



Coverage Policy Unit (CPU) - Monthly Policy Updates

February 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

- No new policies for February 2023.

Modified Medical Coverage Policies

- [Diabetes Equipment and Self-Management – \(0106\)](#)
 - Important **changes** in coverage criteria:
 - Added Dexcom G7 to list of covered therapeutic/non-adjunctive continuous glucose monitoring systems (CGMS):
 - Received FDA approval December 2022.
 - Clarified wording referring to continuous glucose monitors (CGMs) as therapeutic/non-adjunctive and non-therapeutic/adjunctive:
 - Aligned with Centers for Medicare and Medicaid Services (CMS) descriptors.
 - Expanded CGMs coverage for use when patients are on basal insulin based on American Diabetes Association 2023 standards of care.
- [Omnibus Codes – \(0504\)](#)
 - Originally provided advance notification on **November 15, 2022**, of important **changes** in coverage criteria, effective **February 15, 2023**:
 - Reviewed nine cardiovascular topics:
 - Changed implanted wireless pulmonary artery sensor (e.g., CardioMEMS HF System) from covered to not covered.
 - Maintained EIU for remaining eight cardiovascular topics.
- [Percutaneous Revascularization of the Lower Extremities in Adults – \(0537\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Clarified what documentation of occlusive arterial disease consists of.
 - Clarified abnormal ankle-brachial index (ABI) can be obtained either resting or with exercise.
 - Changed list of “all other indications” from not medically necessary to experimental, investigational or unproven (EIU):
 - Exception is nonviable limb; which remains not medically necessary.
- [Peripheral Nerve Destruction for Pain Conditions – \(0525\)](#)
 - Minor **change** in coverage criteria/policy:
 - Added intercostal neuralgia to list of EIU conditions.
- [Transthoracic Echocardiography in Adults – \(0510\)](#)

- Important **changes** in coverage criteria:
 - Added coverage for myocardial strain imaging (add-on CPT code 93356) for ICD10 I42.1 obstructive hypertrophic cardiomyopathy.
 - Added coverage for transthoracic echocardiography (TTE) for G40.811- G40.814 Lennox-Gastaut syndrome.
 - Other clarifications without changes in coverage, including created a separate pregnancy section.
- [Transthoracic Echocardiography in Children – \(0523\)](#)
 - Important **changes** in coverage criteria:
 - Added coverage for myocardial strain imaging (add-on CPT code 93356) for ICD10 I42.1 obstructive hypertrophic cardiomyopathy.
 - Added coverage for transthoracic echocardiography (TTE) for G40.811- G40.814 Lennox-Gastaut syndrome.
 - Other clarifications without changes in coverage.
- [Whole Exome and Whole Genome Sequencing – \(0519\)](#)
 - Important **changes** in coverage criteria, effective **January 15, 2023**:
 - Updated title from “Whole Exome and Whole Genome Sequencing for Non-Cancer Indications” to current title.
 - Changed whole genome sequencing for a subset of indications from not covered to covered.
 - Removed bullet about sequencing for oncology/hematology indications.

Retired Medical Coverage Policies

- No policies retired for February 2023.

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

- No new CPGs for February 2023.

Modified Cigna-ASH Cobranded CPGs

- [Biofeedback – \(CPG294\)](#)
 - Important **change** in coverage criteria:
 - Expanded coverage to include the leva® Pelvic Health System.

New Cigna-eviCore Cobranded Guidelines

- No new guidelines for February 2023.

Modified Cigna-eviCore Cobranded Guidelines

- [Comprehensive Musculoskeletal Management guidelines](#)
 - Advance notification of important **changes** effective **May 31, 2023**:
 - Updated six musculoskeletal (MSK) Joint guidelines with no changes in coverage criteria.
 - Updated MSK Interventional Pain guidelines:
 - Limited coverage in CMM 200 Epidural Steroid Injections by adding advanced diagnostic imaging within the prior 24 months for presumed radiculopathy/radiculitis.

- Expanded coverage in CMM 203 Sacroiliac Joint Procedures to allow two diagnostic injections.
- Restricted coverage in CMM 211 Spinal Cord and Dorsal Root Ganglion Stimulation by adding EIU statement for other than tonic-low or high-frequency (e.g. burst) stimulation and for “closed loop” stimulation.
- Updated five additional guidelines with no changes in coverage criteria.

New Administrative Policies

- No new policies for February 2023.

