

**CENCAL HEALTH  
MEDICATION REQUEST GUIDELINES**

**ENTERAL NUTRITION PRODUCTS**

Generic	Brand	HICL	GCN	Exception/Other
NUT.TX PHENYLKETONURIA (PKU) FORMULATIONS				STC = A818
FLAVORING AGENTS				STC = 0463
INFANT FORMULAS				STC = 0182
DIETARY SUPPLEMENT, MISC				STC = 0185
NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION				STC = 7896
ORAL LIPID SUPPLEMENTS				STC = D367
PROTEIN REPLACEMENT				STC = 0181
MINERAL REPLACEMENT, MISC				STC = 0176
MULTIVITAMIN PREPARATIONS				STC = 0209

**IMPORTANT NOTES:**

- **Covered List of Enteral Nutrition Products:**  
<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/enteral.pdf>
- The following nutrition products are **NOT** covered:
  - Regular food, including solid, semi-solid, blenderized and pureed foods
  - Common household items
  - Regular Infant formulas as defined in the FD&C Act
  - Shakes, cereals, thickened products, puddings, bars, gels and other non-liquid products
  - Thickeners (e.g., Thick-It)
  - Products for assistance with weight loss
  - Vitamin and/or mineral supplements, except for pregnancy and birth up to 5 years of age
  - Enteral nutrition products used orally as a convenient alternative to preparing and/or consuming regular solid or pureed food
- Infant formula requests should be reviewed as follows:
  - **Standard (not therapeutic) infant formulas:**
    - **Providers should be directed to WIC (Women, Infants, & Children) for standard infant formula needs. The following standard formulas are covered under the WIC Program: Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease, and Enfamil A.R.**
    - **If WIC's preferred formula options are not medically appropriate, request medical record documentation and forward the request to the plan for review.**
  - **Therapeutic infant formulas:** review per the clinical criteria below.
    - **Certain products are listed under multiple category types. Review under the product category (standard, specialized, elemental & semi-elemental, metabolic, specialty infant) that most closely aligns with request/rationale.**
- Members must meet both the medical and product-specific criteria for approval. Please reference both the 'product-specific criteria' and the 'product notes' in the state spreadsheet (online link above) for product specific requirements. Not all products have specific criteria required for approval.

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**ENTERAL NUTRITION PRODUCTS**

**GUIDELINES FOR USE**

1. Is the requested enteral nutrition product on the state *List of Enteral Nutrition Products*?  
<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/enteral.pdf>

If yes, continue to #3.  
If no, continue to #2.

2. Is the request for a standard infant formula (not a therapeutic 'specialty' infant formula)?

If yes, see note.

**NOTE:** Notify the provider that standard infant formulas are available through WIC. The provider should be advised to prescribe one of the following preferred WIC standard infant formulas: **Enfamil Premium Infant, Enfamil ProSobee, Enfamil Gentlease, Enfamil A.R.** If none of WIC's preferred formulas are medically appropriate for the member, request medical record documentation and forward the request to the plan for review.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION PRODUCTS** covers therapeutic products on the state covered product list only. The list of products can be found online at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

3. Is the following information documented on the MRF, and dated accordingly?
- Enteral nutrition product needed and route of administration
  - Medical diagnosis (ICD-10-CM codes are required for certain product approvals)
  - Age, height, weight, body mass index (BMI)
  - Biochemical, clinical, and/or dietary indicators related to the product requested
  - Daily caloric requirements
  - Estimated duration of need and/or nutritional care plan

**Documentation must be dated as follows:**

- For standard, elemental & semi-elemental, and specialized products documentation must be dated within the past 3 months
- For metabolic products, documentation must be dated within the past 6 months
- For specialty infant products, documentation must be dated within the past 2 months

If yes, continue to #4.

If no, forward CenCal Enteral Nutritional Product MRF to requestor for completion.

4. Is the request for Standard or Specialized Products?

If yes, continue to #8.  
If no, continue to #5.

