

Multivitamins

Goals:

- Restrict use for documented nutritional deficiency or diagnosis associated with nutritional deficiency (e.g., Cystic Fibrosis)
- Prenatal and pediatric multivitamins are not subject to this policy.
- Allow case-by-case review for members covered under the EPSDT program.

Length of Authorization:

- Up to 12 months

Requires PA:

- All multivitamins in HIC3 = C6B, C6G, C6H, C6I, C6Z

Covered Alternatives:

- Upon PA approval, only vitamins generically equivalent to those listed below will be covered:

GSN	Generic Name	Example Brand
002532	MULTIVITAMIN	DAILY VITE OR TAB-A-VITE
039744	MULTIVITS, TH W-FE, OTHER MIN	THEREMS-M
002523	MULTIVITAMINS, THERAPEUTIC	THEREMS
064732	MULTIVITAMIN/ IRON/ FOLIC ACID	CEROVITE ADVANCED FORMULA
048094	MULTIVITAMIN W-MINERALS/ LUTEIN	CEROVITE SENIOR
002064	VITAMIN B COMPLEX	VITAMIN B COMPLEX
058801	MULTIVITS-MIN/ FA/ LYCOPENE/ LUT	CERTAVITE SENIOR-ANTIOXIDANT
047608	FOLIC ACID/ VITAMIN B COMP W-C	NEPHRO-VITE
022707	BETA-CAROTENE (A) W-C & E/MIN	PROSIGHT
061112	VIT A, C & E/ LUTEIN/ MINERALS	OCUVITE WITH LUTEIN
066980	MULTIVAMIN/ FA/ ZINC ASCORBATE	SOURCECF
067025	PEDIATRIC MULTIVIT #22/ FA/ ZINC	SOURCECF
058068	MULTIVITAMIN/ ZINC GLUCONATE	SOURCECF
068128	PEDIATRIC MULTIVIT #32/ FA/ ZINC	AKEDAMINS
061991	PEDI MULTIVIT #40/ PHYTONADIONE	AQUADEKS
066852	MULTIVITS & MINS/ FA/ COENZYME Q10	AQUADEKS
068035	MULTIVITS & MINS/ FA/ COENZYME Q10	AQUADEKS

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an OHP-funded diagnosis?	Yes: Go to #4	No: If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #3

Approval Criteria

3. 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.
4. Does the patient have a documented nutrient deficiency OR Does the patient have an increased nutritional need resulting from severe trauma (e.g., severe burn, major bone fracture, etc.) OR Does the patient have a diagnosis resulting in malabsorption (e.g., Crohn's disease, Cystic Fibrosis, bowel resection or removal, short gut syndrome, gastric bypass, renal dialysis, dysphagia, achalasia, etc.) OR Does the patient have a diagnosis that requires increased vitamin or mineral intake?	Yes: Approve up to 1 year	No: Pass to RPh. Deny; medical appropriateness.

P&T Review: 3/16 (MH/KK); 3/14
Implementation: 5/1/16, 4/1/2014