

## Update: Fensolvi, Triptodur to have requirements for most commercial members, starting Jan. 1

We updated an earlier version of this communication to include more information in the “How to submit prior authorization requests” section.

For dates of service on or after Jan. 1, 2026, health care providers will have to show that our Blue Cross Blue Shield of Michigan and Blue Care Network members have tried and failed certain drugs when requesting prior authorization for the following under the medical benefit:

- Fensolvi (leuprolide acetate), HCPCS code J1951
- Triptodur (triptorelin), HCPCS code J3316

For dates of service on or after Jan. 1, 2026, Lupron Depot-PEDS and Supprelin LA will be the **preferred drugs** that won’t require prior authorization:

Refer to the table below for the step therapy requirements.

Drugs	Step therapy requirements	Preferred products that don’t require prior authorization
<ul style="list-style-type: none"> <li>• Fensolvi</li> <li>• Triptodur</li> </ul>	Trial and failure of Lupron Depot-PED and Supprelin LA	<ul style="list-style-type: none"> <li>• Lupron Depot-PED, HCPCS code J9217</li> <li>• Supprelin LA, HCPCS code J9226</li> </ul>

Members can continue to fill Fensolvi or Triptodur until Dec. 31, 2025. Effective Jan. 1, 2026, if members want to continue therapy using the nonpreferred products, an authorization request would need to be submitted and approved.

**Note:** This applies to most group and individual commercial members. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#).

### How to submit prior authorization requests

Submit prior authorization requests through the Medical and Pharmacy Drug PA Portal. It offers real-time status checks and immediate approvals for certain medications.

When requesting prior authorization, you’ll be prompted to select a site of care for these drugs. The request will be approved automatically if it meets the clinical criteria for the drug and is for one of the following sites of care:

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

Additional information or documentation may be required for requests to administer Fensolvi or Triptodur in an outpatient hospital setting.

To access the Medical and Pharmacy Drug PA Portal, 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. Click the *Medical and Pharmacy Benefit Drug Prior Auth* tile in the *Applications* tab.

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

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