

Vyjuvek will have additional requirements for most commercial members starting July 22

Blue Cross Blue Shield of Michigan and Blue Care Network are updating the medical policy for Vyjuvek® (beremagene geperpavec-svdt). The requirements in the medical policy will apply for most Blue Cross and BCN commercial members for dates of service on or after July 22, 2024.

In keeping with the updated medical policy, the following additional requirement must be met for treatment with Vyjuvek to be considered medically necessary:

- The prescriber must attest that the member is receiving and is adherent to wound care interventions.
- The member must not use Vyjuvek on the same wound in combination with other gene therapies for the treatment of dystrophic epidermolysis bullosa, or DEB.

You can see the full list of requirements in the updated medical policy, which will be available no later than July 22. To view the policy, go to the [Medical Policy Router Search](#) page, enter the name of the drug in the *Policy/Topic Keyword* field and press *Enter*.

Tip: To access the Medical Policy Router Search page, go to bcbsm.com/providers, click *Resources* and then click *Search Medical Policies*.

Some Blue Cross commercial groups aren't subject to these requirements

For Blue Cross commercial, these requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#).

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

Additional information

For additional information about drugs covered under the medical benefit, see the following pages of the ereferrals.bcbsm.com website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)

Prior authorization isn't a guarantee of payment. Health care providers need to verify eligibility and benefits for members.

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