

This communication should be viewed by:

- Primary Care Providers
- Behavioral Health Providers
- Clinical staff
- Facility/Practice staff

Pharmaceutical Policy Updates Effective February 1, 2025

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 Policy** – 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- **Archived** – Denotes a policy that is no longer active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, 2025, and will be available for viewing on or before January 1, 2025. Hard copies of the policies are available upon request.

| Pharmaceutical Policy Name | Status |
|---|---------------------|
| Irritable Bowel Syndrome | Updated |
| Hepatitis C Treatment | Reviewed/No Changes |
| Select Chelating Agents | Updated |
| Gaucher Disease Type1 Treatment | Updated |
| Hereditary Angioedema | Updated |
| Intestinal Antibiotics | Archived |
| Mulpleta/Doptelet | Updated |
| Proton Pump Inhibitor | Updated |
| Antibiotic/Antiviral (oral) Prophylaxis | Reviewed/No Changes |
| Lyme Disease/IV Antibiotic Treatment | Updated |
| Medicare Part B: Lyme Disease/IV Antibiotic Treatment | Updated |
| Zinplava | Updated |
| Medicare Part B: Zinplava | Updated |
| Government Programs Over the Counter Drug Coverage | Reviewed/No Changes |
| D-SNP Over-the-Counter (OTC) and Prescription Drug Coverage | Reviewed/No Changes |
| Patient Medication Safety | Reviewed/No Changes |
| Compounded (Extemporaneous) Medications | Updated |
| Skysona | Updated |
| Medicare Part B: Skysona | Updated |
| Zynteglo | Updated |

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|---|---------------------|
| Medicare Part B: Zynteglo | Updated |
| Adakveo | Reviewed/No Changes |
| Dose Rounding for Systemic therapy | Updated |
| Medicare Part B: Dose Rounding for Systemic therapy | Updated |
| Medicare Part B: Beqvez | New Policy |
| Tecelra | New Policy |
| Medicare Part B: Tecelra | New Policy |
| Formulary Exception for Non-Covered Drugs EXTERNAL | Updated |
| Dupixent | Updated |
| Cancer Guidance Program: <i>Effective December 1, 2025</i> | Updated |
| Medicare Part B: Cancer Guidance Program: <i>Effective December 1, 2025</i> | Updated |
| Densoumab (Prolia and Xgeva): <i>Effective January 1, 2025</i> | Archived |
| Medicare Part B: Densoumab (Prolia and Xgeva): <i>Effective January 1, 2025</i> | Archived |
| Growth Hormone Therapy: <i>Effective January 1, 2025</i> | Updated |

Contact MVP with questions:



Contact your MVP Professional Relations Representative.



Call the MVP Customer Care Center for Provider Services at **1-800-684-9286**



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