Beqvez to require prior authorization for Federal Employee Program non-Medicare members starting Jan. 1

For dates of service on or after Jan. 1, 2025, the drug listed below will require prior authorization for Blue Cross and Blue Shield Federal Employee Program® non-Medicare members:

- Beqvez™ (fidanacogene elaparvovec-dzkt), HCPCS code J3590

For members who began therapies before Jan. 1

Authorizations approved for therapies that began before Jan. 1, 2025, will be valid for up to 12 months.

For members beginning therapy on or after Jan. 1

For members beginning therapy on or after Jan. 1, submit prior authorization requests through the NovoLogix® online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal (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**.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the Utilization management medical drug list for Blue Cross and Blue Shield Federal Employee Program® non-Medicare members. We'll update this list to reflect the new requirement.

You can access this list and other information about submitting prior authorization requests on the following pages of **ereferrals.bcbsm.com:**

- 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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