

Changes to Cigna Pharmacy drug lists and new morphine milligram equivalent program, effective July 1, 2018

Effective July 1, 2018, we will make the following changes to our pharmacy drug lists.

- Opioids:
 - o Implement morphine milligram equivalent (MME) calculator at the pharmacy requiring a prior authorization for patients receiving very high-dose (≥ 120 mg/day) and extremely high doses of opioids (≥ 200 mg/day).
 - o Implement a prior authorization requirement for methadone when used for chronic pain management when prescribed for dispensing by a pharmacy, and apply stricter prior authorization criteria for fentanyl patches.
 - o Apply more restrictive quantity limits on new prescriptions for short-action opioids, from a 15-day to a 7-day supply.
- High-cost/low-value drugs: Remove two drugs from our formularies, Mycobutin® and Solaraze® (diclofenac sodium) Gel, 3%.
- Lifestyle drugs: VIAGRA® will be moved to non-preferred tier status, and sildenafil citrate will be added to generic tier status. Some branded erectile dysfunction drugs, including VIAGRA, will also be added to our Step Therapy Program to promote the use of more affordable generic alternatives.
- Quantity limits: Implement a maximum daily dose (MDD) limits for proton pump inhibitors, certain antidepressants (new prescriptions only), anticonvulsants, and some drugs used to treat heart conditions and other mental health conditions.
- Specialty Pharmacy: Require prior authorization for four chemotherapy drugs: Targretin®, Xeloda®, Vesanoïd®, and Hycamtin®. We will also add two chemotherapy drugs, Xgeva® and Fusilev®, to our Step Therapy Program.

In late March 2018, we will begin to notify providers that they will need to submit a prior authorization for patients who have been identified as having a very high MME, effective July 1, 2018.

We will also send letters in late March 2018 to customers who are at risk from a high MME, and recommend that they speak directly with their provider about submitting a prior authorization.

An article about the drug list changes and MME program will be included in the April 2018 issue of Network News.

Ancillary quick reference guides updated

The following quick reference guides (QRGs) have been updated, and are attached:

- Hearing
- Radiology
- Sleep

Policy updates, effective June 2018

We will update the Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins for the Treatment of Atrial Fibrillation (0469) coverage policy to implement a precertification requirement to review this procedure for medical necessity. The current policy does not cover transcatheter ablation for atrial fibrillation of the pulmonary veins for any other indication as it is considered experimental, investigational, or unproven (EIU). This update affects procedures billed with Current Procedural Terminology (CPT®) codes 93656 and 93657, and is effective for dates of service on or after June 15, 2018.

We will implement a new coverage policy, Cervical Fusion (0527), to require precertification for anterior cervical discectomy and fusion (ACDF) and posterior (cervical) spinal fusion (PSF) procedures billed with CPT codes 22551, 22554, and 22600. We currently reimburse claims for ACDF and PSF procedures without medical necessity review. This update is effective for dates of service on or after June 22, 2018.

The updated policies will also be available on the Cigna for Health Care Professionals website (CignaforHCP.com), and included in an April 2018 Network News article.