Oscar Prior Authorization Criteria

Summary of Changes – 5/1/2026

Firdapse SGM 2803-A 2025 - Added Prescriber specialty. Removed treatment naive criteria requirement

eltrombopag olamine-Promacta-Alvaiz SGM 1928-A 2025 - Added generic eltrombopag olamine to the criteria. Simplified diagnosis requirement from "chronic or persistent ITP" to "ITP". For Alvaiz, added coverage for the following compendial uses: a) MYH9-Related disease with thrombocytopenia, and b) myelodysplastic syndromes. Added compendial use, immune checkpoint inhibitor-related toxicity for thrombocytopenia, per NCCN. Added documentation requirement for myelodysplastic syndromes and thrombocytopenia post-hematopoietic cell transplant continuation requests. For thrombocytopenia associated with Hep C, increased continuation DOA from 6 months to 12 months, and updated prescriber specialty to “provider experienced in the management of hepatitis C infection."

Nplate SGM 1927-A 2025 - Added compendial use of immune checkpoint inhibitor-related toxicity for thrombocytopenia per NCCN. For myelodysplastic syndromes, added documentation requirement for continuation requests.

Pyrukynd SGM 5233-A 2025 - Added prescriber specialty hematologist or specialist in pyruvate kinase deficiency. Increased initial duration of approval from 7 months to 12 months.

Reblozyl SGM 3407-A 2025a - Added prescriber specialty hematologist, oncologist, or specialist in treatment of beta thalassemia. For clarification, updated documentation requirement to add chart notes or medical record documentation stating diagnosis was previously confirmed by hemoglobin electrophoresis or HPLC results, OR molecular genetic testing.

Lynparza SGM 1810-A 2025a - Added coverage for PALB2 mutated breast cancer per NCCN. Updated requirements for adjuvant treatment of breast cancer after completion of neoadjuvant and adjuvant chemotherapy per NCCN.

Akeega SGM 6118-A 2025 - Added requirement that member has not progressed on prior novel hormone therapy per NCCN.

Talzenna SGM 2782-A 2025a - Added requirement that prostate cancer has not progressed on prior novel hormone therapy per NCCN.

Voranigo SGM 6582-A 2025 - Added coverage for H3-mutated high-grade glioma, High-grade astrocytoma with piloid features (HGAP), and Pleomorphic xanthoastrocytoma (PXA) WHO grade 3 per NCCN. Added coverage for WHO grade 3 progressive or recurrent oligodendroglioma per NCCN. Added requirement for progressive or recurrent astrocytoma and oligodendroglioma that Karnofsky Performance Status (KPS) is greater than or equal to 60 per NCCN.

Lenvima SGM 1865-A 2025 - Removed requirement that oncocytic thyroid carcinoma be not amenable to radioactive iodine to align with NCCN. Added requirement for renal cell carcinoma if disease is predominantly clear cell and used in combination with pembrolizumab member has to be immuno-oncology naive per NCCN. Added coverage for single agent use for subsequent treatment of renal cell carcinoma per NCCN. Removed requirement for subsequent treatment of hepatocellular carcinoma that disease is unresectable and not transplant candidate or extrahepatic/metastatic disease and ineligible for resection, transplant, or locoregional therapy per NCCN. Added coverage for single agent use for subsequent treatment of endometrial carcinoma per NCCN. Update continuation of therapy section for use of Lenvima in combination with pembrolizumab if disease progression occurs with single agent Lenvima therapy for the treatment of follicular, oncocytic/Hürthle cell, and papillary thyroid carcinoma per NCCN.

Cometriq 1854-A SGM 2025 - Removed requirement that oncocytic thyroid carcinoma is not amenable to radioactive iodine therapy per NCCN. Updated NSCLC coverage per NCCN: to be used as subsequent therapy following progression on first-line pralsetinib (Gavreto) or selpercatinib (Retevmo).

Xeloda SGM 1993-A 2025 - For mucinous carcinoma of the ovary, added neoadjuvant treatment per NCCN. Removed coverage for endometrial carcinoma per NCCN.

Imfinzi SGM 1820-A 2025b - Added requirement for unresectable non-small cell lung cancer (NSCLC) tumor is negative for EGFR exon 19 deletion and exon 21 L858R mutations and used as a single agent per NCCN. Added requirement resectable, recurrent, advanced, and metastatic NSCLC tumor is negative for RET and ROS1 rearrangements per NCCN. Added coverage for maintenance therapy for recurrent, advanced, and metastatic NSCLC per NCCN. Removed coverage for unresectable ampullary adenocarcinoma to align with NCCN. Added coverage for subsequent treatment of hepatocellular carcinoma per NCCN. Added coverage for use in combination with carboplatin and gemcitabine for biliary tract cancer per NCCN.

