

# Oscar Prior Authorization Criteria

## Summary of Changes – 7/1/2026

**Empaveli SGM 4738-A 2026** - Added prescriber specialty for complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN). Updated criteria for C3G that laboratory values (proteinuria or UPCR) be obtained within 3 months prior to the initiation of the requested medication.

**Fabhalta SGM 6288-A 2026** - Updated proteinuria requirements for primary immunoglobulin A nephropathy (IgAN) from 1.0 g/day to 0.5 g/day per recent guideline updates. Added prescriber specialty for IgAN and complement 3 glomerulopathy (C3G). Updated criteria for IgAN and C3G that laboratory values (proteinuria or UPCR) be obtained within 3 months prior to the initiation of the requested medication.

**Jemperli SGM 4705-A 2025** - For breast cancer, added requirements for 3rd or 4th line per NCCN.

Updated requirement for colorectal cancer and small bowel adenocarcinoma polymerase epsilon/delta (POLE/POLD1) tumors to be ultra-hypermuted phenotype to align with NCCN.

Removed coverage for early stage disease for gastric adenocarcinoma per NCCN.

Added requirement for occult primary cancer be recurrent or advanced disease per NCCN.

Added coverage for locally unresectable and medically inoperable small bowel adenocarcinoma per NCCN.

Added coverage for metastatic anal carcinoma per NCCN.

Added coverage for non-small cell lung cancer per DrugDex.

**Zejula SGM 1687-A 2025** - Added requirement for prostate cancer that member has not progressed on prior novel hormone therapy per NCCN.

**Enhertu SGM 3470-A 2025a** - Add coverage for HER2-negative breast cancer per NCCN. Added coverage for non-small cell lung cancer with HER2 overexpression per NCCN. For gastric cancer, added unresectable disease per NCCN. Removed sections specific to colorectal, cervical, endometrial, ovarian, and vaginal cancer as well as salivary gland

tumor, which are covered under solid tumor criteria. Added coverage for HER2-positive breast cancer in combination with pertuzumab per label update.

**Givlaari SGM 3418-A 2025** - Added criteria that member must be 18 years or older.

apomorphine-Apokyn SGM 2258-A 2025 - 1) Removed Kynombi from the criteria since it is no longer marketed.

2) Added documentation requirement for previous medications tried.

3) Added prescriber specialties.

4) Increased initial duration of approval from 6 months to 12 months.

5) Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.

**Inbrija 2860-A SGM 2025** - 1) Added documentation requirement for previous medications tried.

2) Added prescriber specialties.

3) Increased initial duration of approval from 6 months to 12 months.

4) Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.

**Duopa 3029-A SGM 2025** - 1) Added documentation requirement for previous medications tried.

2) Added prescriber specialties.

3) Increased initial duration of approval from 6 months to 12 months.

**Onapgo SGM 6832-A 2025a** - 1) Added documentation requirement for previous medications tried.

2) Added prescriber specialties.

3) Increased initial duration of approval from 6 months to 12 months.

**Vyalev SGM 6700-A 2025** - 1) Added documentation requirement for previous medications tried.

2) Added prescriber specialties.

3) Increased initial duration of approval from 6 months to 12 months.

**Aranesp SGM 1616-A 2025** - 1) Increased initial and continuation duration of approval for anemia due to chronic kidney disease (CKD), anemia due to myelodysplastic syndrome (MDS), and myelofibrosis-associated anemia from 12 weeks to 12 months.

2) Increased initial and continuation duration of approval for myelosuppressive chemo, anemia in members who cannot/will not receive blood transfusions, and anemia due to cancer from 12 weeks to 6 months.

3) Under coverage criteria, added Aranesp cannot be used concomitantly with an hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI).

4) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL (where applicable).

5) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of Aranesp treatment with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.

**Epogen-Procrit-Retacrit SGM 1619-A 2025** - 1) Increased initial and continuation duration of approval for anemia due to chronic kidney disease (CKD), anemia in myelodysplastic syndrome, and myelofibrosis-associated anemia from 12 weeks to 12 months.

2) Increased initial and continuation duration of approval for myelosuppressive chemotherapy, anemia in members who cannot/will not receive blood transfusions, and anemia due to cancer from 12 weeks to 6 months.

3) Under coverage criteria, Epogen-Procrit-Retacrit cannot be used concomitantly with an hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI).

4) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL (where applicable).

5) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of treatment with Epogen/Procrit/Retacrit with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.

**Mircera SGM 1618-A 2025** - 1) Increased initial and continuation duration of approval (DOA) of anemia due to chronic kidney disease (CKD) from 12 weeks to 12 months.

2) Under coverage criteria, added Mircera cannot be used concomitantly with an hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI).

3) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL

4) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of Mircera treatment with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.

**Jesduvroq SGM 5780-A 2025** - 1) Increased initial and continuation duration of approval (DOA) for anemia due to chronic kidney disease (CKD) from 12 weeks to 12 months.

2) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL.

3) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of Jesduvroq treatment with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.

**Vafseo SGM 6459-A 2025** - 1) Increased initial and continuation duration of approval (DOA) for anemia due to chronic kidney disease (CKD) from 12 weeks to 12 months.

2) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL.

3) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of Vafseo treatment with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.

**Crysvita 2562-A SGM 2025** - 1) Added prescriber specialty requirement that the medication must be prescribed by or in consultation with a endocrinologist, nephrologist, or a physician specializing in the treatment of metabolic bone disease.

2) For X-linked hypophosphatemia (XLH): a) added baseline fasting serum phosphorus level below the normal range for age, b) reworded "PHEX mutation" as "pathogenic variant in the PHEX gene".

3) For tumor-induced osteomalacia (TIO): a) added clinical signs and symptoms of TIO, b) fasting serum phosphorus and ratio of renal tubular maximum reabsorption rate of phosphate to glomerular filtration rate (TmP/GFR) from "less than 2.5 mg/dL" to "below the normal range for age".

**Strensiq 1974-A SGM 2025** - 1) Added prescriber specialty requirement that the medication must be prescribed by or in consultation with a endocrinologist, geneticist, or a physician specializing in the treatment of metabolic bone disease.

2) Reworded "pathological mutation in the ALPL gene" as "pathogenic variant in the ALPL gene".

3) For initial criteria, added a requirement for an ophthalmology examination and renal ultrasound at baseline.

4) For continuation criteria, added "member is monitored for signs and symptoms of ophthalmic and renal ectopic calcifications and for changes in vision or renal function".

**Yorvipath 6588-A SGM 2025** - 1) Added prescriber specialty requirement that the medication must be prescribed by or in consultation with a endocrinologist, nephrologist, or a physician specializing in the treatment of metabolic bone disease.

2) For initial criteria: a) updated generalized calcium supplementation and active vitamin D therapy dosage requirement to "member has an inadequate response to maximally tolerated calcium supplementation and active vitamin D therapy", b) added requirement of continuing calcium supplementation and active vitamin D therapy while titrating to an appropriate dose of the requested medication.

3) For continuation criteria, added requirement that the member is experiencing benefit from therapy (e.g., reduction of conventional therapy dosage or independence from conventional therapy).

**Filspari 5791-A SGM 2025** - 1) Updated the proteinuria marker criteria from 1g/day to 0.5 g/day per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.

2) Added prescriber specialties requirement (nephrologist).

3) Added coverage criteria excluding use of Filspari concomitantly with angiotensin II receptor blocker [ARB], endothelin receptor antagonists [ERA] or renin-angiotensin-aldosterone system [RAAS] (i.e., aliskiren) per FDA label.

4) Updated the documentation and coverage criteria requirements to require the laboratory values (proteinuria and urine protein-to-creatinine ratio) be obtained within the past three months prior to initiation of therapy.

**Vanrafia SGM 6939-A 2025a** - 1) Updated the proteinuria marker criteria from 1g/day to 0.5 g/day per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.

2) Added prescriber specialties requirement (nephrologist).

3) Updated the documentation and coverage criteria requirements to require the laboratory values (proteinuria and urine protein-to-creatinine ratio) be obtained within the past three months prior to initiation of therapy

**Rinvoq SGM 3173-A 2025d** - 1) For rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), Crohn's disease (CD), and polyarticular juvenile idiopathic arthritis (pJIA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug.

2) For psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and polyarticular juvenile idiopathic arthritis (pJIA), initial authorization criteria, added option for contraindication to TNF inhibitors.

3) For ulcerative colitis and Crohn's disease initial criteria, added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication, per FDA label update.

**Xeljanz-Xeljanz XR SGM 2011-A 2025b** - 1) For rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug.

2) For psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA) initial authorization criteria, added option for contraindication to TNF inhibitors.

3) For ulcerative colitis, added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication.

**Olumiant SGM 2597-A 2026** - 1) Added documentation requirement for previous use of a targeted synthetic drug indicated for severe alopecia areata in the past year (if applicable).

2) For rheumatoid arthritis (RA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug indicated for moderately to severely active RA.

**Leqselvi 6574-A SGM 2026** - Added documentation requirement for previous use of a targeted synthetic drug indicated for severe alopecia areata in the past year (if applicable).

**Litfulo SGM 6064-A 2026** - Added documentation requirement for previous use of a targeted synthetic drug indicated for severe alopecia areata in the past year (if applicable).