Oscar Prior Authorization Criteria

Summary of Changes – 9/1/2026

Darzalex Faspro SGM 3854-A 2025a - Added coverage for smoldering multiple myeloma per NCCN.

Removed maximum of 16 doses for primary treatment of multiple myeloma when used in combination with bortezomib, lenalidomide, and dexamethasone, per FDA label update and NCCN.

Added coverage for previously treated multiple myeloma when used in combination with teclistamab-cqyv (Tecvayli), per NCCN.

Added requirement that disease is high risk when used in combination with lenalidomide for maintenance therapy for multiple myeloma per NCCN.

Added coverage for single agent use for maintenance therapy for multiple myeloma per NCCN.

Added coverage for plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD), and plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS) per NCCN.

Added coverage for use in combination with venetoclax for systemic light chain amyloidosis per NCCN.

Darzalex SGM 1615-A 2025a - Added coverage for smoldering multiple myeloma per NCCN.

Added coverage for previously treated multiple myeloma when used in combination with teclistamab-cqyv (Tecvayli), per NCCN.

Added requirement that disease is high risk when used in combination with lenalidomide for maintenance therapy for multiple myeloma per NCCN.

Added coverage for single agent use for maintenance therapy for multiple myeloma per NCCN.

Added coverage for plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD), and plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS) per NCCN.

Added coverage for use in combination with venetoclax for systemic light chain amyloidosis per NCCN.

Added coverage for use in combination with dexamethasone or dexamethasone and bortezomib for systemic light chain amyloidosis per DrugDex.

Added coverage for Human Immunodeficiency Virus (HIV)-related plasmablastic lymphoma, per NCCN.

Kyprolis SGM 2370-C 2025 - For multiple myeloma in combination with daratumumab, lenalidomide, and dexamethasone, added requirement for transplant candidate and primary therapy of symptomatic disease per NCCN.

For Waldenstrom Macroglobulinemia/ Lymphoplasmacytic Lymphoma, added requirement for use with rituximab & dexamethasone per NCCN.

For systemic light chain amyloidosis, added criteria for regimens per NCCN.

For POEMS syndrome, removed regimen per NCCN. Added coverage for plasma cell-related MIDD, & plasma cell-related MGRS per NCCN.

Pomalyst SGM 2234-A 2025 - For multiple myeloma (MM): added requirement for relapsed or progressive disease per NCCN, added requirement for steroid intolerant if used as a single agent per NCCN, added regimen with daratumumab/hyaluronidase and dexamethasone per Darzalex Faspro label and NCCN. Added coverage for MM with CNS disease per NCCN.

For Kaposi sarcoma: added requirement for relapsed or refractory advanced disease per NCCN, added regimen for HIV-negative disease per NCCN, added coverage for Kaposi sarcoma associated herpesvirus-associated inflammatory cytokine syndrome in combination with rituximab per NCCN.

For POEMS syndrome: removed regimen per NCCN. Added coverage for plasma cell-related MIDD, and plasma cell-related MGRS per NCCN.

Lenalidomide-Revlimid SGM 2232-A 2025a - For hepatosplenic T-cell lymphoma, added requirement for refractory disease after two regimens per NCCN. For primary CNS lymphoma, removed criteria for prior therapy per NCCN. For CLL/SLL, added criteria for prior therapy per NCCN. For nodal MZL, removed requirement for use as subsequent therapy per NCCN B-cell lymphoma GL. For classic Hodgkin lymphoma, added clinical

setting and not a candidate for stem cell rescue per NCCN. For POEMS, removed regimens per NCCN. Added coverage for MIDD and MGRS per NCCN. For MDS/MPN overlap neoplasms, added requirements for SF3B1 mutation and thrombocytosis per NCCN. Added coverage for Kaposi sarcoma associated herpesvirus -Associated Inflammatory Cytokine Syndrome per NCCN. Added coverage for relapsed or refractory mycosis fungoides or sezary syndrome per NCCN.

Thalomid SGM 2368-A 2025 - For Kaposi sarcoma, added regimens and clinical settings per NCCN. For chronic graft versus host disease, added requirement for refractory disease per AHFS DI.

For aphthous stomatitis, added requirement for severe disease and removed requirement for immunocompromised members per AHFS DI.

