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Clinical Guideline

Guideline Number: Enteral and Oral Nutritional Supplements (CG011, Ver. 9)

Enteral and Oral Nutritional Supplements

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

The Plan members who have difficulty ingesting or digesting food or who are at risk for malnutrition may be eligible for oral nutritional supplements. Enteral nutrition products, also known as medical foods, are specially formulated and processed foods intended for the dietary management of specific diseases or medical conditions. The use of enteral nutrition products has been shown to reduce hospital stays, complications, and mortality rates in patients with various medical conditions, including malnutrition, cancer, gastrointestinal disorders, neurological disorders, and metabolic disorders.

To be considered a medical food, a product must be labeled for the dietary management of a medical disorder, disease, or condition and labeled to be used under medical supervision. These products provide essential nutrients to individuals who have limited or impaired capacity to ingest, digest, absorb, or metabolize regular food or certain nutrients, or who have other medically determined nutrient requirements that cannot be achieved by modifying their normal diet alone.

Enteral nutrition products come in various forms, including nutritionally complete formulas, nutritionally incomplete formulas, formulas for metabolic disorders, and oral rehydration products. They are primarily administered through the gastrointestinal tract, either orally or via a feeding tube or catheter that delivers nutrients beyond the oral cavity or directly to the stomach.

Medical foods are typically obtained from hospitals, clinics, and other medical facilities, but certain specialized nutritional supplement products may be covered by the Plan's Pharmacy benefit. This includes products necessary for malabsorption disorders, renal dysfunction, tube feeding formulas, and lactose-free infant formulas, as well as other specialized products. Some medical foods may also be obtained through a prescription from a Pharmacy and covered by the Plan's Pharmacy benefit (i.e., supplied by a pharmacy provider upon the prescription of a physician within the scope of his or her practice). Additional Clinical Policy may apply for coverage via the Pharmacy benefit, such as:

- Nutritional Supplements – Infant Formulas
- Nutritional Supplements – Malabsorption Products
- Nutritional Supplements – Renal Dysfunction Products
- Nutritional Supplements – Tube Feeding Products

NOTE: All oral nutritional supplementation must be prescribed by a licensed provider and eligibility and cost of coverage are based on the member's Schedule of Benefits and Certificate of Coverage.

Definitions

"Elemental and Semi-Elemental Products" contain partially or fully broken down macronutrients.

"Enteral Nutrition" refers to nutrition administered through the alimentary (Gastrointestinal) tract, including:

1. Through the oral cavity, as in traditional eating
2. Through a nasogastric or orogastric tube (tube placed through the nose or mouth into the stomach)
3. Through a gastric or gastro-jejunal feeding tube (placed percutaneously directly into the stomach or small intestine, bypassing the oral cavity and esophagus)

"Failure to Thrive (FTT)" is applicable to children younger than 2 years old, and defined using WHO growth charts which can identify weight gain issues including:

1. Children weighing less than the 2nd percentile for gestation-corrected age and sex when plotted on the appropriate growth chart on more than one occasion (Note: Special charts for patients with genetic syndromes or prematurity may be applicable); *and*
2. Decreased growth velocity of weight gain compared to growth in length.

"Food Additives" are products available over-the-counter that are ingested in addition to a regular diet. Examples include calorie supplements, digestive aids, fiber supplements, minerals, protein supplements, thickeners, and vitamins.

"Medical foods" are a specific category of food products that are formulated to be consumed or administered enterally (through the digestive system) under the supervision of a physician for the dietary

management of a specific disease or condition for which distinctive nutritional requirements have been established based on recognized scientific principles. Medical foods are intended to meet the distinctive nutritional needs of patients with certain medical or metabolic conditions who cannot meet their nutritional requirements through a normal diet alone. They are distinguished from the broader category of foods for special dietary use and from foods that make health claims by the requirement that medical foods are to be used under medical supervision.

"Oral Nutritional Supplements" must be "medical foods" as defined by the FDA. These include metabolic formula and modified low protein foods that are specially formulated and processed products. They can be obtained in either a pharmacy or over-the-counter. Common trade brands include Ensure, Boost, Glucerna, Nepro, and Suplena.

"Parenteral Nutrition" refers to nutrition administered outside of the GI tract, such as intravenous feeding. May be used in cases where traditional enteral feeding is impossible due to obstructions, malabsorption, or congenital conditions. Parenteral nutrition is not discussed in this guideline.

