

ALASKA MEDICAID

Folic Acid

Rx: Folic Acid 1mg tablet

INDICATION:

“Folic acid is effective in the treatment of megaloblastic anemias due to a deficiency of folic acid (as may be seen in tropical or nontropical sprue) and in anemias of nutritional origin, pregnancy, infancy, or childhood.”¹

CRITERIA FOR APPROVAL:

The following criteria must be met for the approval of coverage:

1. The patient is pregnant; **OR**
2. The patient has sickle cell disease²; **OR**
3. The patient is being treated for megaloblastic anemia; **OR**
4. The patient is currently being treated with methotrexate²; **OR**
5. The patient is in treatment for alcohol abuse or alcohol dependence.

CRITERIA CAUSING DENIAL:

1. The patient is being treated for a condition, disorder or disease other than the above; **OR**
2. The medication is being used as a dietary supplement.

LENGTH OF AUTHORIZATION:

1. Authorization may be granted for up to 12 months.

REFERENCES / FOOTNOTES:

¹ Folic Acid package insert, available at:
<<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=4950>> Accessed 12/1/2010.

² Folic Acid, Vitamin B9 monograph. Clinical Pharmacology. Accessed 12/1/2010.