



Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective April 15, 2023 (unless otherwise noted)

Note – Log-in is required for policy update sections marked with an asterisk *. Use this link to log-in, [Cigna for Health Care Professionals](#) > Resources > Reimbursement and Payment Policies.

New Medical Coverage Policies

- [Remote Patient Monitoring \(RPM\) and Remote Therapeutic Monitoring \(RTM\) – \(0563\)](#)
 - Posted **March 15, 2023**, effective **May 11, 2023**:
 - RPM is considered medically necessary for chronic obstructive pulmonary disease, diabetes mellitus and heart failure when all of the following criteria are met for the technology in question:
 - FDA approved, cleared or has received emergency use authorization (EUA) designation as a medical device.
 - prescribed and administered by a board-eligible or board-certified medical provider or subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), nurse practitioner (NP) or physician assistant (PA)).
 - physiologic data are electronically collected and automatically uploaded for analysis and interpretation.
 - intended for the purpose of displaying or analyzing the physiological parameter(s) measured by the device used for remote communication, counseling and monitoring of acute or chronic health conditions.
 - RPM is considered not medically necessary for any other indication.
 - RTM is considered not medically necessary for any indication.

Modified Medical Coverage Policies

- [Allergy Testing and Non-Pharmacologic Treatment – \(0070\)](#)
 - Important **change** in coverage criteria:
 - Removed statement that in vitro allergy testing is considered not medically necessary when there is a negative skin test for allergy in question.
- [Ambulatory External and Implantable Electrocardiographic Monitoring – \(0547\)](#)
 - Originally provided advance notification on **January 15, 2023**, of important **changes** in coverage criteria, effective **April 15, 2023**:
 - Separated criteria to be met for insertable cardiac monitor (ICM) by the requested indication of cryptogenic stroke or syncope.
 - Limited coverage by adding that noninvasive ambulatory cardiac monitoring needs to be inconclusive or non-diagnostic before ICM placement for both cryptogenic stroke and recurrent or unexplained syncope.
 - Limited coverage by adding additional criteria to be met for recurrent or unexplained syncope.
 - Additional **changes** in coverage criteria:
 - Removed ICD-10 diagnosis codes from allowed/covered list that do not meet criteria listed for external cardiac monitoring:

- Codes that were approvable previously (unspecified and unsupported codes) will now be denied if billed with non-covered codes or billed alone.
- [Headache, Occipital and/or Trigeminal Neuralgia Treatment – \(0063\)](#)
 - Originally provided advance notification on **January 15, 2023**, of important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated title from “Headache and Occipital Neuralgia Treatment” to current title to reflect broadened scope.
 - Added not covered statements for occipital, trigeminal, sphenopalatine ganglion, and peripheral nerve blocks for the treatment of the various types of headache, migraine, trigeminal neuralgia, or occipital neuralgia.
- [Liver and Liver-Kidney Transplantation – \(0355\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Clarified existing position of non-coverage of liver transplant for colorectal liver metastases (CRLM) by adding a clarifying bullet to policy statement.
 - Clarified wording about existing perfusion systems in experimental, investigational or unproven (EIU) policy statement.
- [Molecular Diagnostic Testing for Hematology and Oncology Indications – \(0520\)](#)
 - Important **changes** in coverage criteria, originally posted **January 15, 2023**:
 - Updated title to more accurately reflect inclusion of proteomic testing.
 - Updated Proteomic Testing section:
 - Added general criteria for proteomic testing.
 - Updated header to clarify that not all proteomic testing is serum based.
 - Updated Screening and Prognostic Tests for Early Detection of Prostate Cancer section:
 - Separated 4K score into separate criteria section in table.
 - Updated Tumor Tissue-Based Molecular and Proteomic Assays for Prostate Cancer:
 - Included Oncotype DX in the same criteria section as Prolaris as criteria are same per NCCN recommendation.
 - Updated Header to clarify use of tests included in section.
 - Updated General Criteria section:
 - Added bullet to clarify that general criteria apply if disease-specific criteria are not found elsewhere in the policy:
 - No change in criteria intent.
 - Minor **changes** in coverage criteria/policy:
 - Updated Tumor Profile/Gene Expression Classifier Testing section:
 - Updated wording to reflect histologic type of terms used by NCCN:
 - No change in criteria intent.
 - Updated header name for Myeloproliferative Neoplasms.
 - Updated Other Tumor Profile Testing section:
 - Moved criteria for adhesive patch testing under this header for accuracy:
 - No change in criteria intent.
- [Otoplasty and External Ear Reconstruction – \(0335\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Clarified requirements for photographic evidence for external ear reconstruction.
 - Expanded coverage for external ear molding to include “functional need for eyewear use.”
- [Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation – \(0539\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Clarified intent of policy statement:
 - Differentiated scope of this policy from other electrical stimulation policies.

