# PROVIDER BULLETIN PROVIDER INFORMATION



December 2, 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**

<u>Complete our medical policy feedback form</u> online at <a href="https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback">https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback</a> 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)

| Policy # | Policy Title   |
|----------|--|
| MP-083   | Microprocessor-Controlled Prostheses for the Lower Limb  |
| MP-124   | Myoelectric Prosthetic and Orthotic Components for the Upper Limb  |
| MP-200   | Evaluation of Biomarkers for Alzheimer Disease   |
| MP-202   | Vertebral Fracture Assessment with Densitometry or Biomechanical Computed Tomography                                     |
| MP-575   | Powered Exoskeleton  |
| MP-682   | Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hypertrophy                                |
| MP-724   | Hydrogel Spacer use During Radiotherapy for Prostate Cancer  |
| MP-743   | Adjunctive Techniques for Screening, Surveillance, and Risk Classification of Barrett Esophagus and Esophageal Dysplasia |

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

Draft medical policies can be found at <u>Policies & Guidelines (exploremyplan.com)</u> and <u>Policies & Guidelines (exploremyplan.com)</u>

P75-24

Distribution: bluecrossmn.com/providers/forms-and-publications

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| Policy # | Policy Title  |
|----------|---|
| PH-90770 | Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq)                |
| PH-90028 | Cimzia® (certolizumab pegol)  |
| PH-90347 | Fasenra® (benralizumab)   |
| PH-90260 | Nucala® (mepolizumab)   |
| PH-90117 | Ustekinumab: Stelara®; Wezlana™; Selarsdi™; Pyzchiva®               |
| PH-90146 | Xolair® (omalizumab)  |
| PH-90273 | Cinqair® (reslizumab)   |
| PH-90202 | Entyvio® (vedolizumab)  |
| PH-90104 | Infliximab: Remicade®; Inflectra™; Renflexis™; Avsola™; Infliximab* |
| PH-90176 | Simponi ARIA® (golimumab)   |
| PH-90310 | Tremfya® (guselkumab)   |
| PH-90671 | Skyrizi® (risankizumab-rzaa)  |
| PH-90002 | Tocilizumab: Actemra®; Tofidence™; Tyenne®                          |
| PH-90727 | Veopoz® (pozelimab-bbfg)  |
| PH-90527 | Vyepti® (eptinezumab-jjmr)  |
| PH-90708 | Elfabrio® (pegunigalsidase alfa-iwxj)                               |
| PH-90133 | Natalizumab: (Tysabri®; Tyruko®)                                    |