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: 04/2026

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). The high-cost limit is added to all non-PDL NDCs that fall under the following GPI 10: 7820000000, 7831000000, 7844100000. High-cost is defined as more than $50 per claim.

Appendix C: Impacted Vitamins, as of April 2026

Drug	NDC	Alternative
ZELDANA	00276070830	GPI: 78200000000100
NUTRA-Z+	82379110001	
NOVITE	83146000130	
TRIVIA COMPLETE	84781001001	
MICRONEX	84781001401	
ZENVITA	84781001730	
AMLADEX	00276070930	GPI: 78200000000300
ALTRIXA	28595071530	
MINCORA	28595071630	
RELCARE	28595071930	
FOLCYTEINE	59088079554	
OMNICAP	64038010330	
GENICIN VITA-Q	70645040230	
FOLAWISE	71741040630	
AVOWISE	71741047430	
VITALEE	76420029930	

TM-DAILY VITE	83035121609	
TRUE DAILY VITE	83035121809	
TRUE MULTIVITAMIN	83035122009	
NEWVITE	84781001201	
VIREXA	85477060630	
VITRAX	85622000330	
VITRION	85622001130	
DAILY MULTIPLE VITAMINS	87021000130	
DERMACINRX MULTIVITAMIN	59088001854	GPI: 78200000000500
DAVIMET-M	59088015854	
DERMACINRX MULTIVITAMIN	59088018854	
DERMACINRX DAVIMET	59088069554	
FOLACHEW	71741041130	
NEXOCHEW	71741046330	
VITAVERA	85477051330	
None at this time	N/A	GPI: 78200000000900
VITLIPID N ADULT	65219033510	GPI: 78200000001670
VITLIPID N ADULT	65219033582	
None at this time	N/A	GPI: 78200000002020
DEPLIN PRO	00525050290	GPI: 78310000000100
MENATROL	59088015654	
DEXATRAN	59088064354	
FOLAMED DHA	71741019430	
FOLAGENT DHA	71741032730	
REMEDIENT	71905010230	
MULTIPRO	73667000103	
LUMIVANCE	84781001560	
TREXION	85622001330	
FOLASYNC DHA	85622005130	
STROVITE ONE	00642020790	GPI: 78310000000300
NICAZEL	42783050160	
NICAZEL FORTE	42783051060	
NICADAN	43538044060	
PREV-RX	50991068930	
MULTITOL-M	59088000554	
FINAZOL	59088000854	
DIATROL	59088016254	
VITREXYL	59088016454	
VITREXATE	59088016754	
VITRANOL	59088017154	
VENEXA	59088017654	
VENTRIXYL	59088018654	
VITRAMYN	59088019354	
DERMACINRX MULTITAM	59088052554	
ONEVITE	70898019809	
NEOVITE	70898022109	
FOLAMAX	71741008630	
PROFOLA	71741014130	
KEYLOSA	83146000330	
KEYFOLIC	71741035330	
WELLFOLA	71741036530	
FOLAPRIME	71741038230	

HYLAZINC	72287065101	
DAYAVITE	72287066330	
MEDI TAB	74126010130	
KEYLOSA	83146000330	
VITACORE	84460090230	
FLORRAXYL	84460090330	
FLOTREX	59088001554	
FOLATEN	85477090130	
FOLIXIA	85477090230	
NUTRALYN	85477090330	
AFLORA	85477090430	
COREVIA	85622000230	
EVERVITA	85622000730	
VITASCRIPT	85622001030	
POLY-VI-FLOR	23594020030	GPI: 78441000000505
POLY-VI-FLOR	23594022530	
FLOTREX	59088001754	
MULTIVITAMIN W/FLUORIDE	62542020030	
POLY-VI-FLOR	23594030030	
POLY-VI-FLOR	23594032530	
FLOTREX	59088001554	
MULTIVITAMIN W/FLUORIDE	62542030030	
DAVIMET-FLUORIDE	59088017054	GPI: 78441000000515
POLY-VI-FLOR	23594040030	GPI: 78441000000520
POLY-VI-FLOR	23594042530	
FLOTREX	59088002054	
MULTIVITAMIN W/FLUORIDE	62542040030	
POLY-VI-FLOR	23594055050	GPI: 78441000001810
TRI-VI-FLOR	23594070050	
POLY-VI-FLOR	23594080550	
FLORIVA PLUS	52796017050	
TRI-VITAMIN WITH FLUORIDE	62542070050	
MULTIVITAMIN/FLUORIDE	62542080550	

Reviews, Revisions, and Approvals	Date
Policy created	05/2025
2Q 2026 annual review: Appendix C updated to include GPIs: 78200000000100, 78441000000505, 78441000000515, 78441000000520, 78441000001810 and updated NDCs to accurately reflect high cost NDCs currently on the market and not on the Statewide PDL.	04/2026
Added language to Appendix B about the high-cost limit is added to all non-PDL NDCs that fall under the following GPI 10: 7820000000, 7831000000, 7844100000. Appendix C updated to include GPIs: 78200000000300, 78200000000500, 78200000000900, 78200000001670, and 78200000002020 and updated NDCs to accurately reflect high cost NDCs currently on the market and not on the Statewide PDL.	05/2026