Clinical Policy: High-Cost Vitamins Not on the Statewide Preferred Drug List

Reference Number: PA.CP.PMN.02
Effective Date: 06/2025
Last Review Date: 05/2025

Description
The intent of this policy is to provide coverage criteria when a request for a high-cost vitamin not listed on the Statewide Preferred Drug List (PDL).

FDA Approved Indication(s)
N/A

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that high-cost vitamins not listed on the Statewide PDL are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Request for a High-Cost Vitamins NOT on the Statewide PDL (must meet all)**:**

1. Failure of an adequate trial of or have clinically significant adverse effects to at least three similar vitamins* (each from a different manufacturer, unless member has contraindications to the excipients in all similar vitamins);
   **Similar vitamins may contain most of or all of the same active ingredients*
2. If clinically significant adverse effects were experienced to alternative therapies required in criterion 1 above, provider submits chart note documentation;
3. Provider submits clinical rationale* supporting why the high-cost vitamin will be more effective than a similar vitamins or will not produce the same adverse effects as the alternative vitamins;
   **Use of a copay card or discount card does not constitute medical necessity*
4. Request meets one of the following (a or b):
   a. Dose does not exceed the maximum recommended dose for the relevant indication and health plan approved daily quantity limit;
      i. Refer to policy PA.CP.PMN.59 quantity Limit Override for quantities exceeding limits
   b. Dose is supported by practice guidelines or peer-reviewed literature (*prescriber must submit supporting evidence*).

Approval duration: 12 months

II. Continued Therapy

A. Request for a High-Cost Vitamins NOT on the Statewide PDL (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy or provider feels necessary to continue requested vitamin;
3. If request is for a dose increase, new dose does not exceed one of the following (a or b):
   a. New dose does not exceed the FDA-approved maximum recommended dose for the relevant indication and health plan approved daily quantity limit;
      i. Refer to policy PA.CP.PMN.59 Quantity Limit Override for quantities exceeding limits
   b. New dose is supported by practice guidelines or peer-reviewed literature (*prescriber must submit supporting evidence*).

Approval duration: 12 months

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
AWP: average wholesale price
FDA: Food and Drug Administration
GPI: generic product identifier
PDL: preferred drug list

Appendix B: High-Cost Definition
High-cost is specific to the drug class/generic product identifier (GPI) average wholesale price (AWP). High-cost is defined as more than $50 per claim.

Appendix C: Impacted Vitamins, as of May 2025

Drug	NDC	Alternative
FOLCYTEINE	59088079554	GPI: 78200000000300
ALTRIXA	28595071530	
TRUE DAILY VITE	83035121809	
TM-DAILY VITE	83035121609	
RELCARE	28595071930	
MINCORA	28595071630	
AMLADEX	00276070930	
VITALEE	76420029930	
OMNICAP	64038010330	
TRUE MULTIVITAMIN	83035122009	
DEXATRAN	59088064354	GPI: 78310000000100
DEPLIN MA	00525050190	
FOLAMED DHA	71741019430	
FOLAGENT DHA	71741032730	
MENATROL	59088015654	
MULTIPRO	73667000103	
REMEDIENT	71905010230	
OCUVEL	69054021160	

NICAZEL FORTE	42783051060	GPI: 78310000000300
VITREXATE	59088016754	
VITREXATE FE	59088016854	
VENTRIXYL	59088018654	
VENTRIXYL FE	59088018754	
KEYLOSA	83146000330	
KEYFOLIC	71741035330	
DAYAVITE	72287066330	
VITREXYL	59088016454	
VITREXYL + IRON	59088016554	
NICAZEL	42783050160	
HYLAZINC	72287065101	
DIATROL	59088016254	
FLORRAVITE	84460090130	
VENEXA	59088017654	
VENEXA FE	59088017754	
FOLAMAX	71741008630	
PROFOLA	71741014130	
FOLAPRIME	71741038230	
NEOVITE	70898022109	
MULTITOL-M	59088000554	
VITRANOL FE	59088017354	
STROVITE ONE	00642020790	
FOLITIN-Z	59088018158	
FOLIFLEX	59088048058	
ONEVITE	70898019809	
NICADAN	43538044060	
FLOTREX	59088001554	
MULTIVITAMIN W/FLUORIDE	62542030030	GPI: 78441000000510
FLORAFOL PEDIATRIC	81279010230	
QUFLORA PEDIATRIC	15370010430	
POLY-VI-FLOR	23594030030	
POLY-VI-FLOR	23594032530	
MULTI-VIT-FLOR	42494043330	

Reviews, Revisions, and Approvals	Date
Policy created	05/2025