

In the News

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

Medical Mutual has updated the preferred pegfilgrastim products list effective Aug. 1, 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 coverage determination process to request the non-preferred drug.

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

Preferred Drugs*	Non-Preferred Drug
Fulphila (Q5108) or Neulasta (J2505)	Nyvepria (Q5122) Udenyca (Q5111) Ziextenzo (Q5120)
<i>New preferred products effective August 1, 2021</i>	

*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)