Title: Prescription Vitamins, Dietary Supplements, and Medical Foods
Policy #: Rx.04.5

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

**Intent:**
The intent of this policy is to communicate the coverage of prescription vitamins, dietary supplements, and medical foods.

**Description:**
A dietary supplement is defined by the Food and Drug Administration as "a product intended for ingestion that contains a 'dietary ingredient' intended to add further nutritional value to (supplement) the diet. A 'dietary ingredient' may be one, or any combination, of the following substances:

- a vitamin
- a mineral
- an herb or other botanical
- an amino acid
- a dietary substance for use by people to supplement the diet by increasing the total dietary intake
- a concentrate, metabolite, constituent, or extract"

A medical food is defined by the Food and Drug Administration as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." For the purposes of this policy, health food will be used interchangeably with medical food.
Current benefit language states the plan will not cover:

- Dietary supplements
- Amino acid supplements
- Health (medical) foods (exceptions may apply; refer to benefit language for details)

Prescription vitamins except for pre-natal and pediatric vitamins

**Policy:**

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Prescription vitamins, dietary supplements, and medical foods are not covered under the pharmacy benefit.

An exception to allow coverage under the member's plan will be in place for prescription medication that are either mandated when used as a preventive medication as described in the Patient Protection and Affordable Care Act (PPACA) or medically necessary for the treatment of a specific illness as determined by the plan.

The following prescription products are covered under the member's prescription benefit:

<table>
<thead>
<tr>
<th>Products</th>
<th>Clinical Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcitriol oral</td>
<td>Management of secondary hyperparathyroidism and resultant metabolic bone disease in patients with moderate to severe chronic renal failure (creatinine clearance 15 to 55 mL/min) not yet on dialysis. Treatment of hypoparathyroidism, refractory rickets, also known as vitamin D resistant rickets, and familial hypophosphatemia. This is an over the counter preparation included to meet essential health benefit requirements. Maintenance of normal hematologic status in pernicious anemia patients who are in remission following intramuscular (IM) vitamin B12 therapy and who have no nervous system involvement.</td>
</tr>
<tr>
<td>Cholecalciferol (vitamin D3) 50,000 units</td>
<td>Wasting syndrome in chronic renal failure, uremia, and impaired metabolic function of the kidney Secondary hyperparathyroidism (dialysis patients): Treatment of secondary hyperparathyroidism in patients with chronic kidney disease on dialysis. Secondary hyperparathyroidism (predialysis patients): Treatment of secondary hyperparathyroidism in patients with stage 3 or 4 chronic kidney disease. Treatment of hypoparathyroidism, refractory rickets, also known as vitamin D resistant rickets, and familial hypophosphatemia.</td>
</tr>
<tr>
<td>Cyanocobalamin inhaled</td>
<td></td>
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<tr>
<td>Dialysis vitamins oral as identified by indication in product label</td>
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<tr>
<td>Doxercalciferol oral</td>
<td></td>
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<tr>
<td>Ergocalciferol oral</td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Description</td>
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<tr>
<td>Paracalcitol oral</td>
<td>Hyperparathyroidism: For the prevention and treatment of secondary hyperparathyroidism associated with chronic kidney disease stage 3 and 4, and chronic kidney disease stage 5 in patients on hemodialysis or peritoneal dialysis.</td>
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<tr>
<td>Pediatric vitamins</td>
<td>Nutritional supplement for childrenAnticoagulant-induced prothrombin deficiency caused by coumarin or indandione derivatives.</td>
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<tr>
<td>Phytonadione oral</td>
<td>Coagulation disorders: Phytonadione is indicated in the following coagulation disorders which are due to faulty formation of factors II, VII, IX and X when caused by vitamin K deficiency or interference with vitamin K activity. The treatment of scleroderma, dermatomyositis, morphea, linear scleroderma, pemphigus, and Peyronie's disease.</td>
</tr>
<tr>
<td>Potassium aminobenzoate oral</td>
<td>Nutritional supplement used prior to conception, during pregnancy, and in the postnatal period</td>
</tr>
<tr>
<td>Prenatal vitamins</td>
<td>Electrolyte repleters (i.e., potassium) and electrolyte depleters (i.e calcium acetate)</td>
</tr>
</tbody>
</table>

**References:**

**Cross References:**
- Cost Share Exception Policy for Preventive Medications and Women's Preventive Services under the PPACA Rx.01.178
- Medical Foods (ie, Enteral Nutrition and Nutritional Formulas) and Low-Protein Modified Food Products 08.00.18j
- Non-FDA Approved Products Rx.04.2

**Policy Version Number:** 1.00  
**Policy Effective Date:** January 01, 2017  
**Next Required Review Date:** January 01, 2018

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