

September 17, 2020

PROVIDER NOTICE

Short-Acting Colony Stimulating Factors (CSFs) Medical Coverage Policy Change for Paramount Medicare members

On November 1, 2020, Paramount will implement a new coverage policy affecting the coverage of Neupogen, Granix, and Nivestym. The new policy will make the biosimilar product, Zarxio the preferred short-acting CSF product. Paramount members must have failed, or have a contraindication or intolerance to Zarxio prior to consideration of any other short-acting G-CSF product like Neupogen, Granix, or Nivestym.

This policy has been in place since June 21, 2019 for Paramount commercial and exchange members. Starting November 1, 2020, this policy will also apply to Paramount Medicare members - for new starts only. There are additional clinical criteria that must be satisfied within the medical policy. Please consider **the biosimilar Zarxio for your patients.**

How to submit a request for prior authorization:

- 1. Use our electronic prior authorization web portal**

Access the Magellan web portal at:

<https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome>

- 2. Call 1-800-424-1740**

- 3. Or, fax to 1-888-656-6671.**

You can find details about Paramount's medical coverage policies by visiting <https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/magellan-mrx>.

If you have questions about this notice or other issues, please call your provider relations representative. Or, call Paramount provider relations at 800-891-2542.