

In the News

Update to Medical Benefit Drug Coverage for Medical Mutual Medicare Advantage Plans

Effective November 1, 2023 prior authorization will be required for Infugem (gemcitabine) [HCPCS code J9198] and Pemfexy (pemetrexed) [HCPCS code J9304] for Medicare Advantage Plans.

Gemcitabine hydrochloride (J9201), Alimta (J9305), Pemetrexed, Hospira (J9294), Pemetrexed, Accord (J9296), Pemetrexed, Teva (J9314), and Pemetrexed, Sandoz (J9297) will be managed by claims edit and no prior authorization will be required.

For more information, please visit [Medmutual.com/For-Providers, Policies and Standards, Medical Policies](https://www.medmutual.com/For-Providers-Policies-and-Standards-Medical-Policies).