

|                        |                         |                    |     |
|------------------------|-------------------------|--------------------|-----|
| <b>Policy Title:</b>   | New to Market Policy    |                    |     |
| <b>Policy Number:</b>  | <i>To be determined</i> | <b>Department:</b> | PHA |
| <b>Effective Date:</b> | 08/01/2019              |                    |     |
| <b>Review Date:</b>    |                         |                    |     |
| <b>Revision Date:</b>  |                         |                    |     |

**Purpose:** To support safe, effective and appropriate use of New to Market Medications.

**Scope:** Medicaid – Pharmacy and Medical Benefit, Exchange Medical Benefit

**Policy Statement:**

The New to Market Policy will allow the Pharmacy and Therapeutics Committee adequate time to review new to market medications before it chooses to add the medication to the formulary.

**Procedure:**

New pharmaceuticals/products are generally reviewed within the first twelve (12) months of their release/availability in the United States. Exceptions may occur, whereas the substance may be reviewed after 12 months if the Pharmacy and Therapeutics Committee (or a delegated subcommittee) have significant safety and/or efficacy concerns with the new to market substance. This extension allows Neighborhood the ability to assure that members have access to safe, effective medications/substances.

If the agent has not been reviewed by the P&T Committee or delegated Committee, a request for drug coverage will be denied. If a provider would like their member to have a medication that has not yet been reviewed by the P&T Committee or delegated Committee, a coverage request can be presented to Neighborhood's CMO or his/her representative who will make a determination on the request.

**Investigational use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**References:**

1. NHPRI Formulary Management Policy and Procedure.