Calcium and Vitamin D Supplements

Goal(s):

• Restrict use of calcium and vitamin D supplements to patients who are pregnant; have a documented nutritional deficiency; have a diagnosis of osteopenia or osteoporosis; infants 0-24 months or elderly patients at risk for falls.

Length of Authorization:

• Up to 12 months

Requires PA:

Non-preferred calcium and vitamin D products

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at <u>www.orpdl.org</u>
- Searchable site for Oregon FFS Drug Class listed at <u>www.orpdl.org/drugs/</u>

Approval Criteria				
What diagnosis is being treated?	Record ICD10 code			
2. Is this an OHP-funded diagnosis?	Yes: Go to #3	No: Current age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP Current age < 21 years: Go to #4		
 3. Does the patient meet any of the following criteria: Pregnancy; Documented nutrient deficiency; Diagnosis of osteopenia or osteoporosis; Infants 0-24 months of age OR Age 65 years or older and at risk for falls 	Yes: Approve for up to 12 months. Request that a 90 day's supply be filled at a time.	No: Pass to RPh. Deny; medical appropriateness		
4. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	Yes: Go to #4	No: Pass to RPh. Deny; medical necessity.		

Approval Criteria				
5	Is the request for an FDA approved indication AND as the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness. Inform prescriber of covered alternatives in class and process appropriate PA.	
	Message: Preferred products are evidence- based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.			

P&T Review: 3/19 (KS), 3/16 (KS) Implementation: 5/1/19; 5/1/16