

# Oscar Prior Authorization Criteria

## Summary of Changes – 6/1/2026

**Imfinzi SGM 1820-A 2025c** - For gastric and gastroesophageal junction (GEJ) cancer, updated coverage to require adenocarcinoma to align with new labeled indication. For esophageal cancer, updated coverage to require adenocarcinoma per NCCN. For gastric, GEJ, and esophageal adenocarcinoma, added coverage for perioperative therapy per NCCN. For small cell lung cancer, added coverage for subsequent therapy for progression or relapse per NCCN. For biliary tract cancer, added coverage for neoadjuvant treatment of gallbladder cancer per NCCN.

**Lunsumio SGM 5712-A 2025a** - Added newly approved Lunsumio Velo to criteria. For continuation of therapy, added total duration restriction of 17 cycles per label and NCCN.

**Qelbree 4681-A** - Sunsetting this policy and using custom Non-Formulary Mental Health Products Criteria (PG265)