



# Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective June 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 June 2023.

## Modified Medical Coverage Policies

- [Comparative Genomic Hybridization \(CGH\)/Chromosomal Microarray Analysis \(CMA\) for Selected Hereditary Conditions \(0493\)](#)
  - Important **changes** in coverage criteria:
    - Added coverage for low-pass whole genome sequencing for the same indications and criteria as chromosomal microarray.
- [Glaucoma Surgical Procedures \(0035\)](#)
  - Important **changes** in coverage criteria:
    - Added wording to the canaloplasty statement indicating that both ab externo or ab interno are covered.
    - Added coverage:
      - Goniotomy (i.e. trabeculotomy, trabeculotomy ab interno).
      - iStent infinite® Trabecular Micro-Bypass System Model iS3.
    - Removed EIU statement for the following:
      - Trabectome.
      - Kahook Dual Blade (KDB).
      - GATT.
      - OMNI goniotomy (distinct from OMNI canaloplasty).
      - Ab interno trabeculotomy.
    - Changed coverage to address the procedure, not specific devices to perform the procedure.
- [Kidney Transplantation, Pancreas-Kidney Transplantation, and Pancreas Transplantation Alone \(0146\)](#)
- [Pancreatic Islet Cell Transplantation \(0107\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Moved 'bioartificial pancreas device' from [Kidney Transplantation, Pancreas-Kidney Transplantation, and Pancreas Transplantation Alone \(0146\)](#) to [Pancreatic Islet Cell Transplantation \(0107\)](#), to be more appropriately located.
      - No change in coverage.
- [Plasmapheresis \(0153\)](#)
  - Important **changes** in coverage criteria/policy:
    - Guided by mid-April 2023 American Society for Apheresis (ASFA) guidelines.

- Changed from not covered to covered:
    - Erythropoietic protoporphyria, liver disease.
  - Added not covered:
    - Alzheimer's disease.
    - Autoimmune dysautonomia.
    - Idiopathic inflammatory myopathies.
    - Immune checkpoint inhibitors, immune-related adverse events.
    - Paraneoplastic autoimmune retinopathies.
    - Thrombotic microangiopathy (TMA), pregnancy associated.
    - Transplantation, intestine.
    - Vaccine-induced immune thrombotic thrombocytopenia (VITT).
- [Venous Angioplasty and/or Stent Placement in Adults \(0541\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Clarified experimental, investigational or unproven (EIU) statement for:
      - vTOS - removed separate statement for stenting.
      - Pulsatile tinnitus - added to EIU examples in the all other indications statement.
- [Whole Exome and Whole Genome Sequencing for Non-Cancer Indications \(0519\)](#)
  - Important **changes** in coverage criteria:
    - Added coverage for whole exome sequencing (WES)/whole genome sequencing (WGS) retesting.
    - Added not covered statement for concurrent WES and WGS.
    - Clarified existing position of non-coverage of WES/WGS for specific indications by adding conditions to bulleted list.

## Retired Medical Coverage Policies

- No policies retired for June 2023.

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

- No new CPGs for June 2023.

## Modified Cigna-ASH Cobranded CPGs

- Updated two CPGs with no change in coverage.

## New Cigna-eviCore Cobranded Guidelines

- No new guidelines for June 2023.

## Modified Cigna-eviCore Cobranded Guidelines

- [Capsule Endoscopy guidelines](#)
  - Originally provided advance notification of important **change**, on **March 15, 2023**, effective **June 15, 2023**:
    - Added coverage criteria for motility capsule endoscopy.
  - Originally provided advance notification of minor **changes**, on **March 15, 2023**, effective **June 15, 2023**:

