

# PROVIDER BULLETIN

## PROVIDER INFORMATION



June 3, 2024

### 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/portal/web/mn-policies/feedback)

Policy #	Policy Title
MP-004	Minimally Invasive Approaches to Vertebral Fractures
MP-168	Cardioverter Defibrillators: Implantable
MP-221	Extracranial Carotid Angioplasty/Stenting

#### 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-0751	Lenmeldy™ (atidarsagene autotemcel)
PH-0052	Alpha-1-Proteinase Inhibitors: Aralast NP®; Glassia®; Prolastin®-C; Zemaira®
PH-0017	Benlysta® (belimumab)

<b>Policy #</b>	<b>Policy Title</b>
PH-0590	Breyanzi® (lisocabtagene maraleucel)
PH-0098	Denosumab:Prolia®; Jubbonti®; Xgeva®; Wyost®
PH-0339	Hemophilia Products Factor IX AlphaNine SD, Alprolix, BeneFIX, Idelvion, Ixinity, Mononine, Profilnine, Rebinyn, and Rixubis
PH-0080	Leuprolide Suspension:Lupron Depot®, Lupron Depot-Ped®, Eligard®, Fensolvi®, Camcevi™, Lutrate Depot™, Leuprolide Acetate Depot
PH-0503	Reblozyl® (luspatercept-aamt)
PH-0111	Sandostatin® LAR (octreotide suspension)
PH-0614	Saphnelo® (anifrolumab-fnia)
PH0674	Spevigo® (spesolimab)
PH0002	Tocilizumab: Actemra®; Tofidence™; Tyenne®
PH-0131	Trelstar® (triptorelin)
PH-0146	Xolair® (omalizumab)
PH-90672	Zynteglo® (betibeglogene autotemcel)