Formula and Enteral Nutrition for Connecticut Members

Criteria:

A. ENTERAL NUTRITION – TUBE FEEDING. MUST MEET ALL OF THE FOLLOWING:
   1. The enteral nutrition/formula is ordered by a physician.
   2. The enteral nutrition/formula is for total (100%) nutritional/caloric replacement.
   3. The individual has a medical illness or injury.

B. ENTERAL NUTRITION – ORAL. MUST MEET ALL OF THE FOLLOWING:
   1. The enteral nutrition/formula is ordered by a physician.
   2. The enteral nutrition/formula is for total (100%) nutritional/caloric replacement.
   3. The individual has a gastrointestinal illness or injury preventing the normal absorption of nutrients.
   4. The ingredients of the enteral nutrition/formula are specifically modified for use in individuals whose gastrointestinal tracts cannot absorb nutrients normally. This does not include standard enteral formulas that can be used for individuals with normal GI tracts.
C. MODIFIED FOOD PRODUCTS FOR INHERITED METABOLIC DISEASES OR CONDITIONS
(STATE OF CONNECTICUT MANDATE). MUST MEET ALL OF THE FOLLOWING:

1. The modified food product(s) is ordered by and administered under a physician’s
direction.

2. The modified food product(s) is for the dietary treatment of an inherited metabolic
disease\(^1\) such as:
   a. Phenylketonuria
   b. Maple syrup urine disease
   c. Sickle cell disease
   d. Hypothyroidism
   e. Homocystinuria
   f. Cystic fibrosis
   g. Galactosemia
   h. Biotinidase deficiency
   i. Other inherited disorder of metabolism
   j. Congenital adrenal hyperplasia

OR

3. The modified food is a low protein product;

OR

4. The modified food is an amino acid modified product.

D. OTHER SPECIALIZED INFANT FORMULAS (STATE OF CONNECTICUT MANDATE). MUST
MEET ALL OF THE FOLLOWING:

"Specialized formula" means a nutritional formula for children up to age twelve that is exempt from the
general requirements for nutritional labeling under the statutory and regulatory guidelines of the federal
Food and Drug Administration and is intended for use solely under medical supervision in the dietary
management of specific diseases.

1. The individual has not reached his/her 12th birthday.

2. The individual will use the specialized formula under the direct supervision of a
   physician.

3. The individual has a known, clearly diagnosed disease or condition that includes protein
   intolerance or problems with gastrointestinal absorption and that is reasonably
   expected to last at least 90 days. Such conditions do not include nonspecific feeding
   problems in otherwise healthy infants.

4. The ingredients of the specialized formula are specifically modified for use in
   individuals whose GI tracts cannot absorb nutrients normally. This would not include
   standard cow- milk or soy-based formulas since these formulas can be used by
   healthy infants and the formulas have not been modified to enhance absorption from
   an abnormal GI tract.

\(^1\) As noted in Connecticut statute, "inherited metabolic disease" is defined as (A) a disease for which newborn
screening is required under section 19a-55; and (B) cystic fibrosis.
Medical Policy:
Formula and Enteral Nutrition
(Commercial - Connecticut Members)

References
2. Conn State Mandate Sec. 38a-492c.
3. 2020 ConnectiCare Insurance Company, Inc. Membership Agreement

Revision history

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<thead>
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| 6/2020 | Annual Review  
|        | • Changes effective date to last review date  
|        | • Added in”¹ as noted in Connecticut statute ”(B) cystic fibrosis  
|        | • Added in criteria section C#2 Congenital adrenal hyperplasia |
| 5/2019 | • Reformatted and reorganized policy, transferred content to new template  
|        | • with new Medical Policy Number |

03/10/04, 11/10/04, 04/13/05, 10/11/06, 11/07/07, 10/29/08, 10/14/09, 11/10/10, 11/09/11,  
12/05/12, 12/31/13, 12/03/14, 12/09/15, 5/1/2019