

Iluvien, Retisert to require prior authorization, step therapy requirements for most commercial members, starting Jan. 1

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 medical benefits:

- Iluvien (fluocinolone), HCPCS code J7313
- Retisert (fluocinolone acetonide), HCPCS code J7311

For dates of service on or after Jan. 1, 2026, Ozurdex will be the **preferred therapy** and 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
Iluvien	Trial and failure of Ozurdex	Ozurdex, HCPCS code J7312
Retisert	Trial and failure of Iluvien and Ozurdex	

Members can continue to fill Iluvien or Retisert 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.

To access the Medical and Pharmacy Drug PA Portal, log in to our provider portal (availability.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.

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Category: Authorizations/referrals, Pharmacy

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