

Policy Name:	Newly Approved Medications, Products, & Indications	Policy #:	543P
Purpose of the Policy	The purpose of this policy is to establish guidelines to evaluate the appropriateness of newly introduced pharmaceutical products as well as newly approved indications of currently available pharmaceutical products.		

Statement of the Policy

Health Alliance Medical Plans require prior authorization for up to twelve months (from the date of launch) for all newly approved medications, products and newly approved indications of currently available medications until they have undergone thorough review by the Pharmacy and Therapeutics (P&T) Committee.

Criteria

1. Interim Review Process

- 1.1 Requests for coverage of a newly approved medication or medication with a newly approved indication during the interim period between when the drug (or new indication) is launched and when the medication has gone to the P&T Committee will require prior authorization with the criteria following the below Medical Exception policies:

[Illinois - Medical Exception Process](#)

2. Interim Review Process

- 2.1 Orphan Drugs are excluded from coverage by the interim review process and will only be covered after the drug has undergone review by the P&T committee

References

Created Date: 10/20/00

Effective Date: 12/01/97

Posted to Website: 01/01/2022

Revision Date: 01/01/2024

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.