Avastin and bevacizumab biosimilars SGM 1891-A 2026 - Updated appendiceal adenocarcinoma to appendiceal neoplasms and appendiceal cancers to align with NCCN. Removed coverage for unresectable ampullary adenocarcinoma, per NCCN. Updated verbiage from high grade glioma to H3-mutated high-grade glioma, High-grade astrocytoma with piloid features, Pleomorphic xanthoastrocytoma, per NCCN. Updated uterine neoplasms/endometrial carcinoma to endometrial carcinoma and removed coverage for progressive disease and added coverage for stage III-IV disease, per NCCN. Added coverage for induction treatment of mesothelioma, per NCCN. Removed first-line requirement for treatment of hepatocellular carcinoma and removed coverage for adjuvant treatment of hepatocellular carcinoma, per NCCN. Updated continuation of therapy language for non-small cell lung cancer and CNS cancers, per NCCN.

Imlygic SGM 1680-A 2026 - Specified Imlygic should be used as a single agent for the treatment of melanoma, per NCCN. Added coverage for nodal Merkel Cell Carcinoma per NCCN.

Zynyz SGM 5850-A 2026a - For regional Merkel cell carcinoma, removed requirement for recurrent disease per NCCN. For anal carcinoma, changed coverage to squamous cell carcinoma of the anal canal per label, added coverage in combination with carboplatin and paclitaxel per NCCN, and added requirements for single agent use per NCCN. Added coverage for appendiceal neoplasms and cancers, colorectal cancer (including appendiceal adenocarcinoma), and small bowel adenocarcinoma per NCCN. For continuation of therapy, added section for squamous cell carcinoma of the anal canal combination therapy which approves for up to 12 months total.

Braftovi SGM 2616-A 2026 - Aligned coverage for neoadjuvant treatment of cutaneous melanoma to stage III disease, per NCCN. Expanded coverage for advanced colorectal

cancer when given in combination with FOLFOX and Erbitux or Vectibix. Expanded coverage for appendiceal cancer under its own coverage criteria, per NCCN.

Mektovi SGM 2612-A 2026 - For neoadjuvant treatment of melanoma, added requirement of stage III disease per NCCN. For Langerhans cell histiocytosis, added criteria if cobimetinib or trametinib are not tolerated per NCCN.

Cotellic SGM 1784-A 2026 - For cutaneous melanoma in combination with Zelboraf and Tecentriq/Tecentriq Hybreza, added requirement for subsequent therapy per NCCN; added stage III disease for neoadjuvant treatment per NCCN.

Zelboraf SGM 1685-A 2026 - For cutaneous melanoma in combination with Cotellic and Tecentriq/Tecentriq Hybreza, added requirement for subsequent therapy per NCCN; added stage III disease for neoadjuvant treatment per NCCN. For hairy cell leukemia, added relapsed/refractory or previously treated with incomplete recovery per NCCN.

Tafinlar SGM 1683-A 2026 - For melanoma, added requirement for subsequent therapy when used in combination with Mekinist and Keytruda and added stage III for neoadjuvant therapy per NCCN. Added coverage for ampullary adenocarcinoma per NCCN. For pancreatic adenocarcinoma, added requirement for subsequent treatment for recurrent or metastatic disease. Updated gastric cancer for palliative therapy per NCCN. Added previously treated hairy cell leukemia with incomplete hematologic recovery, per NCCN.

Mekinist SGM 1681-A 2026 - For melanoma, added requirement for subsequent therapy when used in combination with Tafinlar and Keytruda and added stage III for neoadjuvant therapy per NCCN. Added coverage for ampullary adenocarcinoma per NCCN. For pancreatic adenocarcinoma, added requirement for subsequent treatment for recurrent or metastatic disease. Updated gastric cancer for palliative therapy per NCCN. Added previously treated hairy cell leukemia with incomplete hematologic recovery, per NCCN. Added coverage for epithelioid hemangioendothelioma per NCCN.

Libtayo SGM 2757-A 2026 - Added coverage for neoadjuvant treatment of CSCC to include borderline resectable and in-transit metastatic disease per NCCN. Added coverage for treatment of CSCC to include satellitosis/in-transit metastatic disease per NCCN. Added RET as contraindicated biomarker for NSCLC uses. Added contraindicated biomarkers for the use of Libtayo as subsequent therapy in combination with platinum-based chemotherapy per NCCN. Removed clinical setting for appendiceal cancer, per NCCN.

