

## 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/provider** 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 **March 1, 2016** and will be available for viewing on or before **February 8, 2016**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Male Hypogonadism	Updated
Transgender	Updated
DPP4 Inhibitors	Updated
Glumetza	Updated
Growth Hormone	Updated
Acthar	Updated
Kuvan	Review/No Changes
Disposable Insulin Delivery Devices	Review/No Changes
Physician Prescription Eligibility	Review/No Changes
Prescribers Treating Self or Family Members	Updated
Mail Order	Updated
Quantity Limits	Updated
Cuprimine	New
Weight Loss Agents	Updated
Gaucher's Disease Type 1 Treatment	Updated

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