

Pharmaceutical policies available for Providers on 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 **April 1, 2019** and will be available for viewing on or before **March 1, 2019**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Acthar	Review/No changes
Antipsychotics, Select Oral	Review/No changes
Compounded (Extemporaneous) Medications	Updated
Enteral Therapy New York	Updated
Excluded Drug List	Review/No changes
Growth Hormone	Review/No changes
Infertility Drug Therapy	Review/No changes
Disposable Insulin Delivery Devices	Review/No changes
Mail Order	Review/No changes
Male Hypogonadism	Updated
Metformin ER	Review/No Changes
Phenylketonuria Agents	New
Physician Prescriptions Eligibility	Review/No changes
Prescribers Treating Self or Family Members	Review/No changes
Quantity Limits for Prescription Drugs	Updated
Transgender Hormone Policy (Commercial/Exchange)	Review/No changes
Transgender Hormone Policy (Medicaid/HARP)	Review/No changes