

## **Louisiana Medicaid Davimet™ Multivitamin**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for Davimet™ multivitamin.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

### **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.

**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**

## Reference

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>

<b>Revision / Date</b>	<b>Implementation Date</b>
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