

PROVIDER BULLETIN

PROVIDER INFORMATION

November 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/feedback)

Policy #	Policy Title
MP-390	Heart Transplant and Combined Heart-Kidney Transplant
MP-215	Amino Acid-Based Elemental Formulas

Draft Provider-Administered Drug Policies

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

Policy #	Policy Title
PH-0117	Stelara® (ustekinumab)
PH-0120	Synagis® (palivizumab)
PH-0017	Benlysta® (belimumab)

Policy #	Policy Title
PH-0027	Cerezyme® (imiglucerase)
PH-0635	Dextenza® (dexamethasone insert)
PH-0105	Elelyso™ (taliglucerase alfa)
PH-0312	Injectafer® (ferric carboxymaltose injection)
PH-0078	Ranibizumab: Lucentis®; Byooviz™
PH-0427	Ultomiris® (ravulizumab)
PH-0141	Vpriv® (velaglucerase alfa)
PH-0633	Xipere® (triamcinolone acetonide injectable suspension)
PH-671	Skyrizi® (risankizumab)
PH-0672	Zynteglo® (betibeglogene autotemcel)