

# PROVIDER BULLETIN

## PROVIDER INFORMATION



July 1, 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-161	Serologic Diagnosis of Celiac Disease
MP-168	Cardioverter Defibrillators: Implantable
MP-221	Extracranial Carotid Angioplasty/Stenting
MP-501	Implantable Sinus Stents and Drug-Eluting Implants for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease

#### 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-90691	Adstiladrin® (nadofaragene firadenovec-vncg)
PH-90242	Aranesp® (darbepoetin alfa)

<b>Policy #</b>	<b>Policy Title</b>
PH-90663	Carvykti® (ciltacabtagene autoleucel)
PH-90660	Enjaymo® (sutimlimab-jome)
PH-90202	Entyvio® (vedolizumab)
PH-90243	Epoetin alfa:Epogen®; Procrit®; Retacrit®
PH-90347	Fasenra® (benralizumab)
PH-90312	Injectafer® (ferric carboxymaltose injection)
PH-90721	Izervay™ (avacincaptad pegol)
PH-90244	Mircera® (methoxy polyethylene glycol-epoetin beta)
PH-90524	Monoferric™ (ferric derisomaltose injection)
PH-90114	Soliris® (eculizumab)
PH-90427	Ultomiris® (ravulizumab-cwvz)
PH-90549	Uplizna® (inebilizumab-cdon)
PH-90709	Vyjuvek™ (beremagene geperpavec-svdt)
PH-9238	Botox® (onabotulinumtoxinA)
PH-9239	Dysport® (abobotulinumtoxinA)
PH-9241	Xeomin® (incobotulinumtoxinA)
PH-9071	Immune Globulins (immunoglobulin): Asceniv™; Alyglo™; Bivigam®; Flebogamma®; Gamunex-C®; Gammagard® Liquid; Gammagard® S/D; Gammaked™; Gammaplex®; Octagam®; Privigen®; Panzyga®
PH-9240	Myobloc® (rimabotulinumtoxinB)
PH-9527	Vyepti® (eptinezumab-jjmr)
PH-9468	Zolgensma® (onasemnogene abeparvovec-xioi)
PH-9059	SCIG (immune globulin SQ): Hizentra®, Gammagard Liquid®, Gamunex®-C, Gammaked™, HyQvia®, Cuvitru®, Cutaquig®, Xembify®