Oscar Prior Authorization Criteria

Summary of Changes – 1/4/27

Bylvay SGM 4862-A 2026 - Added exclusion for members with prior or active hepatic decompensation events per FDA label.

Cinqair SGM 1654-A 2026 -

1) For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments.

2) Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”.

3) Added adherence requirement for high-dose inhaled corticosteroid and additional controller.

4) Updated maintenance asthma treatment from “i.e.,” to “e.g.,”

5) Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy.

6) Added Appendix for high-dose inhaled corticosteroids.

Eligard-Vabrinty SGM 1966-A, 6043-A 2026 -

1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.

2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN.

Entyvio SGM 2004-A 2026 -

1) Added compendial use for chimeric antigen receptor (CAR) T-cell-related toxicity per NCCN.

2) Added gastroenterologist to prescriber specialties for immune checkpoint inhibitor-related toxicity and acute graft versus host disease.

3) For immune checkpoint inhibitor-related toxicity, added step through corticosteroids unless used for diarrhea or colitis per NCCN.

4) Clarified concomitant use exclusion "for the same indication."

Fasenra SGM 2413-A 2026a -

1) Added hypereosinophilic syndrome (HES) per FDA label update.

2) Asthma: For members who previously received a biologic for asthma, added requirement that member will continue to use maintenance asthma treatments. Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”. Added adherence requirement for high-dose inhaled corticosteroid and additional controller. Updated maintenance asthma treatments requirement from “i.e.,” to “e.g.,”. Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for high-dose inhaled corticosteroids.

3) Eosinophilic granulomatosis with polyangiitis (EGPA): Added prescriber specialties.

Gattex SGM 1838-A 2026 -

1) Added prescriber specialties.

2) Updated continuation of therapy duration of approval from 6 months to 12 months per long-term safety study.

Iqirvo SGM 6531-A 2026 -

1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.

2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment." Previously, was prior to initiation of therapy with the requested drug.

Isturisa SGM 3667-A 2026 -

1) Added prescriber specialties.

2) Added adult age requirement per FDA label.

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

4) Specified Cushing's syndrome diagnosis confirmation requirements in initial coverage criteria.

5) For continuation of therapy, added morning serum cortisol as an additional testing method per the Pituitary Society consensus guideline on diagnosis and management of Cushing's disease.

Livdelzi SGM 6598-A 2026 -

1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.

2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment". Previously, was prior to initiation of therapy with the requested drug.

Livmarli SGM 5005-A 2026 - Added exclusion for members with prior or active hepatic decompensation events per FDA label.

Lupron Depot Endometriosis-Fibroid SGM 1970-A, 6049-A 2026 -

1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.

2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN.

Myalept SGM 1674-A 2026 -

1) Removed partial lipodystrophy compendial use per FDA label's Limitations of Use section and lack of compendial support in tertiary resources.

2) Added partial lipodystrophy and liver disease, including metabolic dysfunction associated with steatohepatitis (MASH), to Exclusions per FDA label.

3) Added prescriber specialties.

4) Added requirement that member will be using this medication in conjunction with dietary modifications and regular exercise per FDA label.

Nucala SGM 1655-A 2026 -

1) Asthma: For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments. Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”. Added adherence requirement for high-dose inhaled corticosteroid (ICS) and additional controller. Updated maintenance asthma

treatment from “i.e.,” to “e.g.". Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for high-dose inhaled corticosteroids.

2) Eosinophilic granulomatosis with polyangiitis (EGPA): Added prescriber specialties.

3) Hypereosinophilic syndrome (HES): Added prescriber specialties. Added documentation requirement for HES therapy.

4) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic for CRSwNP, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated.

5) Chronic obstructive pulmonary disease (COPD): For members who previously received a biologic for COPD, added requirement that member will continue to use maintenance COPD treatments. Updated absolute blood eosinophil count from at least 150 cells/mcL to at least 300 cells/mcL per Global Strategy for the Diagnosis, Management, and Prevention of COPD (GOLD) 2026 Report.

