Policy Title: New to Market Policy

Department: PHA

Effective Date: 08/23/2019


Revision Date: 08/23/2019

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.