Octreotide products SGM 1734-A 2026 - For acromegaly removed the requirement that the member must have a clinical reason to avoid surgery or radiotherapy to state that "surgery or radiotherapy are not an option for the member". Removed coverage for thymic carcinoma per NCCN. Added coverage for Sandostatin LAR for Merkel cell carcinoma per

NCCN. For short bowel syndrome, replaced intravenous fluid requirement greater than 3 liters with requirement for large volume stool losses when fluid and electrolyte management is problematic per American Gastroenterological Association clinical practice update.

Coagadex SGM 1942-A 2026 - Added prescriber specialty.

Corifact SGM 2987-A 2026 - Added prescriber specialty.

Fibryga SGM 2989-A 2026 - Added prescriber specialty.

RiaSTAP SGM 2983-A 2026 - Added prescriber specialty.

Ryplazim SGM 4781-A 2026 - Added prescriber specialty.

Stimate SGM 1950-A 2026 - Added prescriber specialty.

Tretten SGM 2985-A 2026 - Added prescriber specialty.

Hemlibra SGM 2417-A, 3536-A 2026 - Added criteria that Hemlibra will not be used in combination with Qfitlia. Per updated guidelines added compendial support for acquired hemophilia A.

Hympavzi SGM 6702-A 2026 - For Hemophilia A and B added criteria that Hympavzi will not be used in combination with Alhemo or Qfitlia. Removed the requirement that member must have inadequate response, intolerance, or contraindication to factor VIII or factor IX products or had at least 6 acute bleeding episodes in the past 6 months.

Rivfloza SGM 6200-A 2025 - Added prescriber specialty requirement, requirement that member has elevated urinary oxalate or urinary oxalate:creatinine ratio per laboratory performing the test prior to initiating therapy with the requested medication, and requirement that patient has not previously received a liver transplant aligned with clinical trial and clinical practice guidelines.

Oxlumo SGM 4395-A 2025 - Added prescriber specialty requirement, requirement that member has elevated urinary oxalate or urinary oxalate:creatinine ratio per laboratory performing the test prior to initiating therapy with the requested medication, and requirement that patient has not previously received a liver transplant aligned with clinical trial and clinical practice guidelines.

Rinvoq SGM 3173-A 2026 - For atopic dermatitis:

1. Removed criteria for approval if inadequate response to another systemic drug that bypasses diagnosis of mod-to-severe atopic derm (BSA >10%/crucial area) and trial of first-line topical therapy.

2. Added topical aryl hydrocarbon receptor agonist to topical therapy step per updated atopic dermatitis guidelines from the American Academy of Dermatology.
3. Removed lookback for topical treatment trial.
4. Added examples of topical calcineurin inhibitors, Janus kinase (JAK) inhibitor, and topical phosphodiesterase-4 (PDE-4) inhibitors.
5. Added contraindications as an additional option to satisfy the step requirement through systemic therapies.

Evkeeza SGM 4512-A 2026 -

1. Added prescriber specialties criteria requirement (cardiologist, endocrinologist, lipid specialist, geneticist or a prescriber specialized in the treatment of HoFH).
2. For continuation of therapy, removed the "members meets all of the requirements in the coverage criteria"
3. Separated documentation for initial and continuation requests since continuation requests will no longer be required to step through initial therapy.

Juxtapid SGM 2071-A 2026 -

1. Added prescriber specialties criteria requirement (cardiologist, endocrinologist, lipid specialist, geneticist or a prescriber specialized in the treatment of HoFH).
2. For continuation of therapy, removed the "members meets all of the requirements in the coverage criteria"
3. Separated documentation for initial and continuation requests since continuation requests will no longer be required to step through initial therapy.

Tryngolza SGM 6786-A 2026 -

1. Added prescriber specialties criteria requirement (cardiologist, endocrinologist, lipid specialist, geneticist, or a prescriber specialized in the treatment of FCS).
2. For members that genetic testing was inconclusive, added NAFSC and Moulin score criteria as additional methods to confirm the FCS diagnosis.
3. Added documentation requirement criteria for the confirmation of NAFCS and Moulin scores.
4. Added age restriction.
5. Added the requirement of not using Tryngolza concomitantly with Redemplo.

