

**Prior authorization requirements for injectable/infusible drugs:
Istodax (Romidepsin), Ixempra (Ixabepilone), Doxil (Doxorubicin),
Torisel (Temsirrolimus) and Inflectra (Infliximab-dyyb)**

Effective **February 1, 2017**, Anthem Blue Cross and Blue Shield (Anthem) will require prior authorization (PA) for Istodax (Romidepsin), Ixempra (Ixabepilone), Doxil (Doxorubicin), Torisel (Temsirrolimus) and Inflectra (Infliximab-dyyb). Requests must be reviewed by Anthem for PA for dates of service on and after **February 1, 2017**. Please refer to the Provider Self-Service tool for detailed authorization requirements.

Please use one of the following methods to request PA:

- Call Provider Services: **1-855-558-1443**
- Fax: **1-800-964-3627**
- Visit the Web: **<https://mediproviders.anthem.com/wi>**

If you have questions about this communication, received it in error, or need assistance with any other item, call Provider Services at **1-855-558-1443**.

<https://mediproviders.anthem.com/wi>

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