

## **Pharmaceutical Policy Updates**

For a listing of all current medical and pharmaceutical policies, visit **www.mvphealthcare.com**, select *Providers* to login, and then select *Resources*, then *Medical Policies*. All policies are reviewed at least once annually. A FastFax is sent one month prior to the effective date. 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**, **2019** and will be available for viewing on or before **December 1**, **2018**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	<u>Status</u>
Nuedexta	Review/No changes
Gabapentin ER	Updated
Xyrem	Review/No changes
Multiple Sclerosis Agents	Updated
Immunoglobulin Therapy	Updated
Select Hypnotics	Review/No changes
Respiratory Syncytial Virus/Synagis	Review/No changes
Benlysta	Updated
Addyi	Review/No changes
CAR-T Cell Therapy	Updated
Excluded Drug List	Review/No changes
Formulary Exception for Non- Covered Drugs	Review/ No changes
Oral Allergen Immunotherapy Medications	Updated
Prostate Cancer	Updated
Spinraza	Review/No changes
Transgender Hormone Policy (Commercial/Exchange)	Updated
Weight Loss Agents	Updated
Xiidra (Medicaid/HARP)	New

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