"Poor Weight Gain" is applicable to children aged 2-18, and defined using the 2022 CDC Growth Charts and BMI-For-Age Charts which can identify weight gain issues including:

1. Abrupt weight loss following a period of normal growth along a well-established pattern of height and weight gain defined as crossing two or more major weight percentiles; *or*
2. Slow, steady weight gain below the fifth percentile of the NCHS growth curves; *or*
3. A growth curve proportionate to, but lower than, the child's expected height trajectory; *or*
4. Growth milestones that have been met but only with nutritional support consisting of high-calorie foods and/or nutritionally dense foods, where support with nutritional and calorie appropriate food is necessary.

Medical Necessity Criteria for Authorization

The Plan considers Nutritional (Enteral) Products, Supplies, and Equipment medically necessary when ALL the following criteria are met (as applicable) below:

1. Recent documentation (within the last 6 months) of ALL of the following:
    a. Medical nutritional product is prescribed by a licensed provider for the therapeutic treatment of a condition requiring specialized nutrients*; and*
    b. Diagnosis or condition, including (as applicable) accurate diagnostic information pertaining to the underlying diagnosis or condition that resulted in the requirement for a nutritional product, such as:
        i. Growth history and growth charts*; and*
        ii. Height and weight*; and*
        iii. Member's overall health status*; and*
        iv. Other formulas tried and why they did not meet the member's needs*; and*

v. Why the member cannot be maintained on an age-appropriate diet*; and*

c. Goals and timelines on the medical plan of care*; and*

d. Specified quantity and duration of the prescription or order*; and*

e. Total caloric intake prescribed by the provider*; and*

f. For members who require tube feeding, documentation indicating that the member has a feeding tube in place*; AND*

2. Member is characterized by ONE of the following:

a. Member requires tube feedings*; or*

i. A documented medical diagnosis that requires enteral nutrition products administered through a feeding tube should be provided.

b. Currently undergoing transition from parenteral or enteral diet (with tube feeding) to oral diet*; or*

c. Member has severe swallowing or chewing difficulty due to one of the following:

i. Cancer in the mouth, throat, or esophagus*; or*

ii. Injury, trauma, surgery, or radiation therapy involving the head or neck*; or*

iii. Chronic neurological disorders*; or*

iv. Severe craniofacial anomalies*; or*

d. Adult member 18 years of age and older (≥18) AND ANY of the following:

i. Documented chronic medical disease (e.g. HIV/AIDS, Crohn's disease, cystic fibrosis, etc) that is being appropriately treated *and* inability to meet nutritional needs even with a dietary adjustment of regular or altered consistency (soft/pureed) foods; *or*

ii. Medical condition (acute or chronic) such as a metabolic, gastrointestinal, or gastroesophageal disorder that is being appropriately treated AND associated with an inability to meet nutritional needs with a dietary adjustment of regular or altered consistency foods (e.g., soft or pureed) and ONE of the following:

1. Involuntary weight loss of:

a. 10 percent or more of usual body weight within six months; *or*

b. 7.5 percent or more of usual body weight within three months; *or*

c. 5 percent or more of usual body weight in one month; *or*

2. Body mass index less than 18.5 kg/m^2*; or*

iii. Multiple, severe food allergies which if left untreated will cause malnourishment, chronic physical disability, mental retardation or death; *or*

e. Pediatric members under the age of 18 AND ONE of the following:

i. Members with inborn errors in metabolism, including but not limited to:

1. Glutaric aciduria type I*; or*

2. Homocystinuria*; or*

3. Isovaleric acidemia*; or*

4. Maple syrup urine disease*; or*

5. Maternal phenylketonuria*; or*

6. Methylmalonic acidemia*; or*
7. Other disorders of leucine metabolism*; or*
8. Phenylketonuria*; or*
9. Propionic acidemia*; or*
10. Tyrosinemia types I and II*; or*
11. Urea cycle disorders*; or*

ii. Member has malnutrition or risk of malnutrition, as demonstrated by any ONE of the following:

1. Allergic or eosinophilic enteritis (colitis/proctitis, esophagitis, gastroenteritis)*; or*
2. Allergy or hypersensitivity to cow or soy milk diagnosed through a formal food challenge*; or*
3. Allergy to specific foods including food-induced anaphylaxis; or
4. Cystic fibrosis with malabsorption*; or*
5. Malabsorption unresponsive to standard age appropriate interventions when associated with failure to gain weight or meet established growth expectations*; or*
6. Poor oral intake related to anatomic or motility related disorders of the GI tract*; or*
7. Symptoms of malabsorption related to inflammatory disorders of the GI tract*; or*

iii. Members aged 2-18 with poor weight gain, as defined above in "Definitions", that is unresponsive to standard age appropriate interventions*; or*

iv. Members aged <2 years old with failure to thrive, as defined above in "Definitions", that is unresponsive to standard age appropriate interventions*; or*

v. Pediatric members residing in Texas with nutritional deficiencies related to documented autism spectrum disorder*; or*

f. Pregnant Women with Hyperemesis Gravidarum who meet ALL of the following criteria:
   i. Condition is refractory to pharmacologic and nonpharmacologic intervention; *and*
   ii. Member cannot maintain weight despite appropriate interventions; *and*
   iii. The treatment plan includes assessment and consultation with a nutritionist or nutrition service*; AND*

3. If the requested product is for ONE of the following:
   a. Carbohydrate modular products administered orally or through a feeding tube, there must be documented evidence that the member is unable to meet caloric nutritional needs with the current use of an enteral nutrition product*; or*
   b. Diabetic products, the member must have documented evidence of BOTH of the following:
      i. Diagnosis of hyperglycemia or diabetes*; and*

ii. HbA1c (A1c) value measured within six months of the authorization request*; or*

b. Elemental or semi-elemental nutrition products, members must have documented evidence of ALL of the following:
   i. Chronic intestinal malabsorption disease (lactose intolerance is excluded); *and*
   ii. Be unable to absorb nutrients or tolerate intact protein in a way that cannot otherwise be medically managed or managed with alternative dietary options; *and*
   iii. History of use of disease-specific or specialized nutrition products that have not been successful (unless medically contraindicated)*; or*
c. Hepatic products, the member must have documented results of liver function test measured within six months of the request*; or*
d. Lipid (fat) modular products administered orally or through a feeding tube, the member must have documented evidence of ONE of the following diagnosis:
   i. Inability to digest/absorb conventional fats; *or*
   ii. Uncontrolled seizure disorder that cannot be otherwise managed (in cases of ketogenic diet)*; or*
e. Medical Foods Dispensed by Prescription under Pharmacy Benefit, in the absence of product-specific clinical guideline or coverage criteria, documentation of ALL of the following:
   i. The product is prescribed for the specific dietary management of a disease or condition with distinctive nutritional requirements*; and*
   ii. The member has limited or impaired capacity to ingest, digest, absorb or metabolize normal foodstuffs or certain nutrients, or has medically determined special nutrient requirements*; and*
   iii. Normal diet alone cannot meet the distinctive nutritional needs*; and*
   iv. The safety and effectiveness of the product has been established for the member's age and disease or condition*; and*
   v. The product is being used adjunctively with standard of care treatment options for the member's disease or condition, including drug therapy, non-drug, and supportive care.
f. Protein modular products administered orally or through a feeding tube, there must be documented evidence that the member is unable to meet protein requirements with current use of a high protein enteral nutrition product*; or*
g. Related supplies and equipment for nutritional products, provided that ALL of the following are met:
   i. The criteria for nutritional products are met, as outlined in the Plan's clinical policy*; and*
   ii. Medical necessity is documented for each requested item*; and*

iii. For additional feeding tubes, submitted documentation supports medical necessity, such as infection at gastrostomy site, leakage, or occlusion*; and*

iv. For enteral feeding pumps (with or without alarms), the member meets ANY of the following criteria:

1. Gravity or syringe feedings are not medically indicated*; or*
2. The member requires an administration rate of less than 100 ml/hr*; or*
3. The member requires night-time feedings*; or*
4. The member has a medical condition necessitating the use of an enteral feeding pump, such as blood glucose fluctuations, circulatory overload, dumping syndrome, reflux or aspiration, or severe diarrhea*; and*

v. For a backpack or carrying case for a portable enteral feeding pump, documented evidence of BOTH of the following:

1. The member requires enteral feedings lasting more than eight hours continuously, or the feeding intervals exceed the time the member must be away from home due to attending school or work, frequent medical appointments, or extensive physician-ordered outpatient therapies*; and*
2. The member is ambulatory or uses a wheelchair that cannot support the use of a portable pump through other means, such as an IV pole*; or*

h. Renal products, the member must have documented evidence of ONE of the following indicators measured within six months of the request:

i. Blood serum potassium (elevated); *or*

ii. BUN levels (>20mg/dl); *or*

iii. GFR < 60.