Modified Administrative Policies

- [Midwife, Home Birth and Non-Clinical Maternal Services – \(A002\)](#)
 - Updated with no changes in clinical criteria.

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

- [Abilify Mycite - \(IP0534\)](#)
 - Addresses use of aripiprazole tablets with ingestible event marker (IEM) sensor.
 - Replaces Abilify Mycite - (P0086).
- [Filgrastim - \(IP0528\)](#)
 - Effective **February 15, 2023**.
 - Addresses coverage criteria for Filgrastim products.
 - Replaces Filgrastim – (1611)
- [RimabotulinumtoxinB - \(IP0509\)](#)
 - Effective **February 15, 2023**.
 - Addresses coverage criteria for rimabotulinumtoxinB (Myobloc).
 - Moved content from [Botulinum Therapy - \(1106\)](#).
- **Supports pharmacy prior authorization:**
 - [Afrezza - \(IP0533\)](#)
 - Replaces Afrezza – (1506).
 - [Carbidopa - \(IP0523\)](#)
 - [Deucravacitinib \(Sotyktu\) – \(IP0538\)](#)
 - [Grass Pollen Sublingual Products - \(IP0515\)](#) and
 - [Odactra - \(IP0516\)](#) and
 - [Ragwitek - \(IP0518\)](#)
 - Replace Sublingual Allergen Immunotherapy – (1902).
 - [Istradefylline - \(IP0524\)](#)
 - [Levodopa Inhalation Powder - \(IP0522\)](#)
 - [Selegiline - \(IP0525\)](#)
- **Supports medical precertification:**

- [Eflapegrastim - \(IP0526\)](#)
 - Effective **February 15, 2023**.
- [Teplizumab-mzww - \(IP0537\)](#)

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

- [Anifrolumab-fnia \(Saphnelo\) - \(IP0280\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Removed prednisone requirement where preferred products required.
 - Removed examples of medication therapies in criterion C.
- [Anticonvulsant Medications – \(IP0031\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Added Zonisade oral suspension.
 - Revised Zonisade criteria to screen for age and use as adjunctive for treatment of diagnosis.
- [Antiparkinson Agents - \(IP0076\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Removed Inbrija, Lodosyn, Nourianz, Requip XL and Zelapar.
- [Apremilast - \(IP0226\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Corrected plaque psoriasis criteria with removal of body surface area requirement and addition of six week minimum trial of standard of care.
- [Armodafinil / Modafinil - \(IP0075\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Updated format to current template and language standards.
- [Avalglucosidase - \(IP0279\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added dosing information.
 - Simplified laboratory testing criteria.
- [Betibeglogene autotemcel - \(IP0486\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added evidence of adequate cardiac function for hematopoietic stem cell transplantation (HSTC) procedure.
 - Added prescriber attestation that individual is appropriate for HSTC as required to receive Zynteglo.
- [Botulinum Therapy - \(1106\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Removed rimabotulinumtoxinB (Myobloc):
 - Moved to [RimabotulinumtoxinB - \(IP0509\)](#).
 - Updated medical necessity criteria for prevention of chronic migraine.
- [Brexucabtagene autoleucel - \(IP0199\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Added dose management guidance.

- [Carbidopa and Levodopa Enteral Suspension - \(IP0303\)](#) and
- [Oxymetazoline Ophthalmic Solution - \(IP0088\)](#) and
- [Pimavanserin - \(IP0145\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No change to criteria intent.
- [Chenodiol - \(IP0203\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - Clarified total treatment duration exceeding 24 months only applies for gallstone indication in “Conditions Not Covered” section.
- [Complement Inhibitors – \(1103\)](#) and
- [Inebilizumab – \(IP0062\)](#) and
- [Satralizumab – \(IP0078\)](#)
 - Important **change** in coverage criteria:
 - Revised conventional therapy bullet to rituximab.
- [COVID-19 Drug and Biologic Therapeutics - \(2016\)](#)
 - Important **changes** in coverage criteria, effective **January 17, 2023**:
 - Modified and relocated tocilizumab intravenous (Actemra IV) criteria for adult use secondary to FDA approval for use in treatment of COVID-19 in adults on December 21, 2022.
 - Modified tocilizumab’s existing emergency use authorization (EUA) for pediatric patients to “2 years of age to 17 years of age”.
 - Important **change** in coverage criteria, effective **January 31, 2023**:
 - Removed coverage criteria for tixagevimab copackaged with cilgavimab (Evusheld) secondary to EUA withdrawal issued on January 26, 2023.
- [Deflazacort \(Emflaza\) - \(IP0131\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - Simplified criterion 3 to “Individual has experienced significant adverse effects while on prednisone or prednisolone therapy.”
- [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review – Employer Group Plans: Standard Prescription Drug List and Performance Prescription Drug List – \(1601\)](#) and
- [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review – Employer Group Plans: Value Prescription Drug List and Advantage Prescription Drug List – \(1602\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added Allopurinol 200 mg, Auvelity and Dhivy.
- [Elivaldogene autotemcel - \(IP0529\)](#)
 - Minor **change** in coverage criteria/policy:
 - Added prescriber attestation that individual is appropriate for HSTC as required to receive Skysona.
- [Fish Oil Triglycerides - \(IP0191\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - Updated “Conditions Not Covered” section.
- [Glucose Test Strips - \(IP0272\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:

