

Initial Prior Authorization

Nutritional Supplements – Tube Feeding Products

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name
Argiment At Pak
Blended Meal Misc Pedatri (By Kate Farms)
Compleat Products
Diabetisource AC
Diabetic TF
Fibersource HN
Glucerna Products
Glucerna Select Products
Glytrol Products
Impact Pept Liq 1.5
Isotein HN
Isosource 1.5 Cal
Isosource HN
Jevity Products
Kate Farms Glucose Support 1.2

Reference number(s)
340-A

Brand Name
Kate Farms Pediatric Standard 1.2
Kate Farms Standard 1.0
Kate Farms Standard 1.4
Ketovie 3:1 Liq Unflavor
Liquid Hope
Maltocarb Pow
Nutren Products
Osmolite 1.0
Osmolite 1.2
Osmolite 1.5
Oxepa
Pediasmart Pow Pea Prot
Pediasure (Enteral) Products
Pediasur G&G Liq
Pivot 1.5
Promote Products
Prosource Liq Xtracal
Prosource TF
Pulmocare Liq 1.5
Push 20+ Adv
Real Food Blends Products
Reason
Replete Products
Resource Diabetic TF
Two Cal HN
Ultracal
Ultracal HN

Brand Name
Ultrient Safe-T
Whole Story Meals

Indications

FDA-approved Indications

N/A

Coverage Criteria

Authorization may be granted for the requested product when ALL of the following criteria are met:

- The patient has a feeding tube
- The patient meets ONE of the following:
 - The product is medically necessary to avoid serious malnutrition
 - Lack of this product would result in serious disability or death

Duration of Approval (DOA)

- 340-A: DOA: Lifetime

References

1. Mass. Gen. Laws Ch. 176B Section 4K, Coverage for nonprescription enteral formulas for home use. Available at: <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176B/Section4K>.
2. California Code of Regulations [CCR], Title 22, Section 51313.3. Available at: <https://files.medical.ca.gov/pubsdoco/Publications/masters-MTP/Part2/enteral.pdf>.
3. RI Gen L § 27-41-74 (2021) Enteral nutrition products. Available at: <https://law.justia.com/codes/rhode-island/2021/title-27/chapter-27-41/section-27-41-74/>.

Document History

Written by: UM Development (NB)

Date Written: 01/2008

Revised: UM Development (SE) 04/2009; 02/2010, 06/2012, 04/2013, 08/2013, 01/2014, 04/2014, 08/2014, 12/2014, 03/2015 (SF) 06/2015, 09/2015, 12/2015, 03/2016, 06/2016, 09/2016, 12/2016, 03/2017, 06/2017, 12/2017, 02/2018, 05/2018, 12/2018, 12/2019, 12/2020 (updated references, coverage conditions); (RP) 06/2021 (added products to target list); (RZ) 08/2021 (added products to target list), 12/2021 (no clinical changes), 01/2022 (added products to target list), 03/2022 (added products to target list), 07/2022 (added products to target list), 09/2022 (added products to target list), 10/2022 (added products to target list), (VLS) 12/2022 (no clinical changes), 12/2023 (added products to target drug list), 12/2023 (no clinical changes), 03/2024 (added products to target list), 10/2024 (added products to target drug list), 12/2024 (added products to target drug list)

Reviewed: CDPR: 01/2008; Medical Affairs (WLF) 04/2009, (DNC) 06/2012, (KP) 04/2013, (LMS) 08/2013, (KP) 01/2014, (SES) 04/2014, (DHR) 08/2014, (DNC) 12/2014, (SES) 04/2015 (DNC) 06/2015, (LCB) 09/2015, (JG) 12/2016, (LMS) 12/2017, (EPA) 12/2018, (CHART) 01/09/2020, 01/14/2021, 07/08/2021, 08/12/2021, 12/30/2021, 02/10/2022, 05/05/2022, 08/04/2022, 10/13/2022, 12/29/2022, 12/13/2023, 12/21/2023, 03/28/2024, 10/31/2024, 01/16/2024

External Review: 08/2008, 08/2012

Guidelines for Approval

Set 1 – 2

Duration of Approval Lifetime

Set 1

Yes to question(s)	No to question(s)
1, 2	None

Set 2

Yes to question(s)	No to question(s)
1, 3	2

CRITERIA FOR APPROVAL

- | | | | |
|---|--|-----|----|
| 1 | Does the patient have a feeding tube?
[If Yes, then go to 2. If No, then no further questions.] | Yes | No |
|---|--|-----|----|

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2	Is this product medically necessary to avoid serious malnutrition? [If Yes, then no further questions. If No, then go to 3.]	Yes	No
3	Would lack of this product result in serious disability or death? [No further questions]	Yes	No

Mapping Instructions			
	Yes	No	DENIAL REASONS
1.	Go to 2	Deny	<p>Your plan only covers this drug when you have a feeding tube. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: No feeding tube]</p>
2.	Approve, LIFETIME	Go to 3	
3.	Approve, LIFETIME	Deny	<p>Your plan only covers this drug when you have a medical need for it to avoid serious malnutrition or if lack of the product would result in serious disability or death. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Malnutrition/disability/death]</p>