

# In the News

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

Effective January 1, 2021, certain drugs will be considered non-preferred medications under the Medical Mutual commercial and ACA medical benefit. 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 drugs for Medical Mutual commercial and ACA plans are noted in the following chart.

Category	Preferred Product(s)	Non-Preferred Product(s)
Hematological Conditions [Step therapy does not apply to Generalized Myasthenia Gravis (gMG) or Neuromyelitis Optica Spectrum Disorders (NMOSD)]	Ultomiris	Soliris
Inflammatory	Renflexis Inflectra Remicade	Avsola
Oncology	Mvasi Zirabev	Avastin
Oncology	Kanjinti Trazimera Ogivri	Herceptin Hylecta

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Oncology	Truxima Ruxience	Rituxan Hycela
Oncology and Inflammatory Conditions	Truxima Ruxience	Rituxan
Oncology and Inflammatory Conditions	Leucovorin	Levoleucovorin (Fusilev)
Oncology and Inflammatory Conditions	Leucovorin	Levoleucovorin (Khapzory)
Ophthalmic	Bevacizimab (Avastin)	Beovu
Ophthalmic	Bevacizimab (Avastin)	Eylea
Ophthalmic	Bevacizimab (Avastin)	Lucentis
Ophthalmic	Bevacizimab (Avastin)	Macugen
Ophthalmic	Bevacizimab (Avastin)	Visudyne
Osteoarthritis	Triamcinolone inj.	Zilretta

\*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).