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

Revisions/Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Prenatal Vitamins Zero Copay Exception-REG (PG258, Ver. 2)	Coverage Criteria	1. Added if the above criteria are met, the requested product will be authorized for up to 12 months at a $0 member cost share as preventive services.	Yes	9/1/2026
Autoimmune Conditions Exceptions Criteria For Certain States (PG286)	Coverage Criteria	1. For ankylosing spondylitis and psoriatic arthritis, added tofacitinib IR/ER as preferred. 2. For rheumatoid arthritis, moved Xeljanz to targeted. Moved Xeljanz XR 11 mg to targeted. Added tofacitinib IR/ER to preferred. 3. For ulcerative colitis, moved Xeljanz to targeted. Moved Xeljanz XR 11 mg to targeted. Added Xeljanz XR 22 mg and tofacitinib IR/ER to preferred (except generic ER 22 mg that is targeted).	Yes	8/3/2026
Autoimmune Conditions Exceptions Criteria For All Other States (PG287)	Coverage Criteria	1. For ankylosing spondylitis and psoriatic arthritis, added tofacitinib IR/ER as preferred. 2. For rheumatoid arthritis, moved Xeljanz to targeted. Moved Xeljanz XR 11 mg to targeted. Added tofacitinib IR/ER to preferred. 3. For ulcerative colitis, moved Xeljanz to targeted. Moved Xeljanz XR 11 mg to targeted.	Yes	8/3/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Added Xeljanz XR 22 mg and tofacitinib IR/ER to preferred (except generic ER 22 mg that is targeted).		

New Guidelines

Clinical Guideline	Details	Effective Date
HIV (Human Immunodeficiency Virus) PrEP (Pre-exposure Prophylaxis) Zero Copay Exception-REG (PG288, Ver. 1)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	1/4/2027
Accelerated Approval Products (PG289, Ver. 1)		1/4/2027