Ocaliva SGM 2029-A 2026 -

1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.

2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment". Previously, was prior to initiation of therapy with the requested drug.

Signifor SGM 2124-A 2026 -

1) Added prescriber specialties.

2) Increased initial approval duration from 6 months to 12 months.

3) Added adult age requirement per FDA label.

4) Specified Cushing's syndrome diagnosis confirmation requirements in initial coverage criteria.

5) For continuation of therapy, added morning serum cortisol as an additional testing method per the Pituitary Society consensus guideline on diagnosis and management of Cushing's disease.

Trelstar SGM 1968-A, 6053-A 2026 -

1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.

2) Added documentation requirement for androgen receptor positive status for salivary gland tumors per NCCN.

Xolair-Omlyclo SGM 1656-A 2026a -

1) Systemic mastocytosis: Added prescriber specialties.

2) Asthma: For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments. Added adherence requirement for medium to high-dose inhaled corticosteroid and additional controller. Updated maintenance asthma treatment from “i.e.,” to “e.g.,”. Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for medium- and high-dose inhaled corticosteroids.

3) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated. Added requirement for pretreatment IgE level greater than or equal to 30 IU/mL per FDA label.

4) IgE-mediated food allergy: Increased initial approval duration from 6 months to 12 months. Removed laboratory value requirements for food allergen-specific IgE levels and skin-prick test per National Institute of Allergy and Infectious Disease (NIAID) guidelines.

5) Chronic spontaneous urticaria: Increased initial approval duration from 6 months to 12 months.

6) Immune checkpoint inhibitor-related toxicity: Added moderate (G2) pruritis per NCCN.

Zoladex SGM 1918-A, 6056-A SGM 2026 -

1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.

2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN.

3) For ovarian cancer: Removed persistent low grade serous carcinoma per NCCN. Removed disease staging from malignant sex cord-stromal tumors (granulosa cell tumors) per NCCN. Updated continuation of therapy criteria to include member has not experienced disease progression.

droxidopa-Northera SGM 2020-A 2026 -

1) Added prescriber specialties.

2) Added adult age requirement per FDA label.

leuprolide depot products Prostate Cancer SGM 1971-A, 6047-A 2026 -

1) For gender dysphoria, added "gender-affirming care" wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.

2) Added documentation requirement for hormone receptor (HR) positive status for breast cancer per NCCN.

Exdensur SGM 7328-A 2026a -

1) For members who previously received a biologic for asthma, added requirement that member will continue to use maintenance asthma treatments.

2) Removed "maximal" wording from "maximal optimized doses".

Kanuma SGM 2094-A 2026 - Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.

Galafold SGM 2650-A 2026 - Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.

Elfabrio SGM 5934-A 2026 - Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.

Added to criteria that combination therapy will not be used with Fabrazyme.

Fabrazyme SGM 2054-A 2026 - Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.

Added to criteria that combination therapy will not be used with Elfabrio.

Nexviazyme SGM 4890-A 2026 - Specified enzyme activity threshold in coverage criteria and documentation requirement per ACMG Practice Guideline.

Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms at baseline.

Lumizyme SGM 2055-A 2026 - Specified enzyme activity thresholds in coverage criteria and documentation requirement per ACMG Practice Guideline.

For late-onset Pompe Disease, added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms at baseline.

Avastin and Biosimilars 1891-A SGM 2026a - Updated duration of initial approval to 12 months for ophthalmology indications.

Added prescriber specialty for ophthalmology indications.

Lucentis and Biosimilars SGM 1976-A 2026a - Added new biosimilars Nufymco and Ranluspec.

For all indications, updated duration of initial approval to 12 months.

Added Ophthalmology prescriber specialty.

Vabysmo SGM 5156-A 2026 - For all indications, updated duration of initial approval to 12 months.