- [Transcatheter Ablation for the Treatment of Supraventricular Tachycardia in Adults – \(0529\)](#)
 - Minor **change** in coverage criteria/policy:
 - Expanded coverage for atrial flutter by removing the need for failure of pharmacologic rate control.
- [Wheelchairs/Power Operated Vehicles – \(0030\)](#)
 - Minor **change** in coverage criteria/policy:
 - Added not covered wheelchair option/accessory:
 - Sensor system for collision avoidance (e.g., LUCI).

Retired Medical Coverage Policies

- No retired policies for April 2023.

New Cigna-American Specialty Health (ASH) Cobranded Clinical Practice Guidelines (CPGs)

- No new CPGs for April 2023.

Modified Cigna-ASH Cobranded CPGs

- [Acupuncture – \(CPG024\)](#)
 - Important **changes** in coverage criteria:
 - Limited coverage by adding bullet to not medically necessary section for services that do not require skills of a qualified provider of acupuncture.

New Cigna-eviCore Cobranded Guidelines

- No new guidelines for April 2023.

Modified Cigna-eviCore Cobranded Guidelines

- No updates for April 2023.

New Administrative Policies

- No new policies for April 2023.

Modified Administrative Policies

- No updates for April 2023.

New Drug and Biologic Coverage Policies: Effective April 1, 2023, unless otherwise noted

- **Supports pharmacy prior authorization:**
 - [Adalimumab - \(IP0245\)](#)
 - Added Amjevita.
 - Removed Humira content from:

- Immunomodulators - Oral and Subcutaneous (Cigna Total Savings Drug List) - (2102)
 - Immunomodulators – Oral and Subcutaneous (Individual and Family Plans) - (1903)
 - Immunomodulators – Oral and Subcutaneous (Standard/ Performance, Value/ Advantage, Legacy Drug List Plans) - (1805)
- [Certolizumab - \(IP0244\)](#)
 - Removed Cimzia content from:
 - Immunomodulators - Oral and Subcutaneous (Cigna Total Savings Drug List) - (2102)
 - Immunomodulators – Oral and Subcutaneous (Individual and Family Plans) - (1903)
 - Immunomodulators – Oral and Subcutaneous (Standard/ Performance, Value/ Advantage, Legacy Drug List Plans) - (1805)
 - Added Amjevita and Cosentyx as preferred product options.
- [Etanercept - \(0241\)](#)
 - Removed Enbrel content from:
 - Immunomodulators - Oral and Subcutaneous (Cigna Total Savings Drug List) - (2102)
 - Immunomodulators – Oral and Subcutaneous (Individual and Family Plans) - (1903)
 - Immunomodulators – Oral and Subcutaneous (Standard/ Performance, Value/ Advantage, Legacy Drug List Plans) - (1805)
- [Golimumab Subcutaneous - \(IP0237\)](#)
 - Removed Humira content from:
 - Immunomodulators - Oral and Subcutaneous (Cigna Total Savings Drug List) - (2102)
 - Immunomodulators – Oral and Subcutaneous (Individual and Family Plans) - (1903)
 - Immunomodulators – Oral and Subcutaneous (Standard/ Performance, Value/ Advantage, Legacy Drug List Plans) - (1805)
 - Added Amjevita as preferred product option.
 - Added Cimzia and Cosentyx as preferred product options for IFPs.
 - Added Skyrizi to Psoriatic Arthritis preferred product table.
- [Sodium Phenylbutyrate and Taurursodiol Powder - \(IP0539\)](#)
- **Supports medical precertification:**
 - [Aflibercept - \(IP0540\)](#)
 - [Brolucizumab - \(IP0541\)](#)
 - [Faricimab - \(IP0542\)](#)
 - [Golimumab Intravenous - \(IP0238\)](#)
 - Replaces Golimumab Intravenous - (M0007)
 - [Infliximab - \(IP0242\)](#)
 - Replaces Infliximab (M0003).
 - [Lenacapavir – \(IP0546\)](#)
 - [Ranibizumab - \(IP0543\)](#)
 - [Ublituximab - \(IP0545\)](#)