Imjudo SGM 5652-A 2025a - Added requirement for non-small cell lung cancer tumor is negative for RET and ROS1 rearrangements per NCCN.

Lorbrena SGM 2787-A 2025 - For ROS1+ non-small cell lung cancer, added taletrectinib (Ibtrozi) and removed ceritinib (Zykadia) as options of prior therapy per NCCN. Added coverage for pediatric diffuse high-grade glioma per NCCN.

abiraterone products SGM 1934-A 2025 - For salivary gland tumor, added requirement for use in combination with a luteinizing hormone-releasing hormone (LHRH) agonist per NCCN.

Stivarga SGM 1809-A 2025 - Added epithelioid hemangioendothelioma as a compendial use per NCCN. Removed coverage for central nervous system cancers per NCCN. For hepatocellular carcinoma, removed unresectable or extrahepatic/metastatic per NCCN.

Strontium Chloride Sr 89 SGM 5749-A 2025 - Removed brand Metastron as it is discontinued. For continuation of therapy, added requirement for clinical benefit.

Besponsa 2261-A SGM 2025 - Added coverage for lymphoblastic lymphoma per NCCN. Removed coverage for consolidation therapy for Philadelphia chromosome-positive disease and for Philadelphia chromosome-negative disease when used as a single agent per NCCN update.

Blincyto SGM 2228-A 2025 - Added coverage for induction therapy for Philadelphia chromosome positive disease per NCCN. Removed criteria for infant ALL with KMT2A status rearranged per NCCN.

Imbruvica 1997-A SGM 2025 - For diffuse large B-cell lymphoma, high-grade B-cell lymphoma, HIV-related B-cell lymphoma, and monomorphic PTLD, added non-germinal differentiation and removed requirement of not a transplant candidate per NCCN.

Gazyva SGM 2075-A 2025 - For CLL/SLL, added regimen with acalabrutinib and venetoclax per NCCN. For CLL/SLL used with high-dose methylprednisolone, added requirement for TP53 mutation and clinical setting per NCCN. Added coverage for pre-treatment with glofitamab for mantle cell lymphoma per NCCN.

Talvey SGM 6122-A 2025 - Added requirement for use in combination with Tecvayli or as a single agent, per NCCN. Added documentation requirement supporting failure of prior therapies.

Lunsumio SGM 5712-A 2025 - For post-transplant lymphoproliferative disorders, specified requirement for monomorphic and B-cell type per NCCN.

Tecvayli SGM 5657-A 2025 - Added requirement for use in combination with Talvey or as a single agent, per NCCN. Added documentation requirement supporting failure of prior therapies.

Elrexfio SGM 6120-A 2025 - Added documentation requirement supporting failure of prior therapies.

Arzerra SGM 2073-A 2025 - Removed coverage for Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma per NCCN.

Leukine SGM 1929-A 2025 - Updated neuroblastoma regimens to align with NCCN. Updated appendices to align with NCCN. Updated high risk febrile neutropenia from 20% or greater to greater than 20% and intermediate risk from 10 to 19% to 10 to 20% to align with NCCN.

Rolvedon SGM 5602-A 2025 - Updated appendices to align with NCCN. Updated high risk febrile neutropenia from 20% or greater to greater than 20% and intermediate risk from 10 to 19% to 10 to 20% to align with NCCN.

Ryzneuta SGM 6257-A 2025 - Updated appendices to align with NCCN. Updated high risk febrile neutropenia from 20% or greater to greater than 20% and intermediate risk from 10 to 19% to 10 to 20% to align with NCCN.

Neulasta and pegfilgrastim biosimilars SGM 1931-A 2025 - Updated appendices to align with NCCN. Updated high risk febrile neutropenia from 20% or greater to greater than 20% and intermediate risk from 10 to 19% to 10 to 20% to align with NCCN.

Neupogen and filgrastim biosimilars SGM 1930-A 2025 - Updated appendices to align with NCCN. Updated high risk febrile neutropenia from 20% or greater to greater than 20% and intermediate risk from 10 to 19% to 10 to 20% to align with NCCN.

Revuforj SGM 6737-A 2025 - Added requirement for single agent use and not BCR::ABL1-positive B-ALL per NCCN.