

**This communication should be viewed by:**

Primary Care Providers  
Behavioral Health Providers  
Clinical staff

## Pharmaceutical Policies Updates Effective February 1, 2024

To view all current MVP Health Care® (MVP) Pharmaceutical policies, *Sign In* at [mvphealthcare.com](http://mvphealthcare.com) and select *Resources*, then *Medical Policies* then *Pharmaceutical Policies*. All policies are reviewed at least once annually. This communication lists all impacted policies and their statuses. 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- **Archived** – Denotes a policy that is no longer active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 February 1, 2024 and will be available for viewing on or before January 1, 2024. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Entyvio (vedolizumab)	Updated
Infliximab	Updated
Certolizumab (Cimzia)	Updated
Adalimumab (Humira)	Updated
Risankizumab (Skyrizi)	Updated
Ustekinumab (Stelara)	Updated
Antibiotic/Antiviral (oral) Prophylaxis	Reviewed
Zinplava	Updated
Government Programs OTC Drug Coverage	Reviewed/No Changes
Compounded (Extemporaneous) Medications	Updated
Skysona	Updated
D-SNP Over-the-Counter (OTC) and Prescription Drug Coverage	New
Zynteglo effective 10/27/2023	Updated
Pharmacy Program Management effective 12/1/2023	Updated
Skysona Medicare Part B effective 1/1/2024	Updated
Zynteglo Medicare Part B effective 1/1/2024	Updated
Syfovre effective 1/1/2024	Updated
Syfovre Medicare Part B effective 1/1/2024	Updated
Immunoglobulin Therapy Medicare Part B effective 1/1/2024	Updated
Medicare Part B vs. Part D Determination effective 1/1/2024	Updated
Medicare Part B Drug Therapy effective 1/1/2024	Updated
Eylea effective 1/1/2024	Archived
Zinplava Medicare Part B effective 1/1/2024	Updated
Drug Utilization Review & Monitoring Program effective 1/1/2024	Updated
Entyvio (vedolizumab) Medicare Part B effective 1/1/2024	Updated
Infliximab Medicare Part B effective 1/1/2024	Updated

To view all communications, visit [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax)

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

