This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.

**Drug:** Pediatric Enteral Nutritional Supplements  
**Class:** Nutritional Supplement  
**Line of Business:** Non-Medicare  
**Effective Date:** February 17, 2016  
**Revision Date:** February 17, 2016  

**Policy/Criteria:**

Physicians must provide medical justification for nutritional supplementation on the IEHP Prescription Drug Prior Authorization Request Form (RX PA). For information that may be necessary for nutritional supplementation justification, please review our IEHP Nutritional Evaluation Form (NEF).

1. **Pediatric Standard Nutritional Supplements** (i.e. Pediasure, Nutren Junior, Boost Kid Essentials, Compleat Pediatric)  
   a. Age 1-13 years of age; AND  
   b. Must meet one of the following:  
      1. Enteral Feeding administered through a feeding tube (e.g. gastric, nasogastric, jejunostomy tubes)  
      2. Have a chronic medical diagnosis and unable to meet their nutritional needs with dietary adjustment of regular or soft or pureed foods, AND  
         - Documented clinical signs and symptoms that the member is nutritionally at risk (e.g. stunting, wasting, underweight, involuntary weight loss), supported by weight-for-age, weight-for-length, body mass index (BMI) or growth chart  
      3. Severe swallowing or chewing difficulty due to one of the following:  
         - Cancer in the mouth, throat or esophagus  
         - Injury, trauma, surgery or radiation therapy involving the head or neck  
         - Chronic neurological disorders  
         - Severe craniofacial anomalies  
   4. Transitioning from parenteral or enteral tube feeding to an oral diet
2. **Pediatric Elemental and Semi-elemental Enteral Nutrition Supplements (i.e. Elecare Junior, Pediasure Peptide, Peptamen Junior, Vivonex Pediatric Neocate Junior, Peptide Junior)**
   
a. Age 1-13 years of age

b. Confirm CCS eligibility, if not already covered by CCS:
   
   1. Must meet one of the following conditions:
      
      - Intestinal malabsorption diagnosis (ICD-10-CM codes K90.0-K90.9 and K91.2); lactose intolerance alone is excluded
      - Have a chronic medical diagnosis with clinical signs and symptoms of inability to absorb nutrients or to tolerate intact food protein; AND
      - Must have a history of use with a standard or specialized disease-specific enteral nutrition product that failed to provide adequate nutrition unless such products are medically contraindicated

3. **Metabolic Enteral Nutrition Products (i.e. Glutarex, Ketonex)** are generally covered by CCS for diagnosis of inborn errors of metabolism (genetic, metabolic condition).

4. **Emergency Request:**
   
a. A one-time emergency one month supply of enteral pediatric supplement is available for Age 1-13, in order to avoid disruption of regimen continuity, while IEHP conducts a medical necessity review

**Clinical Justification:**

*Department of Health Care Services Policy Letter 14-003: Enteral Nutrition Products*

- MCPs shall develop and implement written policies and procedures for providing enteral nutrition products for outpatient beneficiaries who meet the new Medi-Cal enteral nutrition service policy outlined in the Enteral Nutrition Products sections of the Medi-Cal Part 2 Pharmacy Provider Manual

- MCPs are required to provide or arrange for all medically necessary Medi-Cal covered services, and to ensure that these services are provided in an amount no less than what is offered to beneficiaries under Medi-Cal fee-for-services.

**Reference:**

1. 22 California Code of Regulations (CCR) 51313.3(e)(2))