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| **Policy Title:**  | New to Market Policy |
|  |  | **Department:** | PHA |
| **Effective Date:** | 08/23/2019 |
| **Review Date:** | 8/23/2019, 6/8/2020, 3/25/2020, 2/17/2022 |
| **Revision Date:** | 08/23/2019 |
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| **Purpose:** To support safe, effective and appropriate use of New to Market Medications. |
| **Scope:** Medicaid – Pharmacy and Medical Benefit, Commercial -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.