Louisiana Medicaid
Multivitamins

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- Prior authorization for non-preferred multivitamins; **OR**
- Clinical authorization for Davimet™; **OR**
- Clinical authorization for Multitam™.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation and Continuation of Therapy for Non-Preferred Agents (EXCEPT Davimet™ and Multitam™)

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- Trial of **ALL** preferred products ~~Previous use of a preferred product - **ONE** of the following~~ is required. ~~—~~Results for each trial must be **stated on the request** and may include treatment failure, intolerable side effects, and/or documented contraindications to all preferred products that are indicated for the condition being treated.~~:~~
  - ~~The recipient has had a *treatment failure* with at least one preferred product; **OR**~~
  - ~~The recipient has had an *intolerable side effect* to at least one preferred product; **OR**~~
  - ~~The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate for the condition being treated; **OR**~~
  - ~~There is *no preferred product that is appropriate* to use for the condition being treated; **OR**~~
  - ~~The recipient is established on the requested medication with positive clinical outcomes.~~

Duration of approval for initiation and continuation of therapy: 12 months

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Davimet™ Multivitamin

Initial Approval Criteria

- The provider provides clinical documentation of the recipient's folate and Vitamin B12 lab values (with reference parameters for the associated lab) obtained **PRIOR** to initiation of the requested medication, **AND** lab values provided indicate that the requested medication is clinically necessary; **AND**
- The prescriber **states on the request** that all prescription and non-prescription medications, including herbals and supplements, have been reconciled with the recipient in the last 90 days to ensure safety and appropriateness of therapy; **AND**
- The prescriber includes a statement of medical necessity stating why vitamin supplementation is medically necessary for the recipient; **AND**
- The prescriber includes a statement of medical necessity stating why chewable medication formulation is needed; **AND**~~.~~
- Trial of **ALL** preferred products is required. Results for each trial must be **stated on the request** and may include treatment failure, intolerable side effects, and/or documented contraindications to all preferred products that are indicated for the condition being treated.

Duration of approval for initial requests: 4 months

Subsequent Approval Criteria
Note: Subsequent approval criteria should be used only if the recipient has previously obtained an initial approval using the criteria listed above.

- The provider provides clinical documentation of the recipient's folate and Vitamin B12 lab values (with reference parameters for the associated lab) obtained **within 30 days prior to this request**, **AND** lab values provided indicate a positive response to therapy; **AND**
- The prescriber **states on the request** that all prescription and non-prescription medications, including herbals and supplements, have been reconciled with the recipient in the last 90 days to ensure safety and appropriateness of therapy; **AND**
- The prescriber includes a statement of medical necessity stating why continued vitamin supplementation is medically necessary for the recipient.

Duration of approval for subsequent requests: 4 months

Multitam™ Multivitamin

Initial Approval Criteria

- The recipient is 12 years of age or older on the date of the request; **AND**
- The provider provides clinical documentation of the recipient's folate and Vitamin B12 lab values (with reference parameters for the associated lab) obtained **PRIOR** to initiation of the requested medication, **AND** lab values provided indicate that the requested medication is clinically necessary; **AND**
- The prescriber **states on the request** that all prescription and non-prescription medications, including herbals and supplements, have been reconciled with the recipient in the last 90 days to ensure safety and appropriateness of therapy; **AND**
- The prescriber includes a statement of medical necessity stating why vitamin supplementation is medically necessary for the recipient; **AND**
- Trial of **ALL** preferred products is required. Results for each trial must be **stated on the request** and may include treatment failure, intolerable side effects, and/or documented contraindications to all preferred products that are indicated for the condition being treated~~Previous use of **ALL** preferred products – trial of **ALL** preferred products is required, and the **results of the trial of each preferred product are stated on the request**. Results may include:~~
  - ~~The recipient has had a *treatment failure* with **one or more** preferred products; **OR**~~
  - ~~The recipient has had an *intolerable side effect* to **one or more** preferred products; **OR**~~
- ~~The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate for the condition being treated~~.

Duration of approval for initial requests: 4 months

Subsequent Approval Criteria

Note: Subsequent approval criteria should be used only if the recipient has previously obtained an initial approval using the criteria listed above.

- The provider provides clinical documentation of the recipient's folate and Vitamin B12 lab values (with reference parameters for the associated lab) obtained **within 30 days prior to this request**, **AND** lab values provided indicate a positive response to therapy; **AND**
- The prescriber **states on the request** that all prescription and non-prescription medications, including herbals and supplements, have been reconciled with the recipient in the last 90 days to ensure safety and appropriateness of therapy; **AND**
- The prescriber includes a statement of medical necessity stating why continued vitamin supplementation is medically necessary for the recipient.

Duration of approval for subsequent requests: 4 months

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

Davimet™ Multivitamin [package insert]. Panorama City, CA: PureTek Corporation; September 2024. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=e4a57710-caa9-51e5-e053-2a95a90a8ad0&type=display

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

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Revision / Date	Implementation Date
Davimet™ and Multitam™ policies created / January 2025	June 2025
Add Multivitamin therapeutic class to PDL/NPDL / May 2025	July 2025
Added required trial of all preferred products / March 2026	July 2026