- Changed wording from “policy” to “guidelines.”
  - Added “Cigna” in appropriate places to indicate guideline is cobranded.
  - Added discussion of specific CPT codes being used for specific types of capsules.
  - Removed statement “these guidelines are for initial procedures unless otherwise stated” for clarity.
- [Gastrointestinal Endoscopic Procedure Esophagogastroduodenoscopy \(EGD\)](#)
  - Originally provided advance notification of important **change**, on **March 15, 2023**, effective **June 15, 2023**:
    - Expanded coverage by adding new indication for surveillance EGD:
      - Surveillance EGD may be done for individuals with gastric ulcers without clear etiology (no NSAID use, no H. pylori, etc.).
  - Originally provided advance notification of minor **changes**, on **March 15, 2023**, effective **June 15, 2023**:
    - Changed wording from “policy” to “guidelines.”
    - Added “Cigna” in appropriate places to indicate that this is a cobranded guideline.
    - Added section that discusses:
      - Repeat EGDs need to meet criteria for therapeutic EGDs.
      - The unbundling of ERCP and diagnostic EGD codes.
    - Removed redundant statements.
    - Reworded language for clarity.
- [High-Tech Radiology \(HTR\)/Cardiology Imaging guidelines](#)
  - Advance notification of important **changes**, posted **June 1, 2023**, effective **September 1, 2023**:
    - Expanded coverage by updating age to begin annual screening MRI for ATM and CHEK2 genetic mutation from 40 to 30 years of age.

## New Administrative Policies

- No new policies for June 2023.

## Modified Administrative Policies

- No updated policies for June 2023.

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

- **Supports pharmacy prior authorization:**
  - [Teriflunomide Individual and Family Plans - \(IP0560\)](#)
    - Moved content from [Teriflunomide Employer Group Plans - \(IP0252\)](#)
- **Supports medical precertification:**
  - [Pegcetacoplan Intravitreal Injection - \(IP0559\)](#)

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

- [Amantadine Extended-Release – \(IP0403\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.

- Supports medical necessity exception criteria for Employer Group and Individual and Family Plans (IFP) benefit plans.
  - Simplified criteria to current language standard:
    - No changes to criteria intent.
  - Differentiated medical necessity exception criteria for IFP benefit plans from Employer Group plans.
- [Amikacin Liposome - \(IP0383\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Removed specific minimum inhibitor concentration value and examples of culture types.
- [Avacopan - \(IP0398\)](#)
  - Minor **changes** in coverage criteria/policy, effective **June 15, 2023**:
    - Updated format to current template and language standards.
    - Simplified criteria related to testing required for confirmation of diagnosis.
    - Updated reauthorization criteria section.
    - Removed various examples and notes.
- [Bremelanotide – \(IP0117\)](#) and
- [Flibanserin - \(IP0116\)](#)
  - Important **changes** in coverage criteria; effective **June 15, 2023**:
    - Updated format to current template and language standards.
- [Crizanlizumab-tmca – \(IP0120\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Simplified criteria.
    - Added dosing.
- [Droxidopa - \(IP0110\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Updated list of sequencing of care prerequisite options due to updated clinical recommendations:
      - No change to criteria intent.
      - Removed desmopressin and added atomoxetine.
- [Efgartigimod - \(IP0376\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards
    - Updated reauthorization criteria and authorization duration sections.
    - Added dosing.
- [Evinacumab – \(IP0128\)](#)
  - Important **changes** in coverage criteria; effective **June 15, 2023**:
    - Updated age to five years or older.
- [Fentanyl Transmucosal Products – \(IP0381\)](#) and
- [Lonafamib – \(IP0107\)](#) and
- [Rifaximin for Individual and Family Plans - \(IP0473\)](#) and
- [Vosoritide - \(IP0402\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
      - No changes to criteria intent.