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Dipentum (olsalazine sodium) (PG244, Ver. 3)	Clinical Indication	1. Added Dipentum (olsalazine sodium) 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. 2. Added “intolerant to” along with unable to use or tried and failed sulfasalazine. 3. Added that Dipentum (olsalazine sodium) is being used for maintenance of remission of ulcerative colitis.	Yes	12/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Experimental / Investigational, or unproven	1. Removed cross reactivity information to balsalazide as cross-reactivity is not guaranteed.		
Emverm (mebendazole) (PG001, Ver. 8)	Clinical Indication	1. If diagnosis is for Baylisascariasis caused by Baylisascaris procyonis (raccoon roundworm) or Cystic echinococcosis (hydatid cyst disease) asking that albendazole is unavailable, contraindicated, not tolerated, or prescriber rationale is provided to support mebendazole use. Albendazole is the treatment of choice per CDC. 2. If diagnosis of eosinophilic meningitis caused by Angiostrongylus cantonensis asking that mebendazole will be used in conjunction with a corticosteroid. Co-administered with corticosteroid coverage to buffer the inflammatory spike. 3. Added Emverm (mebendazole) 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. The requested medication is being used within the Plan's Quantity Limit of: 12 tablets every 365 days to align with the formulary file.	Yes	12/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Vemlidy (tenofovir alafenamide) (PG010, Ver. 8)	Clinical Indication	1. Added that there is no evidence of estimated creatinine clearance (CrCl) below 15 mL per minute and is not receiving chronic hemodialysis. 2. Added that dose and frequency is within FDA approved labeling or compendia or guidelines. 3. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria. 4. Added prior lamivudine exposure as eligibility to be exempt of trial and failure to entecavir (Baraclude) prior to Vemlidy (tenofovir alafenamide) per AASLD IDSA Practice Guideline on treatment of chronic hepatitis B 2026. 5. Added “decrease” in reauthorization for ALT levels in chronic hepatitis B virus infection. Added to allow for AST for improvement along with ALT. Added minimal histologic evidence of liver injury. Added “reduction, suppression, or undetectable levels” of serum HBV DNA.	Yes	12/1/2026
Direct Acting Antiviral Agents for Hepatitis C (PG045, Ver. 8)	Clinical Indication	1. Added for diagnosis of hepatitis C infection that it can include “acute or chronic HCV infection” given Mavyret (glecaprevir and	Yes	9/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		pibrentasvir) got an expanded indication for treatment of acute Hepatitis C. 2. AASLD/IDSA 2023 The Guidance Panel reiterates the recommendation that persons with confirmed acute HCV infection (HCV RNA–positive) should be treated the same as those with chronic HCV infection without awaiting possible spontaneous clearance (ie, a test-and-treat approach). Given that the incidence of acute hepatitis C in the United States increased 124% from 2013 through 2020, treatment of this key population is critical to both HCV prevention and elimination. 3. Added "when applicable" for list of chart documentation.		
Miebo (perfluorohexyloctane) (PG166, Ver. 4)	Clinical Indication	1. Added Miebo (perfluorohexyloctane) 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. The requested medication is being used within the Plan's Quantity Limit of: 3 mL every 30 days to align with the formulary file.	Yes	12/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		2. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria.		
Xiidra (lifitegrast) (PG197, Ver. 4)	Clinical Indication	1. Added Xiidra (lifitegrast) 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. The requested medication is being used within the Plan’s Quantity Limit of: 60 ampules every 30 days to align with the formulary file. 2. Removed “clinical chart documentation” standalone criteria as it is duplicative and already in the relevant criteria.	Yes	12/1/2026
Ivermectin 1% Topical Cream (PG239, Ver. 3)	Clinical Indication	1. Added Ivermectin 1% topical cream 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. The requested medication is being used within the Plan’s Quantity Limit of: 1 tube every 30 days to align with the formulary file.	Yes	12/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Methotrexate Injectable Solution (PG249, Ver. 4)	Applicable Billing Codes	1. Added not otherwise classified (NOC) codes for methotrexate injectable.	Yes	9/1/2026
Auvelity (dextromethorphan and bupropion) (PG128, Ver. 5)	Clinical Indication	1. Added Auvelity (dextromethorphan and bupropion) 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. The requested medication is being used within the Plan's Quantity Limit of the following: Extended-release tablets: 60 tablets every 30 days or Titration pack: 51 tablets per lifetime to align with formulary file. 2. Added expanded indication for Agitation Associated with Dementia due to Alzheimer's Disease (AD) asking for adult, if requesting titration pack it is for agitation associated with dementia, prescriber specialty, diagnosis, trial and failure of two non-pharmacological treatments for agitation, exhibits agitation behaviors, and is not be used as "as needed" treatment. 3. Removed "clinical chart documentation" standalone criteria as it is duplicative and already in the relevant criteria.	Yes	9/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Benzodiazepines for Acute Repetitive Seizures or Seizure Clusters (PG254, Ver. 6)	Clinical Indication	1. Added the plan's quantity limit per alignment with the formulary file. 2. Added that suspected or diagnosis of seizure is also eligible for approval.	Yes	9/1/2026
Pancreatic Digestive Enzymes - pancrelipase (Brand Names: Creon; Pancreaze; Pertzye; Viokace; Zenpep) (PG027, Ver. 8)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Added ampullary tumors, ductal stenosis, duodenal resection, acute pancreatitis (including relapsing or single severe episode), somatostatinomas, longstanding diabetes mellitus, and postcibal asynchrony as additional causes for exocrine pancreatic insufficiency per 2023 AGA Clinical Practice Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review. Added acute pancreatitis single severe episode per literature. 3. For continued care added additional indicators of positive response to treatment with associated gastrointestinal symptoms (e.g., gain of weight, muscle mass, muscle function, or improvement in fat-soluble vitamin levels) per 2023 AGA Clinical Practice	Yes	12/1/2026

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review.		
oxiconazole (Oxistat 1%) (PG100, Ver. 7)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Added selenium sulfide as an additional option to try and fail as it is a first-line option for tinea (pityriasis) versicolor and available OTC and prescription version on formulary.	Yes	12/1/2026
brimonidine/timolol (Combigan) (PG103, Ver. 7)	Clinical Indication	1. Added the requested product is prescribed at a dose or frequency within FDA approved labeling or compendia. 2. Removed "clinical chart documentation" standalone criteria as it is duplicative and already in the relevant criteria. 3. In continued care, removed adherence criteria as reauthorization criteria already asks for positive response evidenced by clinical improvement or disease stability.	Yes	12/1/2026
Oscar Clinical Guidelines	Clinical Indication	List of policies that will be sunset. 1. Roctavian (valoctocogene roxaparvovec-rvox) (PG163, Ver. 3)	Yes	1/4/2027

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. Doxylamine/Pyridoxine (Bonjesta, Diclegis) (PG096, Ver. 7) 2. Zortress (everolimus) (PG033, Ver. 8)	No	12/1/2026
CVS Clinical Guidelines	Coverage Criteria	List of criteria that have completed the annual review process. No clinical changes. 1. Continuity of Care DC, ND, NE, NJ, OK REG 6463-A 06-2026 2. Non-Formulary Contraceptive Zero Copay Exception CO, NY, OR Mandate REG 3740-A 06-2026	No	9/1/2026