

# In the News

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

In response to unprecedented price increases, Medical Mutual has updated the preferred infliximab products list effective June 15, 2022. 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 infliximab 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
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)