If the applicable criteria for prior authorization above are met, the requested Nutritional (Enteral) Products, Supplies, or Equipment will be authorized for the requested duration or a maximum of thirty (30) days, whichever is lesser.

Continued Care

Authorization Period and Extension Requests:

A. Initially, authorization is provided for up to a maximum of thirty (30) days.
B. For extensions of services beyond the initial authorization period, re-authorization is required.
C. The prior authorization may be recertified with appropriate documentation that supports the ongoing medical necessity for the requested nutritional products.

If approved, the requested nutritional products, supplies, or equipment will be authorized for the duration requested or a maximum of thirty (30) days, whichever is less.

Experimental or Investigational / Not Medically Necessary

- Over-the-counter products may not be covered, even if prescribed by a healthcare provider (refer to member's benefit plan for confirmation)*; or*
- Medically necessary products must have a specific medical indication, not solely based on food preference or patient convenience*; or*
- Not medically necessary products may include, but are not limited to:
    - Baby food or standard infant formula*; or*
    - Breast milk*; or*
    - Enteral nutrition products used orally as a convenient alternative to preparing and/or consuming regular, solid, or pureed foods*; or*
    - Food thickeners*; or*
    - Gluten-free foods*; or*
    - High-protein powders or nutritional drinks*; or*
    - Items not categorized as medical foods*; or*
    - Low carbohydrate diet supplements*; or*
    - Non-prescription weight loss or weight gain products*; or*
    - Nutritional products for members who could be sustained on an age-appropriate diet*; or*
    - Products for assistance with weight loss*; or*
    - Regular food, including solid, semi-solid, and pureed foods*; or*
    - Relizorb (enzyme cartridge), considered experimental or investigational*; or*
    - Shakes, cereals, thickened products, puddings, bars, gels, and other non-liquid products.*; or*
    - Vitamins or minerals.

Table 1: Enteral Nutrition Formulas

Source: American Society for Parenteral and Enteral Nutrition (ASPEN)

Disclaimer

The following is a guide to help healthcare providers choose the most appropriate enteral formula for their patients. The list provided below is not exhaustive and is meant to highlight commonly used products. The Plan does not endorse any specific brand of product, and these listings should not be taken as a substitute for medical advice. Choosing the right formula for a member can be a complex process that takes into account factors such as age, fluid status, gastrointestinal function, food allergies, and diet preferences. While most members can tolerate a standard formula, specialty formulas typically require medical justification for coverage by the Plan, as outlined in the Medical Necessity Criteria provided in this policy.

Formulas are grouped by reimbursement codes, called HCPCS codes, when applicable. Claims such as gluten-free, lactose-free, non-GMO, and organic should be reviewed with each

company before use. This table is reviewed regularly, at least annually, for updates, but new products are constantly entering the market, and therefore this table's listing may not be comprehensive. Ultimately, each member's nutritional needs should be considered individually. Please refer to the manufacturer's website for the most up-to-date product information.

The products listed below are provided for informational purposes only. Inclusion or exclusion of a product does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

Please refer to the member's policy documents (such as the Certificate/Evidence of Coverage, Schedule of Benefits, or Plan Formulary) or contact the Plan to confirm coverage. The coverage of services is subject to the terms, conditions, and limitations of a member's policy.

Table 1.1 - Adult Formulas

Adult Formula - Polymeric; Standard Volume					
Composition	Formula Brand Name, Manufacturer	Features	Specifics	Additional Details	Contains Immune Nutrients
Soy Protein	Diabetisource AC®, Nestlé Health Science	Low carbohydrate with fiber	Contains soy	Kosher, Gluten-Free, Lactose free	No
Milk and Soy Protein	Fibersource HN®, Nestlé Health Science	High protein with fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Glucerna 1.0 Cal®, Abbott	Low carbohydrate with fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Glucerna 1.2 Cal®, Abbott	Low carbohydrate	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Glytrol®, Nestlé Health Science	Low Carbohydrate/High protein with fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Impact®, Nestlé Health Science	Modulating Inflammation/High Protein without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	Yes
Milk and Soy Protein	Isosource HN®, Nestlé Health Science	High protein without fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No

