

In the News

Update to Commercial and ACA Medical Benefit Product Coverage for Medical Mutual Plans

In order to support our provider community through additional access to more biosimilars, Medical Mutual has updated the preferred trastuzumab products list to include all available trastuzumab biosimilars effective February 4, 2021. Members who are on existing therapy will be required to try the preferred drug at the time of prior approval renewal. Members new to the therapy will require a trial of the preferred drugs before a non-preferred drug can be prescribed. If it is believed that a member has already satisfied the step therapy requirement or a non-preferred drug is medically necessary, the provider should follow the Medical Mutual of Ohio coverage determination process to request the non-preferred drug.

The preferred and non-preferred trastuzumab products for Medical Mutual commercial and ACA plans are noted in the following chart.

Preferred Drugs*	Non-Preferred Drug
Herzuma (Q5113) or Kanjinti (Q5117) or Ogivri (Q5114) or Ontruzant (Q5112) or Trazimera (Q5116)	Herceptin (J9355)
<i>New preferred products effective February 4, 2021</i>	
Herzuma (Q5113) or Kanjinti (Q5117) or Ogivri (Q5114) or	Herceptin Hylecta (J9356)

Ontruzant (Q5112) or Trazimera (Q5116)	
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New preferred products effective February 4, 2021

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

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