

## 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 *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 **December 1, 2017** and will be available for viewing on or before **November 1, 2017**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Proton Pump Inhibitor Therapy	Updated
Crohn's Disease & Ulcerative Colitis, Select Agents	Updated
Irritable Bowel Syndrome	New
Viberzi	Archived
Enteral Therapy New York	Review/No Changes
Enteral Therapy Vermont	Review/No Changes
Gaucher Disease Type 1 Treatment	Review/No Changes
Hereditary Angioedema	Updated
Chelating Agents	Review/No Changes
Preventive Services-Medications	Updated
Spinraza	New
Topical Agents for Pruritus	New
Xifaxan	Updated

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

