

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

## **Prior authorization requirements for new injectable/infusible drugs: Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb)**

**Summary:** Effective February 1, 2017, Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb) will require prior authorization (PA).

### **What is the impact of this change?**

For dates of service on or after February 1, 2017, requests for PA must be reviewed for five injectable/infusible drugs covered by Amerigroup Washington, Inc. for Washington Apple Health members. These drugs are Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb).

To request PA, contact us by phone at 1-800-454-3730.

Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/WA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for prior authorization requirements if they are not able to access the website.

### **What if I need assistance?**

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.