**Overview**

New-to-market medications have a review process prior to being added to our formulary. Medications will be evaluated by Pharmacy and Therapeutics Committee and Drug Coverage Committee to analyze current literature to determine benefits and risks of these medications.

**Coverage Guidelines**

Approval of a new-to-market medication may be approved when the following criteria is met:

1. The requested drug is being used for an FDA-approved indication that is covered under the member’s plan documents OR for a recognized off-label use of an FDA-approved drug used in the treatment of cancer or HIV/AIDS AND
   a. Documentation from the prescriber the patient had an inadequate treatment response or intolerance to all formulary alternatives for the given diagnosis (or to at least one agent within each of a given class of agents when more than one class is available for the diagnosis); OR
   b. The patient has a contraindication to all formulary alternatives; OR
   c. This is the only FDA-approved product for the patient’s diagnosis and documentation from the prescriber showing that all other available lines of treatment consistent with generally accepted practice and/or guidelines from a nationally recognized entity for the diagnosis being treated have been exhausted.

**Limitations**

The duration of coverage will be limited to 6 months.

**References**

N/A
**Review History**
06/25/2018 – Reviewed
10/01/2018 – Implemented
01/22/2019 – Reviewed P&T
01/22/2020 – Reviewed at P&T

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