"Medical and scientific evidence" means evidence found in the following sources:

(1) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;

(2) Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia and other medical literature that meet the criteria of the National Institutes of Health’s Library of Medicine for indexing in Index Medicus (Medline), and Elsevier Science Ltd. for indexing in Excerpta Medicus (EMBASE);

(3) Medical journals recognized by the Secretary of Health and Human Services under Section 1861(t)(2) of the federal Social Security Act;

(4) The following standard reference compendia:
   (a) The American Hospital Formulary Service–Drug Information;
   (b) Drug Facts and Comparisons;
   (c) The American Dental Association Accepted Dental Therapeutics; and
   (d) The United States Pharmacopoeia–Drug Information National Formulary;

(5) Peer-reviewed or expert consensus findings, including the studies or research used to reach the findings, conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including:
   (a) The federal Agency for Healthcare Research and Quality;
   (b) The National Institutes of Health;
   (c) The National Cancer Institute;
   (d) The National Academy of Sciences;
   (e) The Centers for Medicare & Medicaid Services;
   (f) The federal Food and Drug Administration;
   (g) The Centers for Disease Control and Prevention;
   (h) The U.S. Preventive Services Task Force;
   (i) The U.S. Health Resources & Services Administration; and
   (j) Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health care services; or

(6) Any other relevant data that is comparable to the sources listed in Paragraphs (1) through (5).

_Drafting Note:_ States should note that in some limited instances, guidelines developed by the federal government or national specialty medical organizations that are nationally recognized as setting the standard of care for a condition (e.g., U.S. Department of Health and Human Services (HHS) antiretroviral treatment guidelines and the hepatitis C recommendations developed by the American Association of the Study of Liver Diseases and the Infectious Diseases Society of America) may initially lack broad expert consensus or peer-review because of an urgent need to make drugs that improve or maintain critical life functions available as they are approved and/or treatment data is released. Such information can be helpful to the P&T committee as it determines coverage updates and/or changes.