

PROVIDER BULLETIN

PROVIDER INFORMATION



June 1, 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. At the conclusion of the 45 days, policies will go into effect. 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/portal/web/mn-policies/guidelines)

Policy #	Policy Title
MP-747	Uterus Transplantation for Absolute Uterine Factor Infertility
MP-168	Cardioverter Defibrillators: Implantable
MP-557	Cardioverter Defibrillators: Wearable or External
MP-561	Transcatheter Mitral Valve Repair
MP-748	Remote Electrical Neuromodulator for Migraines

Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-90080	Leuprolide Suspension: Lupron Depot®, Lupron Depot-Ped®, Eligard®, Fensolvi®, Camcevi™
VP-90663	Carvykti™ (ciltacabtagene autoleucel)
PH-90002	Actemra® (tocilizumab)
PH-90497	Beovu® (brolocizumab-dblb)
PH-90098	Denosumab: Prolia
PH-90034	Elaprase® (idursulfase)
PH-90202	Entyvio™ (vedolizumab)
PH-90503	Reblozyl® (luspatercept-aamt)
PH-90111	Sandostatin® LAR
PH-90614	Saphnelo™ (anifrolumab-fnia)
PH-90117	Stelara® (ustekinumab)