfovre (pegcetacoplan injection) (PG150) 5. Medications for Cosmetic Purposes (PG080)	No	4/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of criteria that will be sunset and will use (Commercial) Preferred Physician-Administered Specialty Drugs (CG052): 1. Follicle Stimulating Hormone (FSH) Products - Medical Benefit Preferred Physician-Administered Drug Exceptions Criteria (CG092)	No	1/1/2026