Milk and Soy Protein	Jevity 1.0 Cal®, Abbott	Standard with fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Jevity 1.2 Cal®, Abbott	Standard with fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Nutren 1.0®, Nestlé Health Science	Standard without fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Nutren 1.0 Fiber®, Nestlé Health Science	Standard with fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Osmolite 1.0 Cal®, Abbott	Standard without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Osmolite 1.2 Cal®, Abbott	Standard without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Promote®, Abbott	High protein without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Promote with Fiber®, Abbott	High protein with fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Replete®, Nestlé Health Science	High Protein without fiber		Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Replete® Fiber, Nestlé Health Science	High Protein with fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Pea protein	Standard 1.0 (chocolate or vanilla), Kate Farms	Standard- plant based		Lactose-free, Vegan, plant-based, gluten-free, no soy, no corn, no peanuts, no tree nuts, Organic, Non-GMO, Kosher	No
Adult Formula - Polymeric; Concentrated Volume					
Composition	Formula Brand Name, Manufacturer	Features	Specifics	Additional Details	Contains Immune Nutrients
Milk and Soy Protein	Glucerna® 1.5 Cal, Abbott	Low carbohydrate/Concentrated	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Isosource® 1.5 Cal, Nestlé Health Science	With fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Jevity® 1.5 Cal, Abbott	Concentrated with fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No

Milk Protein	Nepro® with CARBSTEADY®, Abbott	High protein with fiber/Low phosphorous, potassium and sodium	Contains soy	Kosher, Halal(certain flavors), Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Novasource® Renal, Nestlé Health Science	High Protein without fiber/ Low phosphorous, potassium and magnesium	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Nutren® 1.5, Nestlé Health Science	Without fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Nutren® 2.0, Nestlé Health Science	Without fiber	Contains soy	Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Nutren® Pulmonary, Nestlé Health Science	Increased Fat/Low carbohydrate without fiber		Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Nutrihep®, Nestlé Health Science	High ratio of BCAA:AAA/High MCT:LCT ratio/Concentrated without fiber		Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk and Soy Protein	Osmolite® 1.5 Cal, Abbott	Concentrated without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Pulmocare®, Abbott	Low carbohydrate/Increased fat without fiber	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Suplena® with CARBSTEADY®, Abbott	Low protein with fiber/Low phosphorous, potassium and sodium	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	TwoCal® HN, Abbott		Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Pea Protein	Standard 1.4 (vanilla), Kate Farms	Standard plant-based		Lactose-free, Vegan, plant-based, gluten-free, no soy, no corn, no peanuts, no tree nuts, Organic, Non-GMO, Kosher	No
Adult Formula - Hydrolyzed; Standard Volume					

Composition	Formula Brand Name, Manufacturer	Features	Specifics	Additional Details	Contains Immune Nutrients
Whey Protein	Peptamen®, Nestlé Health Science	MCT:LCT=70:30, no added fiber	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Whey Protein	Peptamen AF®, Nestlé Health Science	Modulating Inflammation/ MCT:LCT=50:50 with EPA and DHA, High Protein with soluble fiber	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Whey Protein	Peptamen® Intense VHP, Nestlé Health Science	Modulating Inflammation/Very High Protein, low carbohydrate with soluble fiber, MCT:LCT=50:50 with EPA and DHA	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Whey Protein	Peptamen® with Prebio1 TM , Nestlé Health Science	High Protein/ MCT:LCT=70:30 and with soluble fiber	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Milk Protein	Perative®, Abbott	High Protein/Contains Arginine	Contains soy	Kosher, Halal, Gluten-Free, suitable for lactose intolerance	Yes
Milk Protein	Vital® 1.0 Cal, Abbott			Gluten-Free, suitable for lactose intolerance	Yes
Milk Protein	Vital® AF 1.2 Cal, Abbott	Modulating Inflammation/Increased Protein		Gluten-Free, suitable for lactose intolerance	Yes
Milk Protein	Vital® HP, Abbott	Modulating Inflammation/High Protein without fiber		Gluten-Free, suitable for lactose intolerance	Yes
Adult Formula - Hydrolyzed; Concentrated Volume					
Composition	Formula Brand Name, Manufacturer	Features	Specifics	Additional Details	Contains Immune Nutrients
Milk Protein	Impact® Peptide 1.5, Nestlé Health Science	Modulating Inflammation/High Protein	Contains soy	Gluten-Free, suitable for lactose intolerance	Yes

