Oscar Prior Authorization Criteria

Summary of Changes – 3/2/2026

Bavencio SGM 1675-A 2025 - Removed coverage of endometrial carcinoma for subsequent treatment of metastatic MSI-H or dMMR tumors per NCCN. Added coverage for extranodal natural killer/T-cell lymphoma per NCCN.

Iclusig SGM 2173-A 2025 - Updated the duration of approval for initial chronic myeloid leukemia (CML) criteria from 12 months to 7 months to align with NCCN recommendations. Updated continuation of therapy criteria for CML to align with NCCN recommendations. Updated Gastrointestinal stromal tumor (GIST) continuation of therapy criteria to allow coverage with disease progression per NCCN.

Scemblix SGM 5042-A 2025 - Updated the duration of approval for initial chronic myeloid leukemia (CML) criteria from 12 months to 7 months to align with NCCN recommendations. Added coverage for treatment of CML for patients after hematopoietic stem cell transplant (HSCT) per NCCN. Updated continuation of therapy criteria for CML to align with NCCN recommendations.

bendamustine Products SGM 1705-A 2025 - For B-cell lymphomas (HIV-related, DLBCL, high-grade, PTLD), removed requirement that member is not a transplant candidate per NCCN. For classic Hodgkin lymphoma, added coverage for re-induction therapy per NCCN. Removed coverage of mycosis fungoides/Sezary syndrome per NCCN.

Padcev SGM 3469-A 2025 - Updated criteria of treatment of urothelial carcinoma of the bladder when used in combination with pembrolizumab to require use as subsequent therapy, per NCCN. Added coverage for subsequent treatment of primary carcinoma of the urethra when used in combination with pembrolizumab, per NCCN. Removed first-line requirement for treatment of urothelial carcinoma of the upper genitourinary tract or urothelial carcinoma of the prostate when used in combination with pembrolizumab, per NCCN.

sorafenib-Nexavar SGM 2027-A 2025 - Removed coverage for acute myeloid leukemia for use in low intensity treatment induction, post induction therapy or consolidation therapy in combination with azacitidine or decitabine, per NCCN. Removed requirement that member is radioactive iodine refractory for oncocytic thyroid carcinoma, per NCCN. Added requirement for medullary thyroid carcinoma that disease is symptomatic or progressive, per NCCN. Updated

gastrointestinal stromal tumor continuation of therapy removing the requirement for no disease progression, per NCCN.

pazopanib-Votrient SGM 2009-A 2025 - For gastrointestinal stromal tumor, require first-line therapy for SDH-deficient disease per NCCN. For soft tissue sarcoma, add coverage for epithelioid hemangioendothelioma per NCCN. For Oncocytic thyroid carcinoma, remove requirement for not amenable to radioactive iodine therapy per NCCN. For non-medullary thyroid cancer, added unresectable or metastatic disease per NCCN. Added coverage for Merkel cell carcinoma per NCCN. For chondrosarcoma, added requirement for single agent use per NCCN.

Inlyta SGM 2079-A 2025 - For renal cell carcinoma for single agent use, added requirement for non-clear cell histology for first-line therapy per NCCN. Also for renal cell carcinoma, for combination use with pembrolizumab, added requirement for clear cell history for subsequent therapy per NCCN. For oncocytic thyroid carcinoma, removed requirement related to radioactive iodine therapy per NCCN.

Keytruda SGM 1889-A SGM 2025b - For Exclusions, allow if progression on PD1/PDL1 if used in combination with lenvatinib per NCCN. For melanoma, removed 'recurrent' and added neoadjuvant treatment per NCCN. For NSCLC, applied contraindicated oncogenic drivers to neoadjuvant treatment per NCCN. Added coverage for salivary gland tumor per NCCN. For Hodgkin lymphoma, added combination with decitabine or vorinostat per NCCN. For bladder cancer subsequent therapy, added clinical settings per NCCN. For all urothelial carcinoma, added adjuvant therapy per NCCN. For Oncocytic thyroid carcinoma, removed requirement for not amenable to radioactive iodine therapy per NCCN. Removed coverage for medullary thyroid carcinoma per NCCN. For CRC and small bowel adenocarcinoma, added ultra-hypermutated phenotype per NCCN. Updated gastric cancer and esophageal cancer criteria with PD-L1 ≥ 1 per NCCN and FDA label. Removed coverage for esophageal cancer in surgical candidates with HER2+ adenocarcinoma per NCCN. For cervical cancer, added regimen with tisotumab vedotin per NCCN. Added coverage of malignant germ cell tumors per NCCN. For biliary tract cancer, added regimen with carboplatin and neoadjuvant treatment of gallbladder cancer 'that does not present as jaundice' per NCCN. Added extrahepatic HCC per NCCN. For vulvar cancer, updated regimens and line of therapy per NCCN. Removed coverage of thymomas per NCCN. Added coverage of dedifferentiated liposarcoma per NCCN. For breast cancer, removed coverage of HER2+ disease and updated high-risk disease to include locally advanced and remove early-stage per NCCN. Removed subtypes of Kaposi sarcoma per NCCN. For penile cancer, specify subsequent therapy for MSI-H/dMMR/TMB-H disease per NCCN. Added coverage for resectable head and neck cancer per FDA label update. For follicular, papillary, and oncocytic thyroid cancer, added coverage in combination with lenvatinib after disease progression on lenvatinib per NCCN.

temsirolimus-Torisel SGM 2081-A 2025 - Added generic. For renal cell carcinoma, removed coverage of relapsed and stage IV disease and single agent requirement per NCCN. For endometrial carcinoma, added coverage for locally advanced and metastatic disease per Lexi-Drugs. For rhabdomyosarcoma, added 'non-pleomorphic' per NCCN.

sunitinib-Sutent SGM 2022-A 2025 - For Oncocytic thyroid carcinoma, remove requirement for not amenable to radioactive iodine therapy per NCCN. For non-medullary thyroid cancer, added unresectable or metastatic disease per NCCN.

Onpattro SGM 2659-A 2025 - Added requirement that member is 18 years of age or older per labeled indication. Added Attruby to list of medication excluded from concurrent use. Added documentation requirement to confirm clinical manifestations of ATTR-FAP.

Tegsedi SGM 2773-A 2025 - Added requirement that member is 18 years of age or older per labeled indication. Added Attruby to list of medication excluded from concurrent use. Added documentation requirement to confirm clinical manifestations of ATTR-FAP.

Wainua SGM 6314-A 2025 - Added requirement that member is 18 years of age or older per labeled indication. Added Attruby to list of medication excluded from concurrent use. Added documentation requirement to confirm clinical manifestations of ATTR-FAP.

Leuprolide SGM 1989-A, 1990-A, 2117-A 2025a - Removed coverage for salivary gland tumors since indication is no longer supported per NCCN compendium.

Ztalmy SGM 5348-A 2025 - Added age restriction that member is at least 2 years of age or older, per FDA labeled indication.

Welireg SGM 4898-A 2025 - For renal cell carcinoma (RCC), added coverage for stage IV and relapsed disease per NCCN. For RCC, added requirement for clear cell histology and single agent use per NCCN. Added coverage for pheochromocytoma/paraganglioma per FDA label update and NCCN.

Gamifant 2796-A - for Primary Hemophagocytic Lymphohistiocytosis (HLH) asking for diagnosis, stage of disease, other causes ruled out, and evaluated for tuberculosis (TB). Coverage for Macrophage Activation Syndrome (MAS) in Known or Suspected Still's Disease asking for diagnosis, trial and failure of high dose IV glucocorticoids, other causes ruled out, and TB evaluated. Continuation of therapy if disease is still active.