- **Supports medical necessity exception criteria:**
 - [Pyridostigmine - \(IP0544\)](#)
 - Replaces Pyridostigmine – (P0107)

Modified Drug and Biologic Coverage Policies: Updates in this section effective April 1, 2023, unless otherwise noted

- [Abaloparatide - \(IP0329\)](#)
 - Important **changes** in coverage criteria:
 - Added criteria to support new expanded indication for treatment of osteoporosis in men.
 - Removed “lifetime maximum” language.
 - Updated continuation of therapy and authorization duration.
- [Abatacept Intravenous - \(IP0232\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita as preferred product option.
 - Added Cimzia and Cosentyx as preferred product options for Individual and Family Plans (IFPs).
- [Abatacept Subcutaneous – \(IP0231\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita as preferred product for all diagnoses for Employer Group Plans.
 - Added Amjevita as preferred product for polyarticular juvenile idiopathic arthritis for IFPs.
 - Added Amjevita, Cimzia and Cosentyx as preferred products for psoriatic arthritis – adult for IFPs.
 - Also increased preferred product requirement from two to three.
 - Added Amjevita and Cimzia as preferred products for rheumatoid arthritis for IFPs.
- [Abrocitinib – \(IP0404\)](#)
 - Minor **change** in coverage criteria/policy:
 - Updated age for atopic dermatitis.
- [Alosetron – \(IP0012\)](#)
 - Important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated format to current template and language standards.
 - Updated preferred alternatives.
 - Removed IFP formulary information.
- [Alprostadil for Individual and Family Plans \(IFP\) – \(IP0425\)](#)
 - Important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated format to current template and language standards.
 - Aligned specialist criteria for erectile dysfunction diagnosis to all other diagnoses.
 - No change to content.
- [Anakinra - \(IP0243\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita and Cimzia as preferred product options.
- [Apremilast - \(IP0226\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita, Cimzia and Cosentyx as preferred product step options.

- [Atogepant - \(IP0377\)](#) and
- [Rimegepant - \(IP0147\)](#)
 - Important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated format to current template and language standards.
 - Updated minimum trial of two preventive therapies from three months to eight weeks.
 - Updated concurrent use with another calcitonin gene-related peptide (CGRP) inhibitor language in “Conditions Not Covered” section.
- [Avanafil – \(IP0100\)](#) and
- [Sildenafil \(Viagra®\) -\(IP0098\)](#) and
- [Tadalafil \(Cialis®\) for Employer Group Plans – \(IP0097\)](#) and
- [Tadalafil \(Cialis®\) for Individual and Family Plans – \(IP0101\)](#) and
- [Vardenafil – \(IP0099\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
- [Baricitinib – \(IP0225\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita and Cimzia as preferred products for Employer Group Plans and IFPs.
- [Brodalumab – \(IP0246\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita as preferred product for Employer Group Plans.
 - Added Amjevita, Cimzia and Cosentyx as preferred products for IFPs:
 - Increased number of preferred products required from two to three.
- [Denosumab \(Prolia®\) - \(IP0331\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - Added recommended dosing.
 - Removed notes and examples.
- [Denosumab \(Xgeva®\) - \(IP0332\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - Added “or after bilateral orchiectomy” for prostate cancer-related criteria.
 - Added recommended dosing.
 - Removed notes and examples.
- [Deucravacitinib – \(IP0538\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita and Cimzia as preferred products for Employer Group Plans.
 - Added Amjevita, Cimzia and Cosentyx as preferred products for IFPs:
 - Increased number of preferred products required from two to three.
- [Drug and Biologic Medical Necessity \(Injectables\) – medical benefits – \(2027\)](#)
 - Important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated to address coverage of injectable drugs and biologics, not otherwise specified, allowed under medical plan benefits.
- [Fingolimod - \(IP0259\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Removed prior authorization for generic fingolimod 0.5 mg capsules.