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**CENCAL HEALTH  
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**ENTERAL NUTRITION PRODUCTS**

**GUIDELINES FOR USE (CONTINUED)**

5. Is the request for Elemental and Semi-Elemental Products?

If yes, continue to #19.

If no, continue to #6.

6. Is the request for Metabolic Products (including Infant Metabolic Products)?

If yes, continue to #22.

If no, continue to #7.

7. Is the request for Specialty Infant Products?

If yes, continue to #25.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION PRODUCTS** covers therapeutic products on the state covered product list only. The list of products can be found online at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

**STANDARD PRODUCTS**

8. Does the member have a documented medical diagnosis which requires enteral nutrition products be administered through a feeding tube?

If yes, continue to #10.

If no, continue to #9.

9. Is the enteral nutrition being administered orally **AND** the member has one of the following documented conditions?

- A chronic medical diagnosis **AND** unable to meet their nutritional needs with dietary adjustment of regular or altered-consistency (soft or pureed) foods. (There must be clinical indicators identified and documented that support the member bring nutritionally at risk).
- The member is 21 years of age and older with a medical condition, and adequate nutrition is not possible with dietary adjustment or altered-consistency (soft or pureed) foods. There must be documentation that the member is nutritionally at risk with one of the following anthropometric measures:
  - Involuntary loss of 10% or more of usual body weight within six months
  - Involuntary loss of 7.5% or more of usual body weight within three months
  - Involuntary loss of 5% or more of usual body weight within one months
  - Body mass index less than 18.5 kg/m<sup>2</sup>

***(Guideline question continued on next page)***

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**GUIDELINES FOR USE (CONTINUED)**

**STANDARD PRODUCTS (CONTINUED)**

- The member is under 21 years of age with documented clinical signs and symptoms including anthropometric status indicators (stunting, wasting or underweight) of nutritional risk. Standard and modified growth charts should be used to document nutritional need and patient deficiency.
- 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 disorder
  - Severe craniofacial anomalies
- Transitioning from parenteral or enteral tube feeding to an oral diet

If yes, continue to #10.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – STANDARD PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria (if applicable). Medical criteria for standard products include the member requiring enteral nutrition via a feeding tube, or if administered orally one of the following must be present and documented:

- A chronic medical diagnosis and the inability to meet nutritional needs with dietary adjustment of regular or altered-consistency (soft or pureed) foods.
- The member 21 years of age and older with a medical condition, and adequate nutrition is not possible with dietary adjustment or altered-consistency (soft or pureed) foods. There must be documentation that the member is nutritionally at risk using anthropometric measures.
- The member under 21 years of age with documented clinical signs and symptoms including anthropometric status indicators (stunting, wasting or underweight) of nutritional risk.
- 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 disorder; severe craniofacial anomalies.
- Transitioning from parenteral or enteral tube feeding to an oral diet.

10. Is the request for a Specialized Product?

If yes, continue to #12.

If no, continue to #11.

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**ENTERAL NUTRITION PRODUCTS**

**GUIDELINES FOR USE (CONTINUED)**

11. Does the member meet the 'product-specific criteria' (if applicable) for the Standard enteral nutrition product being requested?

If yes, **approve as requested OR for 6 months, whichever is less.**

**APPROVAL TEXT:** For renewals, please provide clinical update and/or dietician assessment and relevant labs (must be dated within 3 months at time of request).

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – STANDARD PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria. All medical criteria for approval have been met. However, the member does not meet the product-specific criteria of [INSERT FREE TEXT].

**SPECIALIZED PRODUCTS**

12. Is the request for specialized diabetic products **AND** the member has a documented diagnosis of hyperglycemia or diabetes and HbA1c value measured within the last six months?

If yes, continue to #18.

If no, continue to #13.

13. Is the request for specialized renal products **AND** the member is 18 years of age or older with one of the following indicators measured within the last six months?

