

# PROVIDER BULLETIN

## PROVIDER INFORMATION



May 2, 2022

### **Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama**

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to our draft policies for Coupe Health and Self-Funded benefit plans managed by Blue Cross and Blue Shield of Alabama.

The draft policies are available for physician comment for 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

#### **How to Submit Comments on Draft Medical Policies**

[Complete our medical policy feedback form](https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback) online at <https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback> or send comments and supporting documentation to us by mail or fax:

Birmingham Service Center  
Attn: Health Management - Medical Policy  
P.O. Box 10527  
Birmingham, AL 35202  
Fax: 205-220-0878

#### **Draft Medical Policies**

Draft medical policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

| Policy # | Policy Title   |
|----------|--|
| MP-747   | Uterus Transplantation for Absolute Uterine Factor Infertility |
| MP-306   | Intraoperative Neurophysiologic Monitoring                     |

#### **Draft Provider-Administered Drug Policies**

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com) and [Policies & Guidelines \(exploremyplan.com\)](https://mn-policies.exploremyplan.com)

| Policy # | Policy Title                        |
|----------|-------------------------------------|
| PH-90120 | Synagis® (palivizumab)              |
| PH-90183 | Levoleucovorin: Fusilev®; Khapzory™ |
| PH-90131 | Trelstar® (triptorelin)             |
| PH-90660 | Enjaymo™ (sutimlimab)               |
| PH-90659 | Vabysmo™ (faricimab)                |