

## Lamzede and Vyjuvek to have requirements for URMBS members with Blue Cross non-Medicare plans

For dates of service on or after Sept. 12, 2024, Lamzede® and Vyjuvek™ will have the requirements outlined below for UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans.

Drug	New requirement(s)	
	Prior authorization	Site of care
Lamzede (velmanase alfa-tycv), HCPCS code J0217	✓	
Vyjuvek (beremagene geperpavec-svdt), HCPCS code J3401	✓	✓

Submit prior authorization requests through the NovoLogix® online tool when these drugs will be billed as a medical benefit.

Note: The requirements don't apply to the UAW Retiree Health Care Trust (group number 70605) or the UAW International Union (group number 71714).

### How to access NovoLogix

To access NovoLogix, log in to our provider portal ([availity.com](https://availity.com)\*), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, see the [Register for web tools](#) webpage on **bcbsm.com**.

For drugs that have a site-of-care requirement, the NovoLogix online tool will prompt you to select a site of care when you submit prior authorization requests. If the request meets clinical criteria for the drug and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

### More about requirements for medical benefit drugs

For additional information on requirements related to drugs covered under the medical benefit for URMBS members with Blue Cross non-Medicare plans, see:

- [Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#)
- [Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare Members](#)

We'll update the drug lists to reflect the information in this message prior to the effective date.

As a reminder, prior authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

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