

# VITAMINS, FORMULARY



Included Products: Vitamins and minerals, Prenatal vitamins

Created: 07/19/2016

Revised: 09/12/2024

Reviewed: 03/12/2026

Updated: 04/01/2026

All Diagnoses			
Initial Criteria		If yes	If no
1.	Which type of multivitamin product is requested? a. Pre-natal: continue to #3. b. Combination with fluoride: continue to #2. c. AquADEKs or DEKAs: Continue to #4 d. Other (no fluoride, not prenatal): continue to #5.		
2.	Is the member under the age of 3?	Approve until age 3.	Do not approve. Not FDA approved. For kids age less than 19, fluoride +MV chew tabs covered.
3.	Does the member meet both of the following? a. Female Gender AND b. Age less than 50.	Approve until age 50.	Continue to #5.
4.	Does the member have a diagnosis of cystic fibrosis?	Approve for lifetime.	Do not approve.
5.	Does the member have a documented vitamin deficiency requiring multi-vitamin supplementation?	Approve as long as deficiency is expected to last.	Continue to #6.
6.	Does the member have one of the following documented? a. Increased nutritional need due to severe trauma (such as severe burn or major fracture). b. Diagnosis that results in malabsorption (bowel resection, Crohn's disease, short gut syndrome, gastric bypass, renal dialysis). c. Diagnosis that requires additional vitamin and mineral intake. d. Member is on a covered nutritional supplement (Ensure, Boost, etc) with additional vitamin supplement needs.	Approve as long as diagnosis or increased nutritional need is expected to last. For chronic conditions this may be a lifetime approval.	Do not approve. Not FDA approved.

