Blue Cross Blue Shield Blue Care Network of Michigan
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Voceryq will require prior authorization for most members starting Nov. 13 and Jan. 1

To help meet our goal of promoting safe, effective treatment while responsibly managing healthcare costs, Blue Cross Blue Shield of Michigan and Blue Care Network will require prior authorization for the following drug. This requirement supports clinically appropriate, cost-effective care and helps ensure medical benefit drugs are used safely and effectively.

Brand name	Generic name	HCPCS code	Lines of business	For dates of service on or after
Voceryq™	doruxapapogene ralaplasmid and lalikinogene sifuplasmid-gxfd	J3590	• Blue Cross commercial • BCN commercial	Nov. 13, 2026
			• Medicare Plus Blue • BCN Advantage	Jan. 1, 2027

You can find additional information in the following documents:

- **Additional information for commercial members** — Explains how to submit prior authorization requests, what Blue Cross commercial groups aren't subject to requirements and how to access a list of requirements for commercial members for drugs covered under the benefit
- **Additional information for Medicare Advantage members** — Explains how to submit prior authorization requests, when prior authorization is required and how to access a list of requirements for Medicare Advantage members for drugs covered under the medical benefit

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