- Blood serum potassium
- BUN levels greater than 20 mg/dl
- Urine Creatinine greater than 26 mg/kg/day for men **OR** 20 mg/kg/day for women
- Glomerular Filtration Rate (GFR) less than 60 ml/min/1.73m<sup>2</sup>

If yes, continue to #18.

If no, continue to #14.

14. Is the request for specialized hepatic products **AND** the member's liver function test have been measured within the last six months and are clearly provided with the authorization request?

If yes, continue to #18.

If no, continue to #15.

15. Is the request for specialized carbohydrate modular products **AND** there is documented clinical evidence to support the member is unable to meet caloric nutritional need with the current use of an enteral nutrition product?

If yes, continue to #18.

If no, continue to #16.

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**ENTERAL NUTRITION PRODUCTS**

**GUIDELINES FOR USE (CONTINUED)**

**SPECIALIZED PRODUCTS (CONTINUED)**

16. Is the request for lipid (fat) modular products **AND** the member has one of the following diagnosis?
- Inability to digest or absorb conventional fats
  - Uncontrolled seizures or other neurological disorders that cannot otherwise be medically managed

If yes, continue to #18.

If no, continue to #17.

17. Is the request for protein modular products **AND** there is documented clinical evidence to support that the member is unable to meet protein requirements with current use of a high protein enteral nutritional product?

If yes, continue to #18.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – SPECIALIZED PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria (if applicable). Medical criteria for [INSERT SPECIALIZED PRODUCT INFO ONLY]

- Specialized Diabetic Products require the member to have a documented diagnosis of hyperglycemia or diabetes and HbA1c value measured within the last six months
- Specialized Renal Products require the member to be 18 years of age or older with one of the following indicators measured within the last six months: blood serum potassium; BUN levels greater than 20 mg/dl; urine creatinine greater than 26 mg/kg/day for men or 20 mg/kg/day for women; glomerular filtration rate (GFR) less than 60 ml/min/1.73m<sup>2</sup>
- Specialized Hepatic Products require the member to have liver function measured within the last six months
- Specialized Carbohydrate Modular Products require clinical evidence to support the members inability to meet their caloric nutritional need with the current use of an enteral nutrition product
- Specialized Lipid Modular Products require the member to have a diagnosis consistent with the inability to digest or absorb conventional fats OR uncontrolled seizures or other neurological disorders that cannot otherwise be medically managed
- Specialized Protein Modular Products require clinical evidence to support the members inability to meet their protein requirements with the current use of a high protein enteral nutrition product

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**GUIDELINES FOR USE (CONTINUED)**

**SPECIALIZED PRODUCTS (CONTINUED)**

18. Does the member meet the 'product-specific criteria' (if applicable) for the Specialized enteral nutrition product being requested?

If yes, **approve as requested OR for 6 months, whichever is less.**

**APPROVAL TEXT:** For renewals, please provide clinical update and/or dietician assessment and relevant labs (must be dated within 3 months at time of request).

If no, do not approve

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – SPECIALIZED PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria. All medical criteria for approval have been met. However, the member does not meet the product-specific criteria of [INSERT FREE TEXT].

**ELEMENTAL & SEMI-ELEMENTAL PRODUCTS**

19. Does the member have an intestinal malabsorption diagnosis (ICD-10-CM codes K90.0-K90.9 and K91.2) with the diagnosis name and ICD-10-CM code clearly supplied on the request form? (Note: The diagnosis of lactose intolerance alone is excluded)

If yes, continue to #21.

If no, continue to #20.

20. Are both the following criteria met?

- The member has a chronic medical diagnosis and presents clinical signs and symptoms of inability to absorb nutrients or to tolerate intact protein that cannot otherwise be medically managed
- The member has a history of use with a standard or specialized enteral nutrition product that failed to provide adequate nutrition **OR** has a contraindication for use of such products

If yes, continue to #21.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – ELEMENTAL & SEMI-ELEMENTAL PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria (if applicable). Medical criteria require either the documented diagnosis of intestinal malabsorption (lactose intolerance alone is excluded) **OR** a chronic condition which manifests as the inability to absorb nutrients or to tolerate intact protein, and the history of use with a standard or specialized enteral nutrition product that failed to provide adequate nutrition (unless contraindicated).