Evenity SGM 2921-A 2025 -

1. Added documentation required for previous therapies tried, if applicable, for initial criteria.
2. For postmenopausal osteoporosis:

a. Updated verbiage of "1 year trial of bisphosphonates or clinical reason to avoid bisphosphonates" to "has had an inadequate response or intolerance to previous bisphosphonate therapy".
b. Updated "failed prior treatments to previous injectable osteoporosis therapy" to "had an inadequate response or intolerance to previous injectable osteoporosis therapy".

Tymlos SGM 1826-A 2025 -

1. Added documentation required for previous therapies tried, if applicable, for initial criteria.
2. For postmenopausal osteoporosis:
    a. Updated verbiage of "1 year trial of bisphosphonates or clinical reason to avoid bisphosphonates" to "has had an inadequate response or intolerance to previous bisphosphonate therapy".
    b. Updated "failed prior treatments to previous injectable osteoporosis therapy" to "had an inadequate response or intolerance to previous injectable osteoporosis therapy".
3. For osteoporosis for men initial criteria, updated to allow high fracture risk or inadequate response to bisphosphonate therapy, or history of osteoporotic vertebral/hip fracture.

Teriparatide-Forteo-Bonsity 2028-A SGM 2025 -

1. Added documentation required for previous therapies tried, if applicable, for initial criteria.
2. For postmenopausal osteoporosis:
    a. Updated verbiage of "1 year trial of bisphosphonates or clinical reason to avoid bisphosphonates" to "has had an inadequate response or intolerance to previous bisphosphonate therapy".
    b. Updated "failed prior treatments to previous injectable osteoporosis therapy" to "had an inadequate response or intolerance to previous injectable osteoporosis therapy".
3. For osteoporosis for men initial criteria, updated to allow high fracture risk or inadequate response to bisphosphonate therapy, or history of osteoporotic vertebral/hip fracture.
4. For glucocorticoid-induced osteoporosis initial criteria, updated to allow either high/very high fracture risk or inadequate response/intolerance to previous bisphosphonate therapy.

Zoledronic acid-Reclast SGM 2380-A 2025 - Updated criteria in postmenopausal osteoporosis for osteopenia to include high pre-treatment FRAX score.

Cinacalcet-Sensipar 1624-A SGM 2025 -

1. Updated compendial uses indication from "hypercalcemia in post-kidney transplant patients with persistent hyperparathyroidism" to "hypercalcemia in renal transplant recipients with persistent hyperparathyroidism".
2. Added documentation (serum calcium levels and intact parathyroid hormone [iPTH] levels) and prescriber specialties (endocrinologist, nephrologist, oncologist) requirements.
3. Added iPTH level as an additional marker, as it is a better marker for secondary hyperparathyroidism for the following indications:
    a. Secondary hyperparathyroidism with Chronic Kidney Disease (CKD) on Dialysis.
    b. Persistent hyperparathyroidism in renal transplant recipients.

Parsabiv 2222-A SGM 2025 -

Added documentation (serum calcium levels and intact parathyroid hormone [iPTH] levels) and prescriber specialties (endocrinologist, nephrologist) requirements.

Added iPTH level as an additional marker for secondary hyperparathyroidism as it is a better marker for secondary hyperparathyroidism.

Tolvaptan-Jynarque 2572-A SGM 2025 -

1. Added prescriber specialties criteria requirement (nephrologist and prescribers specialized in autosomal dominant polycystic kidney [ADPKD]).
2. Added a new requirement to the coverage criteria for members with an estimated glomerular filtration rate (eGFR) greater than or equal to 25 milliliters per minute per 1.73 square meters stating that the member should have a historical decline in eGFR greater than or equal to 3 milliliters per minute per 1.73 square meters per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.
3. Added generic tolvaptan to the program.

Deferasirox-Exjade-Jadenu 1622-A SGM 2025 -

1. Added prescriber specialties.
2. Specified formulation of deferasirox as tablets/granules.

Serostim SGM 1870-A 2026 -

1. For HIV-associated wasting/cachexia: a) added documented unintentional weight loss requirement options, and b) changed BMI requirement from less than 18.5kg/meters squared to less than 20kg/meters squared per Expert Consensus Statement on an Updated Definition of Unintended Weight Loss Among Persons With Human Immunodeficiency Virus in the Modern Treatment Era.
2. For continuation of therapy, removed requirement of BMI is <27 kg/m2.
3. For continuation of therapy, added the criterion of having achieved or maintained a documented positive clinical response.