

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 **September 1, 2018** and will be available for viewing on or before **August 1, 2018**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Intranasal Corticosteroids	Updated
Cough and Cold (Brands)	Updated
Select Injectables for Asthma	Updated
Xolair® (omalizumab)	Review/No Changes
Cystic Fibrosis (select agents for inhalation)	Updated
Cystic Fibrosis (select oral agents)	Updated
Idiopathic Pulmonary Fibrosis	Updated
Quantity Limits for Prescription Drugs	Updated
Atopic Dermatitis	Updated
Cialis for BPH	Updated
Preventive Services - Medication	Review/No Changes

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