

DRUG (S)	<u>Medical Exceptions Policy</u> Drugs New to Market
POLICY #	11114
INDICATIONS	To establish ConnectiCare’s criteria for requested coverage of a medication that is new to market and can be used to treat a medical condition/disease that is not otherwise excluded from coverage under the pharmacy benefit.
CRITERIA	<p>1) The requested agent will be approved when the following are met:</p> <p>A) The requested agent is used to treat a medical condition/disease state that is not otherwise excluded from coverage under the pharmacy benefit</p> <p>AND</p> <p>B) The requested agent meets existing Utilization Management Criteria for use if applicable</p> <p>AND</p> <p>C) The patient’s diagnosis is an FDA-approved or CMS-approved compendia accepted indication for the requested drug</p> <p>AND</p> <p>D) ONE of the following:</p> <ul style="list-style-type: none"> • The patient has tried and failed all of the covered drugs on any tier of the plan’s covered drug list (if applicable) for the diagnosis being treated with the requested drug <p>OR</p> <ul style="list-style-type: none"> • The prescribing physician has provided documentation stating that the available formulary alternatives are contraindicated, likely to be less effective, or cause an adverse reaction or other harm for the patient, or the physician states that the patient is currently receiving the requested medication and is at risk if s/he changes therapy
LIMITATIONS	
REFERENCES	
P&T REVIEW HISTORY	2/16, 2/17, 1/18
REVISION RECORD	