

## Pharmaceutical Policies Available for Providers at myphealthcare.com

For a listing of all current medical and pharmaceutical policies, *Log In* at **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 **October 1, 2019** (unless otherwise noted) and will be available for viewing on or before **September 1, 2019**. Hard copies of the policies are available upon request.

Pharmaceutical Policy Name	Status
Cialis for BPH	Review/No changes
Gout Treatments	Updated
Pain Medications	Review/No changes
Ankylosing Spondylitis Drug Therapy	Updated
Inflammatory Biologic Drug Therapy	Updated
Psoriatic Arthritis Drug Therapy	Updated
Rheumatoid Arthritis Drug Therapy	Updated
Methotrexate Autoinjector	Review/No changes
Advanced Agents for Pulmonary Hypertension	Review/No changes
Epinephrine Autoinjector	Review/No changes
Migraine Agents	Updated
CGRP Antagonists	Updated
PCSK9 Inhibitors	Updated
Orphan Drugs and Biologicals	Updated
Preventive Care Drug List - effective 1/1/20	Updated
Specialty Drug Procurement Exception	Review/No changes
Cystic Fibrosis (select oral agents)	Updated
Male Hypogonadism	Updated
Infertility Drug Therapy (Medicaid/HARP)	New