- [Guselkumab - \(IP0234\)](#) and
- [Ixekizumab - \(IP0224\)](#)
 - Important **changes** in coverage criteria: and
 - Added Amjevita, Cimzia and Cosentyx as preferred product options for IFPs.
- [Hereditary Angioedema - Lanadelumab-flyo - \(IP0334\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated dosing section.
- [Histrelin Acetate Subcutaneous Implant - \(IP0133\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Removed discontinued product, Vantas.
 - Added dosing for treatment of central precocious puberty.
- [Human Chorionic Gonadotropin \(hCG\) for Non-fertility Uses - \(IP0327\)](#) and
- [Ranibizumab Ocular Implant - \(IP0349\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No change to criteria intent.
- [Luspatercept for Non-Oncology Uses – \(IP0115\)](#)
 - Important **changes** in coverage criteria, effective **April 15, 2023**:
 - Updated title from Luspatercept to current title.
 - Revised criteria for beta-thalassemia.
 - Removed criteria for myelodysplastic syndrome and myelodysplastic/myeloproliferative neoplasm:
 - Addressed in [Oncology Medications – \(1403\)](#).
- [Migraine Treatment - \(IP0029\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Added Diclofenac powder packet.
- [Odactra – \(IP0516\)](#)
 - Important **change** in coverage criteria:
 - Revised age down to 12 years for treatment of house dust mite-induced allergic rhinitis.
- [Olipudase – \(IP0500\)](#)
 - Important **changes** in coverage criteria:
 - Added confirmation of diagnosis by genetic testing.
 - Added dosing information.
- [Opioid Therapy - \(1704\)](#)
 - Important **changes** in coverage criteria:
 - Updated preferred product requirements for long-acting opioids for IFPs.
- [Ozanimod - \(IP0214\)](#) and
- [Tocilizumab - \(IP0227\)](#) and
- [Tofacitinib - \(IP0230\)](#) and
- [Upadacitinib - \(IP0229\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita as preferred product option.
- [Pulmonary Hypertension \(PH\) Therapy - \(6121\)](#)
 - Minor **changes** in coverage criteria/policy, effective **April 15, 2023**:
 - Added Orenitram titration kits for month 1, month 2 and month 3:

- No impact to medical necessity criteria.
 - Updated background (dosing/availability section).
- [Quantity Limitations – \(1201\)](#)
 - Minor **changes** in coverage criteria/policy, effective **April 15, 2023**:
 - Revised exception criteria for Vtama (tapinarof cream).
 - Clarified quantity limits for Skyrizi.
 - Added Amjevita.
- [Rufinamide - \(IP0048\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated continuation of therapy criteria.
 - Removed notes and examples.
- [Sarecycline - \(IP0093\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Supports medical necessity exception criteria for sarecycline tablet.
 - No change to criteria intent.
- [Sarilumab – \(IP0233\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita and Cimzia as preferred products for Employer Group Plans and IFPs.
- [Secukinumab - \(IP0223\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita as preferred product step for Employer Group Plans.
 - Moved Cosentyx to preferred product status for IFPs.
- [Step Therapy – Legacy Prescription Drug Lists \(Employer Group Plans\) – \(1803\)](#)
 - Important **changes** in coverage criteria:
 - Policy update effective **April 15, 2023**.
 - Moved Pentasa from Step 1 to Step 3:
 - This change is effective **July 1, 2023**.
- [Teplizumab-mzww – \(IP0537\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated coding information.
- [Tezepelumab - \(IP0412\)](#)
 - Minor **changes** in coverage criteria/policy, effective **April 15, 2023**:
 - Added Tezspire 210 mg/1.91 mg/mL (110 mg/mL) single-dose pre-filled pens:
 - No impact to medical necessity criteria.
 - Updated background (dosing/availability section).
- [Tildrakizumab - \(IP0236\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita and Cimzia as preferred products for Employer Group Plans.
 - Added Amjevita, Cimzia and Cosentyx as preferred products for IFPs.
 - Increased number of preferred products required from two to three for IFPs.
- [Tiopronin – \(IP0202\)](#)
 - Minor **change** in coverage criteria/policy:
 - Updated criteria language.
- [Ustekinumab Intravenous - \(IP0240\)](#)
 - Important **changes** in coverage criteria:

