

In the News

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

In response to unprecedented price increases, Medical Mutual has updated the preferred infliximab products list effective June 15, 2022. 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 drug 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 prior authorization process to request the non-preferred drug.

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

Preferred Drugs*	Non-Preferred Drug
Inflectra (Q5103) or Remicade (J1745)	Avsola (Q5121) Renflexis (Q5104)
<i>Change in preferred products effective June 15, 2022</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)