

In the News

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

Effective Sept. 1, 2024, Medical Mutual is enacting a Medications Subject to Dose Optimization policy. The medications that are subject to this policy are part of Medical Mutual’s voluntary dose optimization program. In the event the prescriber of these select medications chooses not to participate in the program, the authorization period for the prior authorization will be limited and will not match the authorization period published in the Corporate Medical Policy.

These drugs are also subject to prior authorization. Please refer to the corresponding drug-specific Corporate Medical Policy to review the medically necessary criteria required for approval.

Drugs effected by the Medications Subject to Dose Optimization policy effective Sept. 1, 2024:

Drug Name	HCPSC Code(s)
Asceniv (Immune Globulin, IV)	J1554
Alyglo (Immune Globulin, IV)	J1599
Bivigam (Immune Globulin, IV)	J1556
Cutaquig (Immune Globulin, SC)	J1551
Cuvitru (Immune Globulin, SC)	J1555
Flebogamma (Immune Globulin, IV)	J1572
Gamunex-C (Immune Globulin, IV, SC)	J1561
Gammagard Liquid (Immune Globulin, IV, SC)	J1569
Gammagard S/D (Immune Globulin, IV)	J1566
Gammaked (Immune Globulin, IV, SC)	J1561
Gammaplex (Immune Globulin, IV)	J1557
Hizentra (Immune Globulin, SC)	J1559
HyQvia (Immune Globulin, SC)	J1575

Drug Name	HCPCS Code(s)
Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified	J1599
Immune Globulin, Human, Subcutaneous	J3590, C9399
Octagam (Immune Globulin, IV)	J1568
Privigen (Immune Globulin, IV)	J1459
Panzyga (Immune Globulin, IV)	J1576
Xembify (Immune Globulin, SC)	J1558

For more information, please visit <https://www.medmutual.com/For-Providers/CorporateMedicalDisclaimer.aspx>.