



This communication should be viewed by:

Primary Care Providers
Behavioral Health Providers
Clinical staff
Specialist
Claims and Billing Department
Facility/Practice staff

Pharmaceutical Policy Updates Effective December 1, 2024

To view all current MVP Health Care (MVP) Medical policies, *Sign In* at **mvphealthcare.com** and select *Resources*, then *Medical Policies*. All policies are reviewed at least once annually. This communication lists all impacted policies and their status. Policies 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
- Reviewed/No Changes Policies that have been reviewed but have no content change
- Archived Denotes a policy that is no longer active

The following policies are effective December 1, 2024, and will be available for viewing on or before November 1, 2024. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Risankizumab (Skyrizi) Part B	Updated
Ustekinumab Part B	Reviewed/No Changes
Hemophilia Gene Therapy Part B	Updated
Enteral Therapy Part B	Reviewed/No Changes
C. Difficile Drug Therapy Part B	Updated
Infliximab Part B	Updated

