

POLICY NAME	Newly Approved Medications, Products, &	POLICY #	543P
--------------------	---	-----------------	-------------

Criteria

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

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
 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.