- [Fingolimod - \(IP0259\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Updated preferred product requirements to reflect requirements that only apply to Gilenya 0.5 mg capsules.
- [Glycopyrronium Topical Cloth – \(IP0074\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards for non-covered products.
    - Supports medical necessity exception criteria for Qbrexa cloth for topical use.
    - Differentiated criteria for Employer Group and IFP benefit plans.
    - Enhanced criterion 2 for both Employer Group and IFP plans.
    - Collapsed criterion 3 to current language standard (as-drafted in criterion 2) for simplification [Employer Group plans].
- [Golodirsen - \(IP0136\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Supports medical precertification criteria for Vyondys 53.
    - Simplified criteria to current language standard:
      - No changes to criteria intent.
    - Updated *mutation* to *pathogenic* variant language in criterion B.
- [Leuprolide - Central Precocious Puberty - \(IP0108\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Removed age two and up requirement.
    - Added dosing for central precocious puberty.
- [Lenacapavir – \(IP0546\)](#)
  - Minor **changes** in coverage criteria; effective **June 15, 2023**:
    - Added lenacapavir oral tablets.
- [Maralixibat – \(IP0341\)](#)
  - Minor **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Updated age to three months or older.
- [Nafarelin Acetate – \(IP0415\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Supports prior authorization for Synarel nasal solution.
    - Simplified medical necessity criteria in-alignment with current language standards:
      - No change to criteria intent.
- [Oncology Medications – \(1403\)](#)
  - Important **changes** in coverage criteria:
    - Added preferred product prerequisite step criteria for Ibrance.
    - Removed Kisqali preferred product requirement criteria.
- [Plasminogen – \(IP0382\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Supports medical precertification criteria for Ryplazim.
    - Simplified medical necessity criteria to align with current language standards:

- No change to criteria intent.
    - Added dosing.
- [Proton Pump Inhibitors - \(IP0061\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Added Konvomep (omeprazole - sodium bicarbonate) oral suspension.
- [Rivaroxaban - \(IP0032\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Simplified language to ensure appropriate access to product.
- [Skeletal Muscle Relaxants – \(IP0211\)](#)
  - Minor **changes** in coverage criteria/policy; effective **June 15, 2023**:
    - Added criteria for baclofen oral suspension.
- [Sutimlimab – \(IP0405\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Supports medical precertification criteria for Enjaymo.
    - Simplified medical necessity criteria to align with current language standards:
      - No change to criteria intent.
    - Added dosing.
- [Tarpeyo – \(IP0413\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Simplified criteria to current language standards.
    - Supports medical necessity exception criteria for Employer Group and IFP benefit plans.
    - Expanded high risk of disease progression criteria/criterion D.
- [Teriflunomide Employer Group Plans - \(IP0252\)](#)
  - Important **changes** in coverage criteria:
    - Updated title from “Teriflunomide” to current title.
    - Moved Individual and Family Plan criteria to:
      - [Teriflunomide Individual and Family Plans - \(IP0560\)](#)
    - Updated prerequisite requirement for brand Aubagio from a step through dimethyl fumarate to a step through teriflunomide tablets (MSB approach).
- [Topical Antifungals - \(IP0273\)](#)
  - Important **changes** in coverage criteria; effective **June 15, 2023**:
    - Updated format to current template and language standards.
    - Removed diagnosis and age.
- [Topical Trifarotene – \(IP0180\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Added age nine or older.
    - Added additional formulations to tazarotene and adapalene.
- [Triamcinolone Acetonide Extended-Release Injection – \(IP0140\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated format to current template and language standards.
    - Supports medical precertification criteria for Zilretta injection.
    - Simplified medical necessity criteria to align with current language standards:
      - No change to criteria intent.

- Added dosing.
  - Removed “Reauthorization Criteria” section:
    - Authorization is for one injection per treated knee only.
- [Triptorelin Pamoate - \(IP0134\)](#)
  - Important **changes** in coverage criteria:
    - Updated format to current template and language standards.
    - Added dosing for central precocious puberty.

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

- No retired policies for June 2023.

## 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 June 2023.

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

- No updates for June 2023.

## \* Modified Precertification List – Medicare Business

- No updates for June 2023.

## \* New Reimbursement Policies

- No new policies for June 2023.

## \* Modified Reimbursement Policies

- Omnibus Reimbursement Policy - (R24)
- Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service - (M25)

## \* Other Modified Coding and Reimbursement Documents

- No updates for June 2023.

## \* ClaimsXten Documents

- No updates for June 2023.