

In the News

Update to Medical Benefit Drug Coverage for Medical Mutual Medicare Advantage 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 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 trastuzumab products for Medical Mutual Medicare Advantage plans are noted on the left side of the following chart. The non-preferred drugs are shown on the right. To view the Part B Step Therapy policy and all Part B drugs that require step therapy please [click here](#).”

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).