- Updated format to current template and language standards.
 - Updated products for completeness to include other non-formulary test strips not previously addressed.
- [Grazoprevir/Elbasvir – \(IP0158\)](#)
 - Minor **change** in coverage criteria/policy, effective **February 15, 2023**:
 - Added approval pathway for those already started on Zepatier to complete a course of therapy.
- [Intravenous Iron Replacement Therapy - \(IP0222\)](#)
 - Important **changes** in coverage criteria:
 - Added diagnosis requirement.
 - Added oral iron step prerequisite therapy.
 - Added clinical exceptions to oral iron step therapy.
- [Lonapegsomatropin - \(IP0375\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Added genotropin as prerequisite option.
- [Long-Acting Muscarinic Antagonists \(Nebulized\) - \(IP0089\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Supports pharmacy prior authorization of Lonhala Magnair and Yupelri.
 - Updated covered alternatives to limit to long-acting muscarinic antagonists (nebulized) only.
- [Midazolam Nasal Spray - \(IP0338\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
- [Nasal Steroids and Nasal Steroid/Antihistamine Combinations – \(IP0274\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Added Ryaltris following 180 DH graduation.
- [Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir - \(IP0189\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Removed “Does NOT have moderate or severe hepatic impairment” from genotype 1a criteria.
 - Added approval pathway for those already started on Viekira Pak to complete a course of therapy.
- [Oncology Medications - \(1403\)](#)
 - Important **changes** in coverage criteria:
 - Updated Kisqali and Kisqali Femara Co-pack exception criteria:
 - Removed “Pre/perimenopausal” from requirements # 2B (Kisqali) and # 2 (Kisqali Femara Co-pack) to align with current FDA labeling, along with minor rewording.
 - Removed criteria 2C and consolidated with 2A for Kisqali, along with rewording and adding “including pre/perimenopausal on ovarian suppression” in parentheses following “postmenopausal female.”
 - Removed Pemazyre step criteria.
 - Minor formatting updates include:
 - Updated format/verbiage in “Coverage Policy” section.

- Removed “coverage varies across plans...” box from the stem criteria and placed the statement in the overview section.
 - Added statement "Coverage criteria are listed for non-covered products in the below table."
 - Added “[<DRUG>] is considered medically necessary when Oncology Medications criteria are met AND:" for each non-preferred product in the exception criteria table to add clarity.
- [Oxazolidinone Antibiotics – \(IP0372\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Removed treatment of gram-negative infections from conditions not covered section.
- [Oxybate - \(IP0103\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - No criteria intent changes.
 - Added recently released sodium oxybate generic product to IFP preferred product boxes.
- [Ozanimod - \(IP0214\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Updated preferred product requirement for ulcerative colitis:
 - Decreased from double step to single step.
- [Pegfilgrastim – \(IP0070\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Added new product, Stimufend subcutaneous syringe.
- [Pegvaliase-pgpz - \(IP0294\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Updated format to current template and language standards.
- [Proton Pump Inhibitors - \(IP0061\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 20, 2023**:
 - Updated format to current template and language standards.
 - Added Dexilant as a targeted product.
 - Updated preferred product requirements with removal of Dexilant and addition of dexlansoprazole, where applicable.
 - Removed criteria for dexlansoprazole 30 mg delayed-release capsule.
- [Pulmonary Hypertension \(PH\) Therapy - \(6121\)](#)
 - Important **change** in coverage criteria:
 - Added Tadalafil (tadalafil).
- [Risankizumab Subcutaneous – \(IP0247\)](#)
 - Minor **change** in coverage criteria/policy, effective **February 15, 2023**:
 - Added new strength (180mg/1.2mL) of Skyrizi On-Body injector.
- [Sofosbuvir - \(IP0157\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated age to “3 years to less than 18 years.”
 - Added requirement of Epclusa and Mavyret before Sovaldi:
 - Aligned with guideline updates.

