

## MEDICAL FOODS

### Pre - PA Allowance

None

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Tube feeding

**AND ALL** of the following:

- a. An inability to meet nutritional needs orally documented by **ONE** of the following:
  - i. An anatomic or structural problem that prevents food from reaching the small intestine (i.e., an obstructing tumor, reconstructive surgery, jaw fracture, gastrointestinal cancer, intestinal atresia (infants))
  - ii. An inability to functionally swallow foods orally with significant risk of aspiration (i.e., stroke, dysphagia, neurological/neuromuscular disease, CNS impairment)
  - iii. A disease that impairs the ability to absorb foods orally
- b. The presence of a feeding tube (i.e., NG tube, G tube, J tube, PEG tube) used for the administration of the medical food formula

2. Inborn error of amino acid metabolism

**AND ONE** of the following diagnoses:

- a. Phenylketonuria (PKU)
- b. Tyrosinemia
- c. Homocystinuria
- d. Maple Syrup Urine Disease
- e. Propionic Acidemia
- f. Methylmalonic Acidemia
- g. Other Organic Acidemias
- h. Urea Cycle Disorders

3. Food allergy\*

## **MEDICAL FOODS**

- a. Product must be administered orally
- b. Product must provide sole source 100% of nutrition

**AND ONE** of the following:

- a. Atopic dermatitis (AD)
  - i. Documentation confirms role of commercial formulas in causing atopic dermatitis (e.g., an immediate reaction after ingestion, or a well-defined elimination diet)
- b. Bloody stools with or without weight loss or other GI symptoms
  - i. Guaiac card testing confirms the presence of bloody stools
- c. Eosinophilic esophagitis (EE) or eosinophilic gastroenteritis
  - i. Confirmed by elimination diet or supportive IgE-specific antibody testing
- d. Failure to thrive (FTT) disorder with **ONE** of the following:
  - i. Weight less than the 5<sup>th</sup> percentile for age
  - ii. BMI less than the 5<sup>th</sup> percentile
- e. Gastroesophageal reflux disease (GERD) or GI irritability
- f. IgE mediated food allergy
- g. Ketogenic formula for uncontrolled seizures
- h. Malabsorption disorder with **ONE** of the following:
  - i. Diagnosis of food protein-induced enteropathy or enterocolitis
  - ii. Clinical history and supportive testing confirming **ANY** of the following:
    - 1) Crohn's disease
    - 2) Ulcerative colitis
    - 3) Gastrointestinal motility disorders
    - 4) Chronic intestinal pseudo-obstruction
    - 5) Cystic fibrosis
- i. Prematurity

**AND ALL** of the following for **ALL Diagnoses**:

- 1. Product must be a medical food as defined by the FDA-drugs on the medical foods listing
- 2. Product must be intended for use solely under medical supervision in the dietary management of the condition
- 3. Patient must be receiving active, regular, and ongoing medical supervision and unable to manage the condition by modification of diet

## **MEDICAL FOODS**

\*Benefits for members with **food allergies** are limited to one year following the date of the initial prescription or physician order for the medical food.

### **Prior - Approval Limits**

#### **Tube feeding**

**Duration** 12 months

#### **Inborn error of amino acid metabolism**

**Duration** 12 months

#### **Food allergy**

**Duration** 6 months (maximum of 1 year benefit per Lifetime )

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### **Prior – Approval *Renewal* Requirements**

Same as above

\*Benefits for members with **food allergies** are limited to one year following the date of the initial prescription or physician order for the medical food.

### **Prior - Approval *Renewal* Limits**

#### **Tube feeding**

**Duration** 12 months

#### **Inborn error of amino acid metabolism**

**Duration** 12 months

#### **Food allergy**

**Duration** 6 months (maximum of 1 year benefit per Lifetime – **ONE** renewal only)