

Prenatal Vitamins Zero Copay Exception-REG

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

This coverage policy is developed in accordance with New York Senate Bill S742 regarding coverage for prenatal vitamins when prescribed by a health care practitioner licensed, certified, or authorized acting within their lawful scope of practice. New York Senate Bill S742 states prenatal vitamins cannot be subject to cost-sharing.

Prenatal vitamins are considered preventative medicine by the U.S. Preventative Service Task Force (USPSTF). USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid (Grade: A).

This policy applies only to requests for prenatal vitamins without regard to pregnancy status or formulary status.

Definitions

"Formulary" means the list of covered pharmaceutical products, developed in consultation with Physicians and pharmacists, approved for their quality and cost effectiveness.

"Prenatal vitamins" are daily supplements for persons who are pregnant or trying to get pregnant. These supplements contain the vitamins and minerals needed to support healthy fetal development. Examples of prenatal vitamins include Citranata, m-natal plus, Natal PNV, Pregenna, prenatalabs, prenatal plus, prenatalabs rx, preplus, se-natal-19, and westab plus.

"Non-formulary" means the list of pharmaceutical products that is not included on a health plan's list of covered products. Access to these products can be obtained through the formulary exception process.

"U.S. Preventive Services Task Force (USPSTF) recommendations" are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs.

Coverage Criteria

The requested product will be covered at \$0 member cost share when the following criterion is met:

1. The request is for prenatal vitamins.

References

1. NY S00742 | 2025-2026 | General Assembly. LegiScan, <https://legiscan.com/NY/text/S00742/id/3038939>. Accessed April 14, 2025.
2. Senate Bill S742. The New York State Senate. Available at: <https://www.nysenate.gov/legislation/bills/2025/S742>. Accessed April 14, 2025.
3. US Preventive Services Task Force. Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication. Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication>. Accessed April 14, 2025.

Clinical Guideline Revision / History Information

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