

Louisiana Medicaid Pediatric Multivitamins with Fluoride (and Iron)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred pediatric multivitamins with fluoride (and iron).

Additional Point-of-Sale edits may apply.

*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; 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; AND
- ~~Previous use of a ALL preferred products —ONE trial of ALL preferred products~~ the following 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 at least one preferred products; OR~~
 - ~~The recipient has had an intolerable side effect to one or more at least one preferred products; OR~~
 - ~~The recipient has documented contraindication(s) to the preferred products that are appropriate to use for the condition being treated; AND~~
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; AND
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; AND
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial and reauthorization approval: 12 months

References

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

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>

Revision / Date	Implementation Date
Single PDL Implementation	May 2019
Formatting changes / April 2021	July 2021
Added required trial of all preferred products / March 2026	July 2026