

## Nutritional Supplements (Oral Administration Only)

The policy for nutritional supplements is determined by Home Enteral/Parenteral Nutrition and IV Services (EPIV) and detailed in [OAR 410-148-0260](#)

### **Goals:**

- Restrict use to patients unable to meet their recommended caloric/protein or micronutrient needs through regular, liquified, blenderized, or pureed foods in any modified texture or form.
- Requires ANNUAL nutritional assessment for continued use.
  - Use restriction consistent with Division EPIV rules at: [OAR 410-148-0260](#)

These products are NOT federally rebate-able; Oregon waives the rebate requirement for this class.

### Note:

- Nutritional formulas, when administered enterally (G-tube) are no longer available through the point-of-sale system.
- Service providers should use the CMS 1500 form and mail to DMAP, P.O. Box 14955, Salem, Oregon, 97309 or the 837P electronic claim form and not bill through POS.
- When billed correctly with HCPCS codes for enterally given supplements, enterally administered nutritional formulas do not require prior authorization (PA). Oral thickeners should be requested using HCPCS codes.
- For complete information on how to file a claim, go to:  
[www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Home-EPIV.aspx)

### **Length of Authorization:**

- Up to 12 months

### **Not Covered:**

- Supplements such as *L. acidophilus*, Chlorophyll, Coenzyme Q10 are not covered and should not be approved.
- Oral solid dosage forms (e.g., tablets, capsules)

### **Requires PA:**

- All supplemental nutrition products as defined in OAR 410-148-0260. Not all nutritional supplements are covered.
- Supplements that can be billed by a pharmacy include qualifying supplemental nutrition in HIC3 = C5C, C5F, C5G, C5U, C5B, C5X  
(nutritional bars, liquids, packets, powders, wafers such as Ensure, Ensure Plus, Nepro, Pediasure, Promod).

### **Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### **Table 1. Covered conditions for which nutrition supplements are an integral part of treatment (OAR 410-148-0260)**

Diagnosed acute or chronic malnutrition
Documentation of weight, either currently or historically, supported by oral nutritional supplements (i.e., documentation that nutritional supplements are necessary to maintain weight)
Increased metabolic need resulting from severe trauma
Malabsorption difficulties (e.g., short-gut syndrome, fistula, cystic fibrosis, renal dialysis)

Inborn errors of metabolism (e.g., fructose intolerance, galactosemia, maple syrup urine disease [MSUD], or phenylketonuria [PKU])
Ongoing cancer treatment, advanced Acquired Immune Deficiency Syndrome (AIDS) or pulmonary insufficiency
Oral aversion or other psychological condition making it difficult for a client to consume their recommended caloric/protein or micronutrient needs through regular, liquified, blenderized, or pureed foods in any modified texture or form

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this request for continuation of therapy previously approved by the Fee-for-service program for a patient who has not changed eligibility status for EPSDT review since last approval?	<b>Yes:</b> Go to #8	<b>No:</b> Go to #3
3. Has an assessment been performed by a registered dietitian or treating practitioner, within the last 12 months, attesting or documenting the patient is unable to meet their recommended caloric/protein or micronutrient needs through regular, liquified, blenderized, or pureed foods in any modified texture or form?	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical necessity.
4. Is there provider attestation or documentation showing the prescribed oral nutritional formula and/or nutritional supplements are an integral part of <i>treatment</i> for a nutritional deficiency as identified in <b>Table 1</b> ?	<b>Yes:</b> Go to # 7	<b>No:</b> Go to #5
5. Is the patient eligible for EPSDT review?	<b>Yes:</b> Go to #6	<b>No:</b> Pass to RPh. Deny; medical necessity.

## Approval Criteria

6. Is the request for the *prevention* of nutritional deficiency or malnutrition as identified by one of the following:

-Patient is unable to meet their recommended caloric/protein or micronutrient needs through regular, liquified, blenderized, or pureed foods in any modified texture or form

OR

-Presence of malabsorption or other diagnosed medical condition which involves dietary restriction as part of the treatment, including but not limited to food allergy, Eosinophilic disorders (EoE), Food Protein Induced Enterocolitis (FPIES)

OR

-Documented delayed growth or failure to thrive

**Yes:** Go to #7

**No:** Pass to RPh. Deny; medical necessity.

7. Is the requested product an oral solid dosage form (e.g., tablet or capsule)?

**Yes:**  
If not eligible for EPSDT review: Pass to RPh. Deny.  
Not covered by OHP

If eligible for EPSDT review: prescriber provides documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc) AND evidence supported off-label use: Approve for up to 12 months.

**No:** Approve for up to 12 months.

## Approval Criteria

8. Has there been an annual assessment by a registered dietitian or treating practitioner for continued use of nutritional supplementation?

**Yes:** Approve up to 12 months

Document assessment date  
\_\_\_\_\_

**No:** Request documentation of assessment. Without documentation, pass to RPh. Deny; medical appropriateness.

*P&T Review:*

11/14

*Implementation:*

1/1/2025; 10/13/16; 1/1/15; 6/22/07; 9/1/06; 4/1/03