

May 25, 2020

## PROVIDER NOTICE

### Avastin, Herceptin, and Rituxan Medical Coverage Policy Change

**On July 1, 2020, Paramount will implement a new coverage policy affecting the following reference products for oncology-related uses: Avastin, Herceptin, and Rituxan.** Patients must try to have an inadequate response, contraindication, or intolerance to an adequate trial of a biosimilar product before coverage is allowed for these reference products.

This policy affects new starts, only, and applies to Paramount commercial, exchange and Medicare plan members, beginning **July 1, 2020**.

There are additional clinical criteria that must be satisfied within each medical policy. You can find details about Paramount's medical coverage policies by visiting <https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/magellan-mrx>.

Please consider **oncology biosimilar products for your patients**. The table below includes biosimilar oncology products that are currently available for each reference product:

<u>Avastin</u>	<u>Herceptin</u>	<u>Rituxan</u>
Mvasi (Amgen)	Kanjinti (Amgen)	Truxima (Teva)
Zirabev (Pfizer)	Ogivri (Mylan)	Ruxience (Pfizer)
	Herzuma (Teva)	
	Ontruzant (Merck)	
	Trazimera (Pfizer)	

To submit a request for prior authorization, please use one of the following methods:

1. **Online:** Access the Magellan prior authorization web portal by visiting <https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome>
2. **Phone:** 1-800-424-1740
3. **Fax:** 1-888-656-6671

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.