Prior authorization requirement for Part B drug: Trelstar (triptorelin)

Effective August 1, 2018, prior authorization (PA) requirements will change for Part B injectable/infusible drug Trelstar (triptorelin) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following Part B drug:
- Trelstar (triptorelin) — for the palliative treatment of advanced prostate cancer and the treatment of central precocious puberty (J3315)

To request PA, you may use one of the following methods:
- Interactive Care Reviewer: https://www.Availity.com
- Fax: 1-888-235-8468
- Phone: 1-855-878-1785

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website at https://providers.amerigroup.com/TX > Quick Tools > Precertification Lookup Tool. Additionally, providers may call us at 1-855-878-1785 for PA requirements.