

## Pharmaceutical Policies Updates Effective December 1, 2021

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
- 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- Archived Denotes a policy that is no longer active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 December 1, 2021 and will be available for viewing on or before November 1, 2021. Hard copies of the policies are available upon request.

| Pharmaceutical Policy Name   | Status   |
|--|----------|
| Chelating Select Agents  | Updated  |
| Gaucher Disease Type 1 Treatment   | Updated  |
| Hereditary Angioedema  | Updated  |
| Colony Stimulating Factors   | Updated  |
| Enteral Therapy – New York   | Updated  |
| Enteral Therapy - Vermont  | Updated  |
| Lidocaine (Topical) Products   | Updated  |
| Diclofenac (Topical) Products  | Updated  |
| Adakveo  | Reviewed |
| Erythropoiesis Stimulating Agents (ESAs)                                   | Reviewed |
| Hemophilia Factor  | Updated  |
| Patient Medication Safety  | Updated  |
| Dojolvi  | New      |
| Cystic Fibrosis (Select Agents for Inhalation) (effective October 1, 2021) | Updated  |
| Preventive Services – Medications (effective September 1, 2021)            | Updated  |
| Tepezza (teprotumumab-trbw)  | New      |

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