Added Ophthalmology prescriber specialty.

Eylea-Eylea HD and Biosimilars SGM 2024-A 2026 - For all indications, updated duration of initial approval to 12 months.

Added Ophthalmology prescriber specialty.

Beovu SGM 3349-A 2026 - For all indications, updated duration of initial approval to 12 months.

Added Ophthalmology prescriber specialty.

Susvimo SGM 5038-A 2026 - For all indications, updated duration of initial approval to 12 months.

Added Ophthalmology prescriber specialty.

Camcevi SGM 4763-A 2026 - Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor, per NCCN.

Gomekli SGM 6835-A 2026 - Specified use as a single agent for treatment of neurofibromatosis type 1, per NCCN.

Romvimza SGM 6845-A 2026 - Added use as a single agent for the treatment of tenosynovial giant cell tumor (TGCT), per NCCN.

Ojemda SGM 6480-A 2026a - For CNS cancers, added requirement that medication be used as a single agent, per NCCN.

Added coverage for recurrent or progressive, WHO grade 1 or 2 circumscribed glioma or WHO grade 2 pleomorphic xanthoastrocytoma, per NCCN.

Added coverage for Langerhans cell histiocytosis, per NCCN.

Yervoy SGM 1796-A 2026a - Removed requirement that biliary tract cancer is not present as jaundice for neoadjuvant treatment, per NCCN.

Added coverage for single agent use for local satellite/in-transit recurrence and oligometastatic cutaneous melanoma, per NCCN.

Added coverage for ovarian cancer, fallopian tube cancer, primary peritoneal cancer, per NCCN.

Added coverage for neoadjuvant treatment of small bowel adenocarcinoma, per NCCN.

Added coverage for borderline/malignant phyllodes tumor of the breast, per NCCN.

Updated ampullary adenocarcinoma, appendiceal neoplasms and cancers, small bowel adenocarcinoma, and uveal melanoma to have 4 dose max to align with NCCN.

Updated bone cancer, Kaposi sarcoma, soft tissue sarcoma, uterine neoplasms, vaginal cancer, and vulvar cancer to have 24 month total max to align with NCCN.

Emrelis SGM 6986-A 2026 - For NSCLC, added coverage for recurrent disease, per NCCN.

Added requirement that disease is EGFR wild-type and medication will be used as a single agent, per NCCN.

Added documentation requirement for EGFR status, per NCCN.

Lumakras SGM 4766-A 2026 - For pancreatic adenocarcinoma, added requirement that medication be used as subsequent therapy.

For colorectal cancer, added coverage for BRAF wild-type disease and documentation requirement, added coverage for unresectable or inoperable disease, and added coverage for unresectable metachronous metastases, per NCCN.

For small bowel adenocarcinoma, added coverage for use in combination with Erbitux or Vectibix, per NCCN.

Added coverage for appendiceal neoplasms and cancers, per NCCN.

Retevmo SGM 3874-A 2026 - For thyroid cancer, added requirement that medication be used as a single agent for all subtypes, per NCCN.

For oncolytic thyroid cancer, removed requirement that disease is not amenable to radioactive iodine therapy, per NCCN.

Updated uterine sarcoma to uterine neoplasms to align with NCCN and added coverage for recurrent or metastatic endometrial carcinoma as subsequent therapy, per NCCN.

For soft tissue sarcoma, added coverage for borderline/malignant phyllodes tumor of the breast and epithelioid hemangioendothelioma, per NCCN.

For neuroendocrine and adrenal tumors, added requirement that medication be used as a single agent, per NCCN.

For extrapulmonary poorly differentiated neuroendocrine and adrenal tumors, added requirement that medication be used as subsequent therapy.

nilotinib products SGM 1793-A 2026a - Added Cavhanza to criteria, per FDA approval.

For gastrointestinal stromal tumors, required disease to be positive for KIT and/or PDGFRA mutations, per NCCN.