

## Policy: Supplement, Herbal and Vitamin Products

Reference Number: OR.CP.PMN.1007

Effective Date: 01.01.22

Last Review Date: 11.23

Line of Business: Medicaid – Trillium Oregon Health Plan

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

This policy applies to requests for supplement, herbal and vitamin products excluding requests for coenzyme Q-10 (Ubiquinone, Ubiquinol). Requests for coenzyme Q-10 are subject to criteria in policy OR.CP.PMN.1010 for coverage.

### Goals

- Restrict use of supplements, herbal and vitamins for treatment of conditions in which the drug has demonstrated efficacy.

### Covered Alternatives:

- No preferred alternatives at this time
- Current Trillium Preferred Drug List listed at:
  - <https://www.trilliumohp.com/providers/pharmacy.html>

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of Trillium Oregon Health Plan that requested product is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Member must meet all for coverage:

1. Member is being treated for a condition found on a covered line as defined by the Prioritized List;
2. The requested product is listed as “Effective” or “Likely Effective” in Natural Medicine’s comprehensive database for the diagnosis submitted with the request;

**Approval duration: up to 12 months**

#### II. Continued Therapy

##### A. All Indications (must meet all):

1. Member meets one of the following (a or b):
  - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;

- b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed the maximum recommended dose for the relevant indication.

**Approval duration: up to 12 months**

### III. Dosage and Administration

Varies by product

### IV. Product Availability

Varies by product

### V. Definitions:

Effective: This product has a very high level of reliable clinical evidence supporting its use for a specific indication. Products rated “Effective” are generally considered appropriate to recommend.

To achieve this effectiveness rating a product is supported by all of the following:

1. Evidence consistent with or equivalent to passing a review by the Food and Drug Administration (FDA), Health Canada, or similarly rigorous approval process.
2. Evidence from multiple (2+) randomized clinical trials or meta-analysis including several hundred to several thousand patients (level of evidence = A).
3. Studies have a low risk of bias and high level of validity by meeting stringent assessment criteria (quality rating = A).
4. Evidence consistently shows POSITIVE outcomes for a given indication without a valid evidence to the contrary.

Likely Effective: This product has a very high level of reliable clinical evidence supporting its use for a specific indication. Products rated “Likely Effective” are generally considered appropriate to recommend.

To achieve this effectiveness rating a product is supported by all of the following:

1. Evidence from multiple (2+) randomized clinical trials or meta-analysis including several hundred to several thousand patients (level of evidence = A).
2. Studies have a low risk of bias and high level of validity by meeting stringent assessment criteria (quality rating = A).
3. Evidence consistently shows POSITIVE outcomes for a given indication without a valid evidence to the contrary.

### VI. References

1. Natural Medicines [Internet database]. Stockton, CA. Therapeutic Research Center (TRC). Updated periodically. Accessed September 21, 2023.

Reviews, Revisions, and Approvals	Date	Plan Approval Date
Policy created: adapted from previously approved policy TCHP.PHAR.18001 Supplement, Herbal and Vitamin Products. No clinically significant changes.	09.21.21	10.21.21
4Q 2022 annual review: no significant changes; references reviewed and updated.	09.16.22	10.06.22
4Q 2023 annual review: no significant changes; template changes applied to continued therapy section; references reviewed and updated.	09.21.23	11.21.23

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to

recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note:**

**For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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