

In the News

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

Effective Dec. 1, 2023, Medical Mutual will require trial of preferred intravenous immune globulin (IVIG) products. Members new to therapy or continuing therapy will require a trial of two preferred IVIG products before a non-preferred IVIG can be prescribed.

IVIG requires prior authorization. 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 ensure that the information is submitted with the request for prior authorization. Please follow the Medical Mutual prior authorization process to request an IVIG medication.

Preferred Drugs*	Non-Preferred Drug
Flebogamma (J1572)	Bivigam (J1556)
Gamunex-C (J1561)	Panzyga (J1599)
Gammagard Liquid (J1569)	Asceniv(J1554)
Gammagard S/D (J1566)	
Gammaked (J1561)	
Gammaplex (J1557)	
Octagam (J1568)	
Privigen (J1459)	
<i>Change in preferred products effective Dec. 1st, 2023</i>	

For more information, please visit [Medmutual.com/For-Providers/CorporateMedicalPolicies](https://www.medmutual.com/For-Providers/CorporateMedicalPolicies).