Effective Date **9/15/2023**
Next Review Date **9/15/2024**
Coverage Policy Number **IP0035**

Prenatal Vitamins

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for **non**-Patient Protection and Affordable Care Act (PPACA) Prenatal Vitamin Supplements.

Coverage is available for Prenatal Vitamin Supplements that meet the Patient Protection and Affordable Care Act (PPACA) folic acid requirements (0.4 to 0.8 mg) as established and recommended by the United States Preventative Services Task Force (USPSTF).

- **Azesco**
- **AZ eschew**
- **DermacinRx Prenatrix**
- **DermacinRx Prenatryl**
- **Multi-MAC** (prenatal 181/iron fum/folate) 15 mg-1750 mg oral tablet
- **Natal PNV**
- **PreGen DHA**
- **Pregenna**
- **PNV Tab**
- **Trinaz**
- **Zalvit**
- **Ziphex**

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage varies across plans and require the use of preferred products. Refer to the customer's benefit plan document for coverage details.

Employer Group Non-Covered Products and Preferred Covered Alternatives:

Non-Covered Product	Criteria
Azesco	There is documentation the individual has had an inadequate response, contraindication, or is intolerant to **FIVE** covered prescription prenatal vitamins (for example, Prenatal Plus, Prenatal Vitamin + Low Iron, Prenate Mini, Prenatal-19, Vitafol).
AZ eschew	
DermacinRx Prenatrix	
DermacinRx Prenatryl	
Multi-MAC (prenatal 181/iron fum/folate) 15 mg-1750 mg oral tablet	
Natal PNV	
PreGen DHA	
Pregenna	
PNV Tab	
Trinaz	
Zalvit	
Ziphex	

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Non-PPACA Prenatal Vitamin Supplements are considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial and reauthorization approval duration is up to 12 months.

Conditions Not Covered

Any other use is considered not medically necessary.

Background

Overview

Preventive care services are covered as required by the Affordable Care Act (ACA). The ACA designated resources that identify preventive services required for coverage are:[1]

- United States Preventive Services Task Force (USPSTF) grade A or B recommendations
    - The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400-800 µg) of folic acid (A recommendation) [2]
- Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)

The ACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established reasonable medical management techniques and practices may be utilized to determine frequency, method, treatment or setting for the provision of a recommended preventive service. [1]

References

1. Health and Human Services. Center for Consumer Information and Insurance Oversight. Affordable Care Act Implementation. FAQs-Set 12. Accessed June 21, 2023. Available at:https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html
2. United States Preventive Services Task Force. USPSTF A and B Recommendations. Accessed June 21, 2023. Available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication

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