

In the News

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

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

The preferred pegfilgrastim products for Medical Mutual Medicare Advantage plans are noted on the left side of the below 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
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)