

## Clinical Pharmacy Program Guidelines for AquADEKs

Program	Prior Authorization
Medication	AquADEKs
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	2/2019
Pharmacy and Therapeutics Approval Date	5/2020
Effective Date	7/2020

### 1. Background:

AquADEKs is an oral antioxidant vitamin formulation designed for patients with cystic fibrosis (CF). It is used for the treatment or prevention of low levels of fat soluble nutrients and antioxidants.

### 2. Coverage Criteria:

A.	<p><b><u>Initial Authorization</u></b></p> <p>1. <b>AquADEKs</b> will be approved based on the following criteria:</p> <p style="padding-left: 20px;">a. Diagnosis of cystic fibrosis</p> <p><b>Authorization will be issued for 12 months.</b></p>
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### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

### 4. References

1. Papas KA, Sontag MK, Pardee C, Sokol RJ, Sagel SD, Accurso FJ, Wagener JS. A pilot study on the safety and efficacy of a novel antioxidant rich formulation in patients with cystic fibrosis. J Cyst Fibros. 2007 Jun 12.

2. Sagel SD, Khan U, Jain R, et al. Effects of an antioxidant-enriched multivitamin in cystic fibrosis. A randomized Controlled, multicenter clinical trial. Am J Respir Crit Care Med. 2018; 198(5):639-47.

Program	Prior Authorization- AquADEKs
<b>Change Control</b>	
Date	Change
2/2019	New policy.
5/2020	Annual review, updated references.