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**GUIDELINES FOR USE (CONTINUED)**

21. Does the member meet the 'product-specific criteria' (if applicable) for the Elemental / Semi-Elemental enteral nutrition product being requested?

If yes, **approve as requested OR for 6 months, whichever is less.**

**APPROVAL TEXT:** For renewals, please provide clinical update and/or dietician assessment and relevant labs (must be dated within 3 months at time of request).

If no, do not approve

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – ELEMENTAL & SEMI-ELEMENTAL PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria. All medical criteria for approval have been met. However, the member does not meet the product-specific criteria of [INSERT FREE TEXT].

**METABOLIC PRODUCTS**

22. Does the member have a diagnosis of inborn errors of metabolism (genetic, metabolic condition)? (Note: If member is 21 years of age and older, see table 1 at the end of document for list of authorized ICD-10-CM codes)

If yes, continue to #24.

If no, continue to #23.

23. Is the request for a metabolic ketogenic formula **AND** the member meets one of the following criteria?

- There is a documented seizure disorder that is refractory to standard anti-seizure medication
- There is a documented chronic medical diagnosis where a ketogenic diet is medically necessary **AND** a history of use with a product in another enteral nutrition category failed to provide adequate nutrition, or is contraindicated for use

If yes, continue to #24.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – METABOLIC PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria (if applicable). Medical criteria for approval require a diagnosis of inborn errors of metabolism. When metabolic ketogenic formulas are requested criteria include either a diagnosis of seizure disorder, refractory to anti-seizure medications OR a chronic condition is present where a ketogenic diet is medically necessary and a history of use with a product in another enteral nutrition category failed to provide adequate nutrition (or is contraindicated).

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**GUIDELINES FOR USE (CONTINUED)**

**METABOLIC PRODUCTS (CONTINUED)**

24. Does the member meet the 'product-specific criteria' (if applicable) for the Metabolic enteral nutrition product being requested?

If yes, **approve as requested OR for 6 months, whichever is less.**

**APPROVAL TEXT:** For renewals, please provide clinical update and/or dietician assessment and relevant labs (must be dated within 6 months at time of request).

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – METABOLIC PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria. All medical criteria for approval have been met. However, the member does not meet the product-specific criteria of [INSERT FREE TEXT].

**SPECIALTY INFANT PRODUCTS**

25. Is the member 12 months of age or less?

If yes, continue to #27.

If no, continue to #26.

26. Does the member have a corrected age of 12 months of age or less **OR** is there documented medical justification for use beyond 12 months of age? (Note: Corrected age applies to infants born prior to 37 weeks gestation. Subtract gestational birth day from actual age to get corrected age. For example, if birth date is 36 weeks gestation, subtract 4 weeks from actual age to get corrected age.)

If yes, continue to #27.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – SPECIALTY INFANT PRODUCTS** requires the member to be 12 months of age or less (actual or corrected age) or provide medical justification for use above this age.

27. Is the request for premature / low birth weight products, specifically products 20 or 22 kcal/ounce **AND** the member was born prior to 37 week's gestation or with a birth weight less than 3500 grams?

If yes, continue to #37.

If no, continue to #28.

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**GUIDELINES FOR USE (CONTINUED)**

**SPECIALTY INFANT PRODUCTS (CONTINUED)**

28. Is the request for premature / low birth weight products, specifically products 24 or 30 kcal/ounce **AND** the member has a current weight less than 3500 grams?

If yes, continue to #37.

If no, continue to #29.

29. Is the request for human milk fortifier products **AND** the member is less than 3600 grams **AND** meets one of the following criteria?

- Receiving only human milk and no other infant nutrition product (formula) concurrently
- Breast fed or receiving human milk in combination with infant nutrition product (formula) administered only through a feeding tube
- Breast fed or receiving human milk in combination with infant nutrition product (formula) orally with one of the following documented conditions:
  - Infant is at risk for necrotizing enterocolitis
  - Mother of infant is establishing milk supply
  - Human milk intake is increasing

If yes, continue to #37.

If no, continue to #30.

30. Is the request for extensively hydrolyzed products without probiotics **AND** the member meets one of the following?

- Diagnosis of cows milk protein allergy
- Severe food allergy indicating a sensitivity to intact protein

If yes, continue to #37.

If no, continue to #31.

31. Is the request for extensively hydrolyzed products with probiotics **AND** the member meets all of the following?

- Diagnosis of cows milk protein allergy or intolerance to breast milk or regular infant formula
- No immune function disorder
- Born full term (37-42 weeks gestation)
- No indwelling venous catheters

If yes, continue to #37.

If no, continue to #32.

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**GUIDELINES FOR USE (CONTINUED)**

**SPECIALTY INFANT PRODUCTS (CONTINUED)**

32. Is the request for renal products **AND** the member meets one of the following?

- Renal function impairment
- Hypercalcemia
- Hypocalcemia due to hyperphosphatemia

If yes, continue to #37.

If no, continue to #33.

33. Is the request for Chylothorax or LCHAD deficiency product type **AND** the member has one of the following diagnosis?

- Chylothorax
- Long-chain-3-hydroxyacyl-CoA-dehydrogenase (LCHAD) deficiency
- Cystic Fibrosis
- Mitochondrial disorder

If yes, continue to #37.

If no, continue to #34.

34. Is the request for amino acid-based (100%) products **AND** the member meets one of the following?

- Documented intolerance to breast milk or infant formula due to
  - A clinical diagnosis of severe cows milk protein allergy, multiple food protein allergies, or eosinophilic GI disorder
  - Protein maldigestion or malabsorption diagnosis where extensively hydrolyzed specialty infant products have tried and failed
  - A clinical diagnosis of gastrointestinal (GI) disorders such as short bowel syndrome or GI impairment
- Extensively hydrolyzed (semi-elemental) products are contraindicated
- Documented in hospital use prior to discharge – *applicable for initial requests only*
- Documented clinical fat malabsorption or steatorrhea diagnosis not effectively addressed by breast milk, regular infant formula and extensively hydrolyzed protein. Authorization may also be considered for fat malabsorption or steatorrhea as a secondary diagnosis associated with cystic fibrosis, short-bowel syndrome or other related clinical conditions

If yes, continue to #35.

If no, do not approve.

**DENIAL TEXT:** See the denial text at guideline #36.

35. Does the requested amino acid-based (100%) product contain probiotics?

If yes, continue to #36.

If no, continue to #37.

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**CENCAL HEALTH  
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**GUIDELINES FOR USE (CONTINUED)**

**SPECIALTY INFANT PRODUCTS (CONTINUED)**

36. Does the member meet all of the following criteria?

- No immune function disorder
- Born full term (37-42 weeks gestation)
- No indwelling venous catheters or post-pyloric feeding type

If yes, continue to #37.

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – SPECIALTY INFANT PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria (if applicable). Medical criteria for [INSERT SPECIALTY INFANT PRODUCT INFO ONLY]

