

Non-Solid Oral Dosage Formulations

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.

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Summary

The purpose of this policy is to establish standards for the appropriate utilization of non-solid oral dosage formulations that have clinically equivalent solid dosage formulations. Coverage of non-solid oral dosage formulations is limited to patients who are unable to tolerate or ingest solid oral dosage forms, as detailed in the criteria below.

Definitions

“Non-Solid Oral Dosage Formulations”, refers to drugs that are taken by mouth but are not in a hard, fixed form like a tablet or a standard capsule. The most common types of non-solid oral dosage formulations are liquids and semi-solids. Examples include solutions, suspensions, emulsions, chewable gels, lozenges, powders, granules, and orally disintegrating tablets.

“Solid Oral Dosage Formulations” refers to drugs that are intended to be swallowed and are in a fixed, solid state. Examples include standard or film-coated tablets, hard-shelled or softgel capsules, and caplets.

“[s]” indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Non-Solid Oral Dosage Formulations medically necessary when ONE of the following criteria are met:

1. The member is 9 years of age or younger; *OR*
2. The member has dysphagia; *OR*
3. The member has oral or motor difficulties; *OR*
4. The requested medication is to be administered through a feeding tube; *OR*
5. The member has tried and failed the respective solid oral dosage formulation^[s].

If the above prior authorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

Experimental or Investigational / Not Medically Necessary^[s]

Non-Solid Oral Dosage Formulations for any other use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

1. Bracken L, McDonough E, Ashleigh S, Wilson F, Shakeshaft J, Ohia U, Mistry P, Jones H, Kanji N, Liu F, Peak M. Can children swallow tablets? Outcome data from a feasibility study to assess the acceptability of different-sized placebo tablets in children (creating acceptable tablets (CAT)). *BMJ Open*. 2020 Oct 10;10(10):e036508.
2. US Food & Drug Administration. Dosage Forms. Available at: <https://www.fda.gov/industry/structured-product-labeling-resources/dosage-forms>. Accessed December 15, 2025.

Appendix A

Examples of Drugs with Non-Solid Dosage Formulations and Solid Formulations (but are not limited to these):

1. acetaminophen w/ codeine
2. acyclovir
3. albuterol sulfate
4. amantadine hcl
5. amoxicillin
6. amoxicillin & potassium clavulanate
7. aripiprazole
8. azithromycin
9. brivaracetam
10. calcitriol
11. carbamazepine
12. carbinoxamine maleate
13. cefaclor
14. cefadroxil
15. cefdinir
16. cefixime
17. cefpodoxime proxetil
18. cefprozil
19. cephalexin
20. chlorothiazide
21. citalopram hydrobromide
22. clarithromycin
23. clobazam
24. colestipol hcl
25. cyclosporine modified
26. cyproheptadine hcl
27. dexamethasone
28. dextroamphetamine sulfate
29. diazepam
30. dicyclomine hcl
31. digoxin
32. diphenoxylate w/ atropine
33. doxepin hcl
34. doxycycline (monohydrate)
35. erythromycin ethylsuccinate
36. escitalopram oxalate
37. ethosuximide

38. famotidine
39. ferrous sulfate
40. fluconazole
41. fluoxetine hcl
42. furosemide
43. gabapentin
44. glycopyrrolate
45. griseofulvin microsize
46. hydrocodone-acetaminophen
47. hydroxyzine hcl
48. ibuprofen
49. isoniazid
50. itraconazole
51. k-effervescent
52. lacosamide
53. lamivudine
54. levetiracetam
55. levocetirizine dihydrochloride
56. levofloxacin
57. linezolid
58. lorazepam
59. megestrol acetate
60. methadone hcl
61. methylphenidate hcl
62. metoclopramide hcl
63. montelukast sodium
64. morphine sulfate
65. mycophenolate mofetil
66. naproxen
67. nitazoxanide
68. nizatidine
69. nortriptyline hcl
70. ondansetron hcl
71. oseltamivir phosphate
72. oxcarbazepine
73. oxybutynin chloride
74. oxycodone hcl
75. penicillin v potassium
76. phenobarbital
77. prednisolone
78. prednisone

- 79. prednisone intensol
- 80. pregabalin
- 81. promethazine hcl
- 82. propranolol hcl
- 83. pyridostigmine bromide
- 84. risperidone
- 85. sertraline hcl
- 86. sevelamer carbonate
- 87. sirolimus
- 88. sodium fluoride
- 89. sulfamethoxazole-trimethoprim
- 90. trihexyphenidyl hcl
- 91. valganciclovir hcl
- 92. vigabatrin
- 93. zidovudine

Clinical Guideline Revision / History Information

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Reviewed/Revised: