

PHARMACEUTICAL POLICIES AVAILABLE FOR PROVIDERS **AT WWW.MVPHEALTHCARE.COM**

For a listing of all current medical and pharmaceutical policies, *Log In* at **www.mvphealthcare.com/providers** and select *Online Resources*, then *Medical Policies*. All policies are reviewed at least once annually. A **FastFax** will be sent out one month prior to the effective date listing the policies and their status. These policies can fall into one of the following categories:

- **New** – Denotes a new policy.
- **Updated** – Updated policies have content changes that may affect coverage criteria for services and/or drugs.
- **Review/No Changes** – Policies that have been reviewed, but have no content change.
- **Archived** – Denotes a policy that is not active.

The following policies are effective **April 1, 2017** and will be available for viewing on or before **March 1, 2017**. Hard copies of the policies are available upon request.

<u>Pharmaceutical Policy Name</u>	<u>Status</u>
Acthar	Review/No Changes
Growth Hormone Therapy	Review/No Changes
Infertility Drug Therapy	Updated
Disposable Insulin Delivery Devices	Review/No Changes
Metformin ER	Review/No Changes
Kuvan	Review/No Changes
Male Hypogonadism	Updated
Transgender Policy	Review/No Changes
Select Oral Antipsychotics	New
Select Injectables for Asthma	New
Mail Order	Updated
Physician Prescription Eligibility	Review/No Changes
Prescribers Treating Self or Family Members	Review/No Changes
Pharmacy Programs Administration	Updated

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

