

## Beqvez and Kebilidi will have additional requirements for most commercial members starting Jan. 27

Blue Cross Blue Shield of Michigan and Blue Care Network are updating the medical policies for the following medical benefit drugs:

- Beqvez™ (fidanacogene elaparovec-dzkt)
- Kebilidi™ (eladocagene exuparovec-tneq)

The requirements in the medical policy will apply for most Blue Cross and BCN commercial members for dates of service on or after Jan. 27, 2025.

In keeping with the updated medical policies, the following additional requirements must be met for treatment to be considered medically necessary:

Drug name	Additional requirements
Beqvez	<p>Must try Hymravzi™ for at least six months and fail. Failure is defined as any of the following:</p> <ul style="list-style-type: none"> <li>• Spontaneous soft tissue bleeding event</li> <li>• Micro-bleeding into a joint</li> <li>• Ongoing joint pain of a known target joint</li> </ul>
Kebilidi	<ul style="list-style-type: none"> <li>• Must be prescribed by or in consultation with a pediatric neurologist.</li> <li>• Diagnosis must be confirmed based on all of the following: <ul style="list-style-type: none"> <li>○ Genetic testing showing biallelic mutations in the DOPA decarboxylase (DDC) gene</li> <li>○ Reduced levels of 5-hydroxyindoleacetic acid (5-HIAA), homovanillic acid (HVA) and 3-methoxy-4-hydroxyphenylglycol (MHPG) and high concentrations of 3-O-methyldopa (3-OMD), L-Dopa, and 5-OH tryptophan (5-HTP) in the cerebral spinal fluid (CSF)</li> <li>○ Reduced aromatic L-amino acid decarboxylase (AADC) activity in the plasma</li> </ul> </li> <li>• The requesting physician attests to providing clinical outcome information within the appropriate provider portal as requested by Blue Cross or BCN.</li> </ul>

You can see the full list of requirements in the updated medical policies, which will be available no later than Jan. 27. To view the policies, 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](https://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](https://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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