

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 **January 1**, **2017** and will be available for viewing on or before

December 1, 2016. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Crohn's Disease & Ulcerative Colitis, Select Agents	Review/No Changes
Proton Pump Inhibitor Therapy	Updated
Viberzi	New
Enteral Therapy New York and Vermont	Updated
Enteral Therapy New Hampshire	Archived
Gaucher Disease Type 1 Treatment	Updated
Pradaxa	Archived
Hereditary Angioedema	Updated
Cuprimine	Archived
Chelating Agents	New
Hemophilia Factor	Updated
Xifaxan	Updated
Benlysta	Review/No Changes
Gralise	Review/No Changes
Select Hypnotics	Updated
Multiple Sclerosis Agents	Updated
Oral Allergen Immunotherapy Medications	Review/No Changes
Weight Loss Agents	Updated
Xyrem	Updated
Respiratory Syncytial Virus/Synagis	Updated
Formulary Exception for Non-Covered Drugs	Updated
Immunoglobulin Therapy	Updated
Prostate Cancer	Updated
Addyi	New
Pain Medications	Updated

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

