MVPFASTFAX

Pharmaceutical Policies Updates Effective December 1, 2020

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- Archived Denotes a policy that is no longer active.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 December 1, 2020 and will be available for viewing on or before November 1, 2020. 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	Review
Intestinal Antibiotics	Review
Enteral Therapy New York	Updated
Enteral Therapy Vermont	Updated
Hereditary Angioedema	Review
Gaucher Disease Type 1 Treatment	Review
Select Chelating Agents	Review
Mulpleta/Doptelet	Review
Pharmacy Management Programs	Review
Transgender Hormone Policy (Commercial/Exchange) – effective 10/1/20	Updated
Transgender Hormone Policy (Medicaid/HARP) – effective 10/1/20	Updated
Spravato (Esketamine)	Updated
Car-T Cell Therapy – effective 10/1/20	Updated
Quantity Limits for Prescription Drugs – effective 10/1/20	Updated
Drug Utilization Review and Monitoring Program – effective 7/1/20	Updated
Duchenne Muscular Dystrophy – effective 10/1/20	Updated

To view all communications, visit mvphealthcare.com/FastFax

To receive future FastFax messages by email, send a request to MVPFastFax@mvphealthcare.com.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at **1-800-684-9286**.