- Added approval pathway for those already started on Sovaldi to complete a course of therapy.
- [Sofosbuvir/Velpatasvir - \(IP0184\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Updated previous treatment-related criteria to align with guideline language and added an “Appendix” for examples in “Background” section.
 - Added approval pathway for those already started on Eplclusa to complete a course of therapy.
- [Sofosbuvir/Velpatasvir/Voxilaprevir- \(IP0188\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - Combined Genotype 1a and 1b criteria.
 - Moved examples to appendix in policy “Background” section.
 - Added approval pathway for those already started on Vosevi to complete a course of therapy.
- [Somatropin - \(4012\)](#)
 - Important **change** in coverage criteria:
 - Added genotropin as prerequisite option.
- [Step Therapy – Standard and Performance Prescription Drug Lists \(Employer Group Plans\) – \(1801\)](#)
 - Important **changes** in coverage criteria, effective **February 20, 2023**:
 - Added Caplyta to Step 3 for atypical antipsychotic agents.
 - Removed brand Dexilant, added generic dexlansoprazole to Step 1 and revised requirement to “TWO” Step 1 agents for PPI.
- [Step Therapy – Legacy Prescription Drug Lists \(Employer Group Plans\) – \(1803\)](#)
 - Important **changes** in coverage criteria, effective **February 20, 2023**:
 - Added Minocycline ER (generic for Minolira ER) to Step 3 in tetracycline class.
 - Removed brand Dexilant, added generic dexlansoprazole to Step 1 and revised requirement to “TWO” Step 1 agents for PPI.
- [Tascenso ODT - \(IP0514\)](#)
 - Important **changes** in coverage criteria, effective **February 15, 2023**:
 - Updated age restriction.
 - Removed weight restriction.
- [Testosterone \(Oral, Topical, and Nasal\) - \(IP0350\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Added Kyzatrex.
- [Thyroid Hormone Supplements – \(IP0060\)](#)
 - Minor **changes** in coverage criteria/policy, effective **February 15, 2023**:
 - Modified thyroid supplement criteria language.
- [Vigabatrin - \(IP0049\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No change to criteria intent.
 - Updated initial approval duration for treatment-refractory complex partial seizures from three to six months.

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

- Abilify Mycite - (P0086)
 - Replaced with [Abilify Mycite - \(IP0534\)](#).
- Acitretin – (IP0001)
 - No longer needed; medication coverage policy support discontinued.
- Afrezza - (1506)
 - Replaced with [Afrezza - \(IP0533\)](#).
- Filgrastim – (1611)
 - Effective **February 15, 2023**.
 - Replaced with [Filgrastim - \(IP0528\)](#).
- Sublingual Allergen Immunotherapy – (1902)
 - Replaced with:
 - [Grass Pollen Sublingual Products - \(IP0515\)](#) and
 - [Odactra - \(IP0516\)](#) and
 - [Ragwitek - \(IP0518\)](#)
- Topical Salicylic Acid 3% - (IP0043)
 - No longer needed; medication is not eligible for coverage.
- Triclabendazole - (IP0192)
 - No longer needed; available free-of-charge from manufacturer.

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 February 2023.

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

- No updates for February 2023.

* Modified Precertification List – Medicare Business

- No updates for February 2023.

* New Reimbursement Policies

- Anesthesia Services - (R39)
 - Effective **March 12, 2023**.
- Professional Services Performed by Facility Owned Practices - (R40)
 - Effective **February 18, 2023**.

* Modified Reimbursement Policies

- COVID-19 Interim Billing Guidelines – (R33)
- Emergency Room Services – (R36)
- Evaluation and Management Services – (R30)
- Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers – (MHCPCS)
- Omnibus Reimbursement Policy - (R24)
 - Effective **March 12, 2022**
- Virtual Care – (R31)

* Other Modified Coding and Reimbursement Documents [\(return to top\)](#)

- No updates for February 2023.

* ClaimsXten Documents [\(return to top\)](#)

- No updates for February 2023.