- Added Amjevita and Cimzia as preferred products for IFPs.
- [Ustekinumab Subcutaneous - \(IP0239\)](#)
 - Important **changes** in coverage criteria:
 - Added Amjevita, Cimzia and Cosentyx as preferred product step option for IFPs.
- [Vericiguat – \(IP0125\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Supports medical necessity review for Verquvo.
 - Updated format to current template and language standards.
 - No change to criteria intent.
- [Voxelotor - \(IP0119\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Added “before initiating Oxbryta therapy” to criterion 2.
 - Removed criterion related to no planned chronic prophylactic transfusions.
 - Removed notes and examples.
- [Weight Loss – Semaglutide \(Wegovy\) – \(IP0521\)](#)
 - Important **changes** in coverage criteria:
 - Added criteria for pediatric weight loss.

Retired Drug and Biologic Coverage Policies: Effective April 1, 2023, unless otherwise noted

- Golimumab Intravenous - (M0007)
 - Replaced with [Golimumab Intravenous - \(IP0238\)](#).
- Immunomodulators - Oral and Subcutaneous (Cigna Total Savings Drug List) - (2102)
- Immunomodulators – Oral and Subcutaneous (Individual and Family Plans) - (1903)
- Immunomodulators – Oral and Subcutaneous (Standard/ Performance, Value/ Advantage, Legacy Drug List Plans) - (1805)
 - No longer needed; therefore, being retired.
- Infliximab - (M0003)
 - Replaced with [Infliximab - \(IP0242\)](#).
- Meclizine (IP0267)
 - No longer needed; therefore, being retired.
- Oxymetholone - (P0005)
 - No longer needed; medication coverage policy support is discontinued.
- Pyridostigmine – (P0107)
 - Replaced with [Pyridostigmine - \(IP0544\)](#).
- Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ocular Use - (1206)
 - Replaced with:
 - [Aflibercept - \(IP0540\)](#).
 - [Brolucizumab - \(IP0541\)](#).
 - [Faricimab - \(IP0542\)](#).
 - [Ranibizumab - \(IP0543\)](#).

Cigna National Formulary (CNF) Coverage Policies

- Cigna National Formulary (CNF) policies are located on the [CNF Policies A-Z Index](#).
 - Policies are listed alphabetically by document title.
 - Document titles include the policy type and may include the drug name, class, and/or condition.
 - Policies can also be searched by a product identification (ID) number, which is a unique identifier to a specific product/policy.
 - When applicable, searching by product ID helps locate the corresponding CNF policy.
 - Details of updates to each CNF policy are located under the “Revision History” section.
- More information about Cigna's drug lists can be found at [Prescription Drug Lists and Coverage | Cigna](#)
- More information about Cigna's drug lists **changes** can be found at [CHCP - Resources - Cigna's Prescription Drug Lists](#).
 - CNF formulary changes can be found in the Prescription Drug List Changes document under **Cigna National Prescription Drug List**, located at the bottom of the page.

CareAllies Medical Necessity Guidelines

- No updates for April 2023.

* Modified Precertification List – Commercial (Non-Medicare) Business

- No updates for April 2023.

* Modified Precertification List – Medicare Business

- No updates for April 2023.

* New Reimbursement Policies

- No New policies for April 2023.

* Modified Reimbursement Policies

- Omnibus Reimbursement Policy – (R24)
 - Important **changes**, effective **April 16, 2023**:
 - Updated to note we will deny CPT code 0770T:
 - Cigna does not provide additional or separate reimbursement for practice expense for software used for virtual reality technology.
 - Applies to claims submitted on both CMS 1500 and UB04 claim forms.

* ClaimsXten Documents

- Code Editing Policy and Guidelines
 - Effective **May 13, 2023**: