



<Date>

<Provider Firstname> <Provider Lastname>, <Designation>
<Street Address>
<City>, <ST> <Zip code>

Re: Integrated Oncology Management Program with eviCore healthcare: Update on codes requiring precertification

Dear <Recipient>,

Our Integrated Oncology Management Program, administrated by eviCore healthcare, provides utilization management services, including precertification, to help ensure our customers receive coverage for medically necessary, evidence-based care. Through this program, you are able to obtain precertification for covered medical and pharmacy medications with a single request, supporting a streamlined, integrated approach to cancer treatment that aligns with National Comprehensive Cancer Network[®] (NCCN) Practice Guidelines in Oncology.

As such, we want to make you aware that effective January 1, 2018, we will add 53 Healthcare Common Procedure Coding System (HCPCS) codes to the list of medical oncology and oral chemotherapy medications that will require precertification under our Integrated Oncology Management Program.

Please note that for customers currently receiving these impacted medications, we will continue to cover them without additional review until a patient's current regime is complete, or for six months (whichever comes first). After that time, you will need to submit a new precertification request. Any changes to a current regime will require medical necessity review through the precertification process.

What this means for you

With the addition of the 53 HCPCS codes, you will continue to submit precertification requests through eviCore for:

- All chemotherapy medications, which include primary chemotherapy and supportive drugs (e.g., medical injectables and infusions) as well as oral chemotherapy medications.
- Chemotherapy medications that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code.
- New chemotherapy regimens and changes to existing chemotherapy regimens.

For the list of affected medications, please log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies > Oncology Drugs Requiring Precertification).

How to request precertification

The preferred and most convenient method to submit precertification requests is through eviCore's dedicated website at evicore.com/pages/providerlogin.aspx. eviCore's proprietary software streamlines the process, enabling you to open a case, enter customer data, answer clinical questions, and receive a coverage determination on a complete episode of care within two to five minutes.

You can also upload additional clinical information to support any precertification request that is currently in a pending status. The “Clinical Upload Feature” is available by logging in to the dedicated website and selecting “Upload Additional Clinical” in the Authorization Lookup tab.

While submitting requests through the website is highly encouraged, you can also request precertification through our dedicated telephone number, 1.866.668.9250 (7:00 a.m. – 10:00 p.m. EST, Monday - Friday).


eviCore’s medical oncologist reviewers are available to support you as needed from 7:00 a.m. – 10:00 p.m. EST, Monday – Friday, for standard requests and urgent pediatric precertification requests.

Additional information

For additional information about our Integrated Oncology Management Program, please visit our dedicated website at evicore.com/Cigna/Pages/MedicalOncology.aspx, or call Cigna Customer Service at 1.800.88Cigna (882.4462).

Thank you for the care you provide our customers.

Sincerely,



Dr. Ajani Nimmagadda
Senior Medical Director

ONCOLOGY DRUGS REQUIRING PRECERTIFICATION THROUGH EVICORE HEALTHCARE

For Providers

November 2017

The following oncology drugs require precertification through eviCore healthcare. For additional information about the Integrated Oncology Management Program, please visit the dedicated program website at evicore.com/Cigna/Pages/MedicalOncology.aspx.

* Indicates a drug with dual indications. Requests for non-oncology indications should be submitted to Cigna.

** Indicates a drug requiring authorization under Pharmacy benefit only.

***Beginning **01/01/2018** these oncology drugs will require precertification through eviCore Healthcare.

HCPCS	BRAND NAME	GENERIC NAME	ROUTE OF ADMINISTRATION
C9485	LARTRUVO	OLARATUMAB	INJECTION
J0641	***FUSILEV	***LEVOLEUCOVORIN CALCIUM	INTRAVENOUS
J0881	*ARANESP	*DARBEPOETIN ALFA IN POLYSORBAT	INJECTION
J0885	*EPOGEN	*EPOETIN ALFA	INJECTION
J0885	*PROCRIT	*EPOETIN ALFA	INJECTION
J0894	***DACOGEN	***DECITABINE	INTRAVENOUS
J0897	*PROLIA	*DENOSUMAB	SUB-Q
J0897	XGEVA	DENOSUMAB	SUB-Q
J1442	*NEUPOGEN	*FILGRASTIM	INJECTION
J1453	***EMEND	***FOSAPREPITANT DIMEGLUMINE	INTRAVENOUS
J1930	*SOMATULINE DEPOT	*LANREOTIDE ACETATE	SUBCUTANEOUS
J2353	*SANDOSTATIN LAR DEPOT	*OCTREOTIDE ACETATE,MI-SPHERES	INTRAMUSCULAR
J2354	*OCTREOTIDE ACETATE	*OCTREOTIDE ACETATE	INJECTION
J2469	***ALOXI	***PALONOSETRON HCL	INTRAVENOUS
J2505	NEULASTA	PEGFILGRASTIM	SUBCUTANEOUS
J2860	SYLVANT	SILTUXIMAB	INTRAVEN
J3262	*ACTEMRA	*TOCILIZUMAB	INTRAVEN
J3490	SUSTOL	GRANISETRON	SUB-Q
J3490	TECENTRIQ	ATEZOLIZUMAB	INTRAVENOUS
J3490	UNITUXIN	DINUTUXIMAB	INTRAVENOUS

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J8597	*SYNDROS	*DRONABINOL	ORAL
J8700	TEMODAR	TEMOZOLOMIDE	ORAL
J9000	***DOXORUBICIN HCL	***DOXORUBICIN HCL	INTRAVENOUS
J9015	***PROLEUKIN	***ALDESLEUKIN	INTRAVENOUS
J9017	***TRISENOX	***ARSENIC TRIOXIDE	INTRAVENOUS
J9019	ERWINAZE	ASPARAGINASE (ERWINIA CHRYSAN)	INJECTION
J9025	*/***AZACITIDINE	*/***AZACITIDINE	INJECTION
J9027	***CLOLAR	***CLOFARABINE	INTRAVENOUS
J9032	BELEODAQ	BELINOSTAT	INTRAVENOUS
J9033	TREANDA	BENDAMUSTINE HCL	INTRAVENOUS
J9034	BENDEKA	BENDAMUSTINE HCL	INTRAVENOUS
J9035	*AVASTIN	*BEVACIZUMAB	INTRAVENOUS
J9039	BLINCYTO	BLINATUMOMAB	INTRAVENOUS
J9039	BLINATUMOMAB	BLINATUMOMAB	INTRAVENOUS
J9040	***BLEOMYCIN SULFATE	***BLEOMYCIN SULFATE	INJECTION
J9041	***VELCADE	***BORTEZOMIB	INJECTION
J9042	ADCETRIS	BRENTUXIMAB VEDOTIN	INTRAVENOUS
J9043	JEVTANA	CABAZITAXEL	INTRAVENOUS
J9045	***CARBOPLATIN	***CARBOPLATIN	INTRAVENOUS
J9047	KYPROLIS	CARFILZOMIB	INTRAVENOUS
J9055	ERBITUX	CETUXIMAB	INTRAVENOUS
J9060	***CISPLATIN	***CISPLATIN	INTRAVENOUS
J9065	*/***CLADRIBINE	*/***CLADRIBINE	INTRAVENOUS
J9098	***DEPOCYT	***CYTARABINE LIPOSOME/PF	INTRATHECAL
J9100	***CYTARABINE	***CYTARABINE	INJECTION
J9120	***COSMEGEN	***DACTINOMYCIN	INTRAVENOUS
J9130	***DACARBAZINE	***DACARBAZINE	INTRAVENOUS
J9145	DARZALEX	DARATUMUMAB	INTRAVENOUS
J9150	***DAUNORUBICIN HCL	***DAUNORUBICIN HCL	INTRAVENOUS
J9155	**FIRMAGON	**DEGARELIX ACETATE	SUBCUTANEOUS
J9171	***DOCEFREZ	***DOCETAXEL	INTRAVENOUS
J9176	EMPLICITI	ELOTUZUMAB	INTRAVENOUS
J9178	***ELLECE	***EPIRUBICIN HCL	INTRAVENOUS
J9179	HALAVEN	ERIBULIN MESYLATE	INTRAVENOUS
J9181	***ETOPOPHOS	***ETOPOSIDE PHOSPHATE	INTRAVENOUS
J9185	***FLUDARABINE PHOSPHATE	***FLUDARABINE PHOSPHATE	INTRAVENOUS
J9190	***FLUOROURACIL	***FLUOROURACIL	INTRAVENOUS
J9200	***FLOXURIDINE	***FLOXURIDINE	INJECTION
J9201	***GEMCITABINE HCL	***GEMCITABINE HCL	INTRAVENOUS

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J9202	**ZOLADEX	**GOSERELIN ACETATE	SUBCUTANEOUS
J9205	ONIVYDE	IRINOTECAN LIPOSOMAL	INTRAVENOUS
J9206	***CAMPTOSAR	***IRINOTECAN HCL	INTRAVENOUS
J9207	***IXEMPRA	***IXABEPILONE	INTRAVENOUS
J9208	***IFEX	***IFOSFAMIDE	INTRAVENOUS
J9211	***IDAMYCIN PFS	***IDARUBICIN HCL	INTRAVENOUS
J9214	*INTRON A	*INTERFERON ALFA-2B,RECOMB.	INJECTION
J9216	*ACTIMMUNE	*INTERFERON GAMMA-1B,RECOMB.	SUBCUTANEOUS
J9217	**LUPRON DEPOT	**LEUPROLIDE ACETATE	INTRAMUSCULAR
J9218	**LEUPROLIDE ACETATE	**LEUPROLIDE ACETATE	SUBCUTANEOUS
J9225	VANTAS	HISTRELIN AC	IMPLANTATION
J9228	YERVOY	IPILIMUMAB	INTRAVENOUS
J9230	***MUSTARGEN	***MECHLORETHAMINE HCL	INJECTION
J9245	***ALKERAN	***MELPHALAN HCL	INTRAVENOUS
J9261	***ARRANON	***NELARABINE	INTRAVENOUS
J9262	SYNRIBO	OMACETAXINE MEPESUCCINATE	SUBCUTANEOUS
J9263	***OXALIPLATIN	***OXALIPLATIN	INTRAVENOUS
J9264	ABRAXANE	PACLITAXEL PROTEIN-BOUND	INTRAVENOUS
J9266	***ONCASPAR	***PEGASPARGASE	INJECTION
J9267	***PACLITAXEL	***PACLITAXEL	INTRAVENOUS
J9268	***NIPENT	***PENTOSTATIN	INTRAVENOUS
J9271	KEYTRUDA	PEMBROLIZUMAB	INTRAVENOUS
J9280	***MITOMYCIN	***MITOMYCIN	INTRAVENOUS
J9293	***MITOXANTRONE HCL	***MITOXANTRONE HCL	INTRAVENOUS
J9295	PORTRAZZA	NECITUMUMAB	INTRAVENOUS
J9299	OPDIVO	NIVOLUMAB	INTRAVENOUS
J9301	GAZYVA	OBINUTUZUMAB	INTRAVENOUS
J9302	***ARZERRA	***OFATUMUMAB	INTRAVENOUS
J9303	VECTIBIX	PANITUMUMAB	INTRAVENOUS
J9305	ALIMTA	PEMETREXED DISODIUM	INTRAVENOUS
J9306	PERJETA	PERTUZUMAB	INTRAVENOUS
J9307	***FOLOTYN	***PRALATREXATE	INTRAVENOUS
J9308	CYRAMZA	RAMUCIRUMAB	INTRAVENOUS
J9310	*RITUXAN	*RITUXIMAB	INTRAVENOUS
J9315	***ISTODAX	***ROMIDEPSIN	INTRAVENOUS
J9320	***ZANOSAR	***STREPTOZOCIN	INTRAVENOUS
J9325	IMLYGIC	TALIMOGENE LAHERPAREPVEC	INJECTION
J9328	***TEMODAR	***TEMOZOLOMIDE	INTRAVENOUS
J9330	***TORISEL	***TEMSIROLIMUS	INTRAVENOUS
J9340	***THIOTEPA	***THIOTEPA	INJECTION

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J9351	***HYCAMTIN	***TOPOTECAN HCL	INTRAVENOUS
J9352	YONDELIS	TRABECTEDIN	INTRAVENOUS
J9354	KADCYLA	ADO-TRASTUZUMAB EMTANSINE	INTRAVENOUS
J9355	HERCEPTIN	TRASTUZUMAB	INTRAVENOUS
J9360	***VINBLASTINE SULFATE	***VINBLASTINE SULFATE	INTRAVENOUS
J9370	***VINCASAR PFS	***VINCRIStINE SULFATE	INTRAVENOUS
J9371	MARQIBO	VINCRIStINE SULFATE LIPOSOMAL	INTRAVENOUS
J9390	***NAVELBINE	***VINOReLBINE TARTRATE	INTRAVENOUS
J9395	*/***FASLODEX	*/***FULVESTRANT	INTRAMUSCULAR
J9400	ZALTRAP	ZIV-AFLIBERCEPT	INTRAVENOUS
J9999	BAVENCIO	AVELUMAB	INTRAVENOUS
J9999	IMFINZI	DURVALUMAB	INTRAVENOUS
J9999	VYXEOS LIPOSOME	DAUNORUBICIN/CYTARABINE LIPOS	INTRAVENOUS
J9999	RITUXAN HYCELA	RITUXIMAB/HYALURONIDASE,HUMAN	SUBCUTANEOUS
J9999	BESONSA	INOTUZUMAB OZOGAMICIN	INTRAVENOUS
J9999	ALIQOPA	COPANLISIB DI-HCL	INTRAVENOUS
J9999	MYLOTARG	GEMTUZUMAB OZOGAMICIN	INTRAVENOUS
Q2017	***TENIPOSIDE	***TENIPOSIDE	INTRAVENOUS
Q2043	PROVENGE	SIPULEUCeL-T/LACTATED RINGERS	INTRAVENOUS
Q2050	***DOXIL	***DOXORUBICIN HCL PEG-LIPOSOMAL	INTRAVENOUS
S0145	*PEGASYS	*PEGINTERFERON ALFA-2A	SUBCUTANEOUS
S0148	*PEGINTRON	*PEGINTERFERON ALFA-2B	SUBCUTANEOUS
S0148	*SYLATRON	*PEGINTERFERON ALFA-2B	SUBCUTANEOUS
#N/A	*KINERET	*ANAKINRA	SUBCUTANEOUS
#N/A	*AFINITOR	*EVEROLIMUS	ORAL
#N/A	*AFINITOR DISPERZ	*EVEROLIMUS	ORAL
#N/A	ALECENSA	ALECTINIB HCL	ORAL
#N/A	BOSULIF	BOSUTINIB	ORAL
#N/A	CABOMETYX	CABOZANTINIB S-MALATE	ORAL
#N/A	CAPRELSA	VANDETANIB	ORAL
#N/A	COMETRIQ	CABOZANTINIB S-MALATE	ORAL
#N/A	COTELLIC	COBIMETINIB FUMARATE	ORAL
#N/A	ERIVEDGE	VISMODEGIB	ORAL
#N/A	FARYDAK	PANOBINOSTAT LACTATE	ORAL
#N/A	GILOTRIF	AFATINIB DIMALEATE	ORAL
#N/A	GLEEVEC	IMATINIB MESYLATE	ORAL
#N/A	IBRANCE	PALBOCICLIB	ORAL
#N/A	ICLUSIG	PONATINIB HCL	ORAL
#N/A	IMBRUVICA	IBRUTINIB	ORAL
#N/A	INLYTA	AXITINIB	ORAL
#N/A	IRESSA	GEFITINIB	ORAL

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#N/A	*JAKAFI	*RUXOLITINIB PHOSPHATE	ORAL
#N/A	LENVIMA	LENVATINIB MESYLATE	ORAL
#N/A	LONSURF	TRIFLURIDINE/TIPIRACIL HCL	ORAL
#N/A	LYNPARZA	OLAPARIB	ORAL
#N/A	MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE	ORAL
#N/A	NEXAVAR	SORAFENIB TOSYLATE	ORAL
#N/A	NINLARO	IXAZOMIB CITRATE	ORAL
#N/A	ODOMZO	SONIDEGIB PHOSPHATE	ORAL
#N/A	POMALYST	POMALIDOMIDE	ORAL
#N/A	*REVLIMID	*LENALIDOMIDE	ORAL
#N/A	RUBRACA	RUCAPARIB CAMSYLATE	ORAL
#N/A	SPRYCEL	DASATINIB	ORAL
#N/A	STIVARGA	REGORAFENIB	ORAL
#N/A	SUTENT	SUNITINIB MALATE	ORAL
#N/A	TAFINLAR	DABRAFENIB MESYLATE	ORAL
#N/A	TAGRISSO	OSIMERTINIB MESYLATE	ORAL
#N/A	TARCEVA	ERLOTINIB HCL	ORAL
#N/A	TASIGNA	NILOTINIB HCL	ORAL
#N/A	*THALOMID	*THALIDOMIDE	ORAL
#N/A	TYKERB	LAPATINIB DITOSYLATE	ORAL
#N/A	VENCLEXTA	VENETOCLAX	ORAL
#N/A	VOTRIENT	PAZOPANIB HCL	ORAL
#N/A	XALKORI	CRIZOTINIB	ORAL
#N/A	XTANDI	ENZALUTAMIDE	ORAL
#N/A	ZELBORAF	VEMURAFENIB	ORAL
#N/A	ZOLINZA	VORINOSTAT	ORAL
#N/A	ZYDELIG	IDELALISIB	ORAL
#N/A	ZYKADIA	CERITINIB	ORAL
#N/A	ZYTIGA	ABIRATERONE ACETATE	ORAL
#N/A	KISQALI	RIBOCICLIB SUCCINATE	ORAL
#N/A	XERMELO	TELOTTRISTAT ETIPRATE	ORAL
#N/A	ZEJULA	NIRAPARIB	ORAL
#N/A	ALUNBRIG	BRIGATINIB	ORAL
#N/A	RYDAPT	MIDOSTAURIN	ORAL
#N/A	IDHIFA	ENASIDENIB MESYLATE	ORAL
#N/A	NERLYNX	NERATINIB MALEATE	ORAL
#N/A	VERZENIO	ABEMACICLIB	ORAL
#N/A	CALQUENCE	ACALABRUTINIB	ORAL

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