



Oral Nutritional Supplements

EOCCO POLICY



Policy Type: PA Pharmacy Coverage Policy: EOCCO187

Description

Oral nutritional supplements can be used for the treatment of nutritional deficiencies in patients unable to consume food orally in adequate quantity to maintain adequate weight.

Length of Authorization

- Initial:
 - i. Three months – for members <6 years of age **requesting infant formulations** [e.g. Enfagrow, Baby’s Only, Pediasmart])
 - ii. Six months – for all other requests
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
All over the counter Oral Nutritional Supplement’s	Variable	For the treatment of nutritional deficiencies in patients unable to consume food orally in adequate quantity to maintain adequate weight	Within reasonable quantities to achieve adequate weight gain

Initial Evaluation

- I. Oral nutritional supplements (Boost, Ensure, etc.) may be considered medically necessary when the following criteria below are met:
 - A. The member is **six years of age or older; AND**
 1. The product will **NOT** be administered by enteral tube feeding (e.g. G-tube, J-tube); **AND**
 2. The member has one of the following:
 - i. A registered dietician assessment indicating adequate intake is not obtainable through regular, liquefied, or pureed foods within the last year (use for convenience of patient or caregiver is not approvable); **OR**
 - ii. Recent serum protein level <6 g/dL; **OR**
 - iii. A prolonged history of malnutrition and cachexia for greater than one year; **OR**
 - iv. Resides in a long-term care facility or nursing home; **AND**

3. The member has a recent unplanned weight loss of at least 10% and one of the following:
 - i. Increased metabolic need resulting from severe trauma (e.g. severe burn, major bone fracture); **OR**
 - ii. Malabsorption (e.g. Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, gastric bypass, hemodialysis, dysphagia, achalasia); **OR**
 - iii. Diagnosis that requires increased calories and/or protein intake (e.g. malignancy, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, Cerebral Palsy, Alzheimer's); **OR**
- B. The member is **less than six years of age**; **AND**
 1. The product will **NOT** be administered by enteral tube feeding (e.g. G-tube, J-tube); **AND**
 2. The member has a covered line diagnosis with a request for an infant formulation ([e.g. Enfagrow, Baby's Only, Pediasmart]. **Note:** this requires referral to the Moda Case Management team); **OR**
 3. The member has a diagnosis of failure-to-thrive; **OR**
 4. The member has one of the following:
 - i. Increased metabolic need resulting from severe trauma (e.g. severe burn, major bone fracture); **OR**
 - ii. Malabsorption (e.g. Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, gastric bypass, hemodialysis, dysphagia, achalasia); **OR**
 - iii. Diagnosis that requires increased calories and/or protein intake (e.g. malignancy, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, Cerebral Palsy, Alzheimer's); **OR**
 5. The member has a nutritional deficiency identified by one of the following:
 - i. A registered dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods within the last year (supplement cannot be approved for convenience of patient or caregiver); **OR**
 - ii. Recent serum protein level <6 g/dL

Renewal Evaluation

- I. The member has received a previous prior authorization approval for this agent through this health plan; **AND**
- II. The member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**



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- III. The member has exhibited improvement or stability of disease symptoms (e.g. improvements in weight); **AND**
- IV. Provider attestation/documentation (e.g. annual assessment) that the member continues to require nutritional supplements to meet nutrition goals

Supporting Evidence

- I. Supplements such as acidophilis, Chlorophyll, and coenzyme Q10 are not covered and should not be approved per OHA.
- II. All supplemental nutrition products (e.g. nutritional bars, liquids, packets, powders, wafers such as Ensure, Ensure Plus, Nepro, Pediasure, Promod) require PA.
- III. Nutritional supplements, when administered enterally (G-tube), are no longer available through the point-of-sale system for EOCCO.
- IV. To align with medical coverage, members with a covered line diagnosis that are less than six years of age requesting infant formulations can be approved for three months. These members are referred to case management to be covered through the Women, Infants, and Children (WIC) program.

References

1. Oregon Health Authority. Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria. <https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon%20Medicaid%20PA%20Criteria,%20January%201,%202020.pdf>. Updated January 1, 2020. Accessed February 10, 2020.
2. UpToDate. The role of parenteral and enteral/oral nutritional support in patients with cancer. https://www.uptodate.com.liboff.ohsu.edu/contents/the-role-of-parenteral-and-enteral-oral-nutritional-support-in-patients-with-cancer?search=nutritional%20supplements&source=search_result&selectedTitle=5~150&usage_type=default&display_rank=5. Updated January 31, 2019. Accessed February 10, 2020.
3. UpToDate. Geriatric nutrition: Nutritional issues in older adults. https://www.uptodate.com.liboff.ohsu.edu/contents/geriatric-nutrition-nutritional-issues-in-older-adults?search=nutritional%20supplements&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H19. Updated June 7, 2019. Accessed February 10, 2020.
4. UpToDate. Overview of nutrient absorption and etiopathogenesis of malabsorption. https://www.uptodate.com.liboff.ohsu.edu/contents/overview-of-nutrient-absorption-and-etiopathogenesis-of-malabsorption?search=treatment%20of%20malabsorption&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#H3. Updated April 9, 2019. Accessed February 10, 2020.

Policy Implementation/Update:

Action and Summary of Changes	Date
Policy created	05/2020