- Premature and Low Birth Weight Products, 20 or 22 kcal/ounce, require the member to be born prior to 37 weeks gestation or birth weight less than 3500 grams
- Premature and Low Birth Weight Products, 24 or 30 kcal/ounce, require the member to have a current weight less than 3500 grams
- Human Milk Fortifier Products require the member to weigh less than 3600 grams and meet one of the following criteria:
  - Receiving only human milk and no other infant nutrition product (formula) concurrently
  - Breast fed or receiving human milk in combination with infant nutrition product (formula) administered only through a feeding tube
  - Breast fed or receiving human milk in combination with infant nutrition product (formula) orally with one of the following documented conditions: infant is at risk for necrotizing enterocolitis; mother of infant is establishing milk supply; human milk intake is increasing
- Extensively Hydrolyzed Products without probiotics require the member to either have a diagnosis of cows milk protein allergy or severe food allergy indicating a sensitivity to intact protein
- Extensively Hydrolyzed Products with probiotics require the member to meet all of the following: diagnosis of cows milk protein allergy or intolerance to breast milk or regular infant formula; no immune function disorder; born full term (37-42 weeks gestation); no indwelling venous catheters
- Amino Acid-Based Products (100%) require member to meet one of the following conditions: documented intolerance to breast milk or infant formula; extensively hydrolyzed (semi-elemental) products are contraindicated; documented clinical fat malabsorption or steatorrhea diagnosis not effectively addressed by breast milk, regular infant formula and extensively hydrolyzed protein; or documented in hospital use prior to discharge (upon first request only). In addition, Amino Acid-Based Products that contain probiotics require the member to not have an immune function disorder; been born full term (37-42 weeks gestation); have no indwelling venous catheters or post-pyloric feeding type
- Renal Products require member to have one of the following conditions: renal function impairment; hypercalcemia; hypocalcemia due to hyperphosphatemia
- Chyllothorax or LCHAD Products require member to have one of the following diagnosis: Chyllothorax; Long-chain-3-hydroxyacyl-CoA-dehydrogenase (LCHAD) deficiency; Cystic fibrosis; Mitochondrial disorder

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**GUIDELINES FOR USE (CONTINUED)**

**SPECIALTY INFANT PRODUCTS (CONTINUED)**

37. Does the member meet the 'product-specific criteria' (if applicable) for the Specialty Infant enteral nutrition product being requested?

If yes, **approve as requested OR until the member is 12 months of age (actual or corrected if applicable), whichever is less.**

**APPROVAL TEXT:** For renewals, please provide clinical update and/or dietician assessment and relevant labs (must be dated within 2 months at time of request).

If no, do not approve.

**DENIAL TEXT:** The CenCal Health guideline for **ENTERAL NUTRITION – SPECIALTY INFANT PRODUCTS** requires the member to meet both medical criteria, as well as product-specific criteria. All medical criteria for approval have been met. However, the member does not meet the product-specific criteria of [INSERT FREE TEXT].

**TABLE 1: Inborn Errors of Metabolism Diagnoses**

ICD-10-CM CODE	Diagnosis
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemias
E70.20 – E70.29	Disorders of tyrosine metabolism
E70.30 – E70.39	Albinism
E70.40 – E70.49	Disorders of histidine metabolism
E70.5	Disorders of tryptophan metabolism
E70.8	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup urine disease
E71.110 – E71.19	Other disorders of branched-chain amino-acid metabolism
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
E71.30	Disorder of fatty-acid metabolism, unspecified
E71.310 – E71.318	Disorders of fatty-acid oxidation
E71.32	Disorders of ketone metabolism
E71.39	Other disorders of fatty-acid metabolism
E71.40	Disorder of carnitine metabolism, unspecified
E71.42	Carnitine deficiency due to inborn errors of metabolism
E71.50 – E71.548	Peroxisomal disorders
E72.00 – E72.09	Disorders of amino-acid transport
E72.10 – E72.19	Disorders of sulphur-bearing amino-acid metabolism
E72.20 – E72.29	Disorders of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism
E72.50 – E72.59	Disorders of glycine metabolism
E72.8	Other specified disorders of amino-acid metabolism
E72.9	Disorder of amino-acid metabolism, unspecified

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<b>ICD-10-CM CODE</b>	<b>Diagnosis</b>
E74.00 – E74.9	Other disorders of carbohydrate metabolism
E75.00 – E75.6	Disorders of sphingolipid metabolism and other lipid storage disorders
E76.01 – E76.9	Disorders of glycosaminoglycan metabolism
E77.0 – E77.9	Disorders of glycoprotein metabolism
E84.0 – E84.9	Cystic fibrosis
E88.40 – E88.49	Mitochondrial metabolism disorders

Created: 01/18

Effective: 05/07/21

Client Approval: 04/28/21

P&T Approval: N/A