

Pharmaceutical Policies available for providers at myphealthcare.com

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.
- **Review/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- Archived Denotes a policy that is no longer active.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 April 1, 2020 and will be available for viewing on or before February 1, 2020. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Male Hypogonadism	Updated
Transgender Hormone Policy (Commercial/Exchange)	No changes
Transgender Hormone Policy (Medicaid/HARP)	No changes
Metformin ER	No changes
Growth Hormone Therapy	No changes
Phenylketonuria Agents	No changes
Biosimilar, Select Medical – effective 11/1/19	New
Cystic Fibrosis (Select Oral Agents)	Updated
Duchenne Muscular Dystrophy	Updated
Excluded Drug List – effective 1/1/20	Archived
Mail Order	No changes
Physician Prescriptions Eligibility	No changes
Prescribers Treating Self or Family Members	No changes
Quantity Limits for Prescription Drugs	Updated
Select Oral Antipsychotics	Updated
Xiidra (Medicaid/HARP) – effective 1/1/20	Archived
Hereditary Angioedema	Updated

