

Clinical Pharmacy Program Guidelines for Enteral Nutrition- CALIFORNIA

Program	Prior Authorization
Medication	Enteral Nutrition Products

1. Background:

Enteral nutrition products are those products administered through a gastric, nasogastric, or jejunostomy feeding tube, for adults 21 years of age or older, with the exception of products consumed orally for inborn errors of metabolism, and products consumed orally for intestinal malabsorption diagnoses.

Enteral nutrition product categories include:

- Elemental and semi-elemental (contain partially or fully broken down macronutrients)
- Metabolic (indicated for inborn errors of metabolism diagnosis)
- Specialized (disease-specific with intact macronutrients and modulars)
- Specialty infant (indicated for specific diagnosis or conditions)
- Standard (contain intact macronutrients)

2. Coverage Criteria:

A. Authorization Criteria

One of the following:

1. A documented medical diagnosis that requires enteral nutrition products administered through a feeding tube

-OR-

2. For enteral nutrition products administered orally, beneficiary must meet one of the following:

- a. Have a documented chronic medical diagnosis and unable to meet their nutritional needs with dietary adjustment of regular or altered-consistency (soft or pureed) foods. There must be clinical indicators identified and documented that support the beneficiary is nutritionally at risk.

-OR-

- b. Beneficiaries (21 years of age and older) with a medical condition and adequate nutrition is not possible with dietary adjustment of regular or altered-consistency (soft or pureed) foods. There must be documentation beneficiary is nutritionally at risk with one of the following anthropometric measures:

- i. Involuntary loss of 10 percent or more of usual body weight within six months
- ii. Involuntary loss of 7.5 percent or more of usual body weight within three months
- iii. Involuntary loss of 5 percent or more of usual body weight in one month
- iv. Body mass index less than 18.5kg/m²

-OR-

- c. Beneficiaries under 21 years of age with documented clinical signs and symptoms including anthropometric status indicators (stunting, wasting or underweight) of nutritional risk. Standard and modified growth charts should be used to document nutritional need and patient deficiency.

-OR-

- d. Severe swallowing or chewing difficulty due to one of the following:
 - i. Cancer in the mouth, throat or esophagus
 - ii. Injury, trauma, surgery or radiation therapy involving the head or neck
 - iii. Chronic neurological disorders
 - iv. Severe craniofacil anomalies

-OR-

- e. Transitioning from parenteral or enteral tube feeding to an oral diet.

Authorization will be issued for 12 months.

Program	Prior Authorization – Enteral Nutrition
Change Control	
Date	Change
7/2017	New guideline for California.
1/2018	Policy updated to remove specialized product and product specific criteria.