

Pharmaceutical Policies Available for Providers at mvphealthcare.com

For a listing of all current medical and pharmaceutical policies, *Sign In* at mvphealthcare.com 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, 2019** (unless otherwise noted) and will be available for viewing on or before **November 1, 2019**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Crohn's Disease, Select Agents	Updated
Ulcerative Colitis, Select Agents	Updated
Irritable Bowel Syndrome	Updated
Intestinal Antibiotics (formerly Xifaxan)	Updated
Enteral Therapy New York	Updated
Enteral Therapy Vermont	Updated
Hereditary Angioedema	Updated
Gaucher Disease Type 1 Treatment	Updated
Proton Pump Inhibitor Therapy	No changes
Hemophilia Factor	Updated
Infertility Drug Therapy Medicaid/HARP (effective October 1, 2019)	Updated
Inflammatory Biologic Drug Therapy	Updated
Preventive Services – Medication (effective January 1, 2020)	Updated
Spinal Muscular Atrophy (effective October 7, 2019)	Updated
Patient Medication Safety (effective October 1, 2019)	No changes
Pharmacy Programs Administration (External) (effective October 1, 2019)	Updated