

veligrotug-vvze (Lumvoo)

Commercial Medical Benefit Drug Policy

1. All requests for this drug must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

Place of Service

Home Infusion Administration
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: varies

Mechanism of Action: insulin-like growth factor-1 receptor inhibitor

HCPCS:

C9399:Unclassified drugs or biologicals

J3490:Unclassified drugs

J3590:Unclassified biologics

How Supplied:

500 mg/10 mL (50 mg/mL) solution in a single-dose vial

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

References

1. Lumvoo (veligrotug-vvze). Prescribing Information. Viridian Therapeutics, Inc., Waltham, MA: 6/2026.

Review History

Date of Last Annual Review: NA

Changes from previous policy version:

- Placeholder

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*

