Nutritional Supplements (Oral Administration Only)

Goals:

- Restrict use to patients unable to take food orally in sufficient quantity to maintain adequate weight.
- Requires ANNUAL nutritional assessment for continued use.
- Use restriction consistent with DMAP EP/IV rules at: http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx

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). However, the equipment do require a PA (i.e., pump).
- Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs
- For complete information on how to file a claim, go to: http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx

Length of Authorization:

Up to 12 months

Note: Criteria is divided into: 1) Patients age 6 years or older
2) Patients under 6 years of age

Not Covered:

- Supplements such as *acidophilis*, Chlorophyll, Coenzyme Q10 are not covered and should not be approved.

Requires PA:

- All supplemental nutrition products in HIC3 = C5C, C5F, C5G, C5U, C5B (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
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Patients 6 years and older:
Document:

- Name of product being requested
- Physician name
- Quantity/Length of therapy being requested

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is product requested a supplement or herbal product without an FDA indication?	**Yes:** Pass to RPh. Deny; medical appropriateness)	**No:** Go to #3
3. Is the product to be administered by enteral tube feeding (e.g., G-tube)?	**Yes:** Go to #10	**No:** Go to #4
4. All indications need to be evaluated as to whether they are funded conditions under the OHP.	**Funded:** Go to #5	**Not Funded:** Pass to RPh. Deny; not funded by the OHP.
5. Is this request for continuation of therapy previously approved by the FFS program?	**Yes:** Go to #6	**No:** Go to #7
6. Has there been an annual assessment by a physician for continued use of nutritional supplementation? Document assessment date.	**Yes:** Approve up to 1 year	**No:** Request documentation of assessment. Without documentation, pass to RPh. Deny; medical appropriateness.
7. Patient must have a nutritional deficiency identified by one of the following: • Recent (within 1 year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods (supplement cannot be approved for convenience of patient or caregiver); **OR** • Recent serum protein level <6 g/dL?	**Yes:** Go to #9	**No:** Go to #8

Approval Criteria		
8. Does the patient have a prolonged history (>1 year) of malnutrition and cachexia OR reside in a long-term care facility or nursing home? Document: • Residence • Current body weight • Ideal body weight	**Yes:** Go to #9	**No:** Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.
9. Does the patient have a recent unplanned weight loss of at least 10%, plus one of the following: • increased metabolic need resulting from severe trauma (e.g., severe burn, major bone fracture, etc.); **OR** • malabsorption (e.g., Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, gastric bypass, hemodialysis, dysphagia, achalasia, etc.); **OR** • diagnosis that requires additional calories and/or protein intake (e.g., malignancy, AIDS, pulmonary insufficiency, MS, ALS, Parkinson's, Cerebral Palsy, Alzheimer's, etc.)?	**Yes:** Approve for up to 1 year	**No:** Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.

Approval Criteria
10. Is this request for continuation of therapy previously approved by the FFS program? • **Yes:** Approve for 1 month and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. A 1-month approval has been given to accommodate the transition. Go to: http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx • **No:** Enter an Informational PA and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. When billed using a HCPCS code, enterally administered nutritional formulas do not require a prior authorization (PA). However, the equipment does require a PA. Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs. For complete information of how to file a claim, go to: http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx

Patients under 6 years of age

Document:

- Name of product requested
- Physician name
- Quantity/Length of therapy requested

Approval Criteria		
1. What diagnosis is being treated?	Record the ICD10 code	
2. Is the product to be administered by enteral tube feeding (e.g., G-tube)?	**Yes:** Go to #9	**No:** Go to #3
3. All indications need to be evaluated as to whether they are funded conditions under the OHP.	**Funded:** Go to #4	**Not Funded:** Pass to RPh. Deny; not funded by the OHP.
4. Is this request for continuation of therapy previously approved by the FFS program?	**Yes:** Go to #5	**No:** Go to #6

5. Has there been an annual assessment by a physician for continued use of nutritional supplementation? Document assessment date.	**Yes:** Approve up to 1 year	**No:** Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.
6. Is the diagnosis failure-to-thrive (FTT)?	**Yes:** Approve for up to 1 year	**No:** Go to #7
7. Does the patient have one of the following: • increased metabolic need resulting from severe trauma (e.g., severe burn, major bone fracture, etc.); **OR** • malabsorption (e.g., Crohn's Disease, Cystic Fibrosis, bowel resection/removal, Short Gut Syndrome, hemodialysis, dysphagia, achalasia, etc.); **OR** • diagnosis that requires additional calories and/or protein intake (e.g., malignancy, AIDS, pulmonary insufficiency, Cerebral Palsy, etc.)?	**Yes:** Approve for up to 1 year	**No:** Go to #8
8. Patient must have a nutritional deficiency identified by one of the following: • Recent (within 1 year) Registered Dietician assessment indicating adequate intake is not obtainable through regular/liquefied or pureed foods (supplement cannot be approved for convenience of patient or caregiver); **OR** • Recent serum protein level <6 g/dL?	**Yes:** Approve for up to 1 year	**No:** Request documentation. Without documentation, pass to RPh. Deny; medical appropriateness.
9. Is this request for continuation of therapy previously approved by the FFS program? • **Yes:** Approve for 1 month and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. A 1-month approval has been given to accommodate the transition. Go to: http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx • **No:** Enter an Informational PA and reply: Nutritional formulas, when administered by enteral tube, are no longer available through the point-of-sale (POS) system. For future use, service providers should use the CMS form 1500 or the 837P electronic claim form and not bill through POS. When billed using a HCPCS code, enterally administered		

nutritional formulas do not require a prior authorization (PA). However, the equipment does require a PA. Providers can be referred to 800-642-8635 or 503-945-6821 for enteral equipment PAs.

For complete information of how to file a claim, go to:
http://www.oregon.gov/oha/healthplan/Pages/home-epiv.aspx

Note: Normal Serum Protein 6-8 g/dL
Normal albumin range 3.5-5.5 g/dL

P&T Review: *11/14*
Implementation: *1/1/15; 6/22/07; 9/1/06; 4/1/03*