

Prior authorization requirement change for Torisel® (temsirolimus)

On March 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will change prior authorization requirements for Torisel® (temsirolimus) for STAR+PLUS MMP members. Federal and state law as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the following code:

- J9330 — Torisel® (temsirolimus)

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for prior authorization requirements if they are not able to access the provider website.