

In the News

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

Medical Mutual has updated the preferred products list effective Jan. 1, 2023. 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 of Ohio prior authorization process to request the non-preferred drug.

The preferred 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
Avastin (J9035) Change in preferred products effective Jan. 1, 2023	Susvimo (J2779) Vabysmo (J3590, C9097)

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

The following preferred product requirement will be removed effective Jan. 1, 2023. Members new to the therapy will no longer require a trial of the preferred drug before a non-preferred drug can be prescribed.

Preferred Drugs*	Non-Preferred Drug
Doxorubicin, conventional (J9000) Preferred products not required effective Jan. 1, 2023	Doxil(Q2050)

For more information, please visit [Medmutual.com/For-Providers, Policies and Standards](https://www.medmutual.com/For-Providers-Policies-and-Standards), [Corporate Medical Policies](#).