

Prior Authorization DRUG Guidelines

**New-to-Market Medical and Pharmacy Benefit
Products Policy**

Effective Date: 7/23/19

Date Developed: 5/29/19 by Robert Sterling, MD

Date Approved by P&T Committee: 7/23/19, 2/18/20, 2/2/21,
2/1/22, 1/31/23

Coverage Policy:

Ventura County Health Care Plan (VCHCP) will not cover new-to-market medical and pharmacy benefit products until they are reviewed and approved for coverage by VCHCP Pharmacy and Therapeutics Committee. New-to-market means up to six months from the date of final approval by the U.S. Food and Drug Administration (FDA).

VCHCP's Pharmacy and Therapeutics Committee will conduct a clinical review for each new-to-market pharmacy and medical benefit product/medication in a timeframe not to exceed 12 month after final FDA approval. VCHCP's Pharmacy and Therapeutics Committee will review clinical data and patient safety information and provide a coverage determination for each product reviewed.

During VCHCP's Pharmacy and Therapeutics Committee's period of review for new-to market medical and pharmacy benefit medication, a decision may be rendered to cover with prior authorization or to exclude a medication if such review is required or requested.

Note: VCHCP does not cover services that are not medically necessary and/or investigative. Individual cases may be considered by the medical director.

REVISION HISTORY:

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