Formula and Enteral Nutrition for Massachusetts Members

Criteria:

A. MALABSORPTION OR INHERITED DISEASE OF AMINO ACIDS OR ORGANIC ACIDS. MUST MEET ALL OF THE FOLLOWING:

1. The enteral formula, food product and/or medical formula is ordered by a physician, nurse practitioner or physician’s assistant.
2. The enteral formula, food product and/or medical formula is for the treatment of any of the following:
   a. Crohn’s disease
   b. Ulcerative colitis
   c. Gastroesophageal reflux
   d. Gastroesophageal motility
   e. Chronic intestinal psuedo-obstruction
   f. Phenylketinuria
   g. Tyrosinemia
   h. Homocystinuria
   i. Maple syrup disease
   j. Propionic acidemia
k. Methylmalonic acidemia in infants and children
l. Other inherited disease of amino acids and organic acids
m. To protect the unborn fetuses or pregnant women with phenylketonuria (PKU)

B. 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.

References
1. State of Massachusetts, M.G.L. c. 176G, § 4 and M.G.L. c. 175 § 47C Mandate on Non-Prescription Enteral Formulas, Food Products and Medical Formulas.

Revision history

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| 6/2020 | Annual Review  
   • Changed effective date to last review date |
| 5/2019 | • Reformatted and reorganized policy, transferred content to new template with new Medical Policy Number |
| 11/10/04, 04/13/05, 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 |