

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.

<https://providers.amerigroup.com>