Whey Protein	Peptamen® 1.5, Nestlé Health Science	MCT:LCT=70:30, no added fiber	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Whey Protein	Peptamen® 1.5 with Prebio TM , Nestlé Health Science	MCT:LCT=70:30, and with soluble fiber	Contains soy	Gluten-Free, suitable for lactose intolerance, kosher	No
Pea protein	Peptide 1.5® (plain), Kate Farms	Plant based		Lactose-free, Vegan, Plant-based, gluten-free, no corn, no nuts, no soy, Organic, Non-GMO, Kosher	No
Milk Protein	Pivot® 1.5, Abbott	Modulating inflammation/High Protein	Contains soy	Halal, Gluten-Free, suitable for lactose intolerance	Yes
Milk Protein	Renalcal®, Nestlé Health Science	Very low protein without fiber/Low phosphorus, potassium and magnesium		Kosher, Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Vital® 1.5 Cal, Abbott			Gluten-Free, suitable for lactose intolerance	No
Milk Protein	Vital® Peptide 1.5 Cal, Abbott			Kosher, Halal, Gluten-Free, suitable for lactose intolerance	No
Adult Formula - Elemental; Standard Volume					
Composition	Formula Brand Name, Manufacturer	Features		Additional Details	Contains Immune Nutrients
100% Free AA	Tolerex®, Nestlé Health Science	Very low fat/low protein powder with no added fiber		Kosher, Gluten-Free, Lactose-Free	No
100% Free AA	Vivonex® Plus, Nestlé Health Science	Very low fat/moderate protein powder, no added fiber added glutamine, arginine and branched-chain amino acids		Kosher, Gluten-Free, Lactose-Free	Yes
100% Free AA	Vivonex® RTF, Nestlé Health Science	Low fat, moderate protein liquid with no added fiber		Kosher, Gluten-Free, Lactose-Free	No
100% Free AA	Vivonex® T.E.N., Nestlé Health Science	Very low fat, moderate protein powder with no added fiber		Kosher, Gluten-Free, Lactose-Free	No
Adult Formula - Blenderized					
Composition	Formula Brand Name, Manufacturer	Features		Additional Details	Contains Immune Nutrients

Food Ingredients	Compleat®, Nestlé Health Science	Standard	Gluten-Free, no soy, suitable for lactose intolerance	No
Blenderized	Compleat Organic Blends®, Nestlé Health Science	Standard	Gluten-Free, Lactose-Free, Organic, Non-GMO, no dairy, no soy, no corn	No
Blenderized	Compleat Organic Blends®, Nestlé Health Science	Standard- Plant Based	Gluten-Free, Lactose-Free, Organic, Non-GMO, no dairy, no soy, no corn, plant-based	No
Blenderized - whole foods	Kitchen Blends® Tender Chicken, Medline			No
Blenderized - whole foods	Kitchen Blends® Mixed Vegetables, Medline			No
Blenderized - whole foods	Kitchen Blends® Savory Salmon, Medline			No
Blenderized - whole foods	Liquid Hope®, Functional Formularies		Organic, Gluten-free, dairy free, no soy, no corn, Non-GMO, plant-based, suitable for lactose intolerance	No
Blenderized - whole foods	Real Food Blends® - Orange Chicken, Carrots, and Brown Rice, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients	No
Blenderized - whole foods	Real Food Blends® - Salmon, Oats, and Squash, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients	No
Blenderized - whole foods	Real Food Blends® - Quinoa, Kale and Hemp, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients	No
Blenderized - whole foods	Real Food Blends® - Beef, Potatoes, and Spinach, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients	No
Blenderized - whole foods	Real Food Blends® - Eggs, Apples, and Oats, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients	No
Blenderized - whole foods	Real Food Blends® - Turkey, Sweet		Gluten-free, lactose-free, no dairy, No soy, no corn, no	No

	Potatoes, and Peaches, Real Food Blends®		added sugar, no nuts, no artificial ingredients	

Table 1.2 - Pediatric Formulas

Pediatric Formula - Polymeric; Standard Volume			
Composition	Formula Brand Name	Specifics	Additional Details
Milk Based	Boost® Kid Essentials, Nestlé Health Science	Contains soy	Gluten-free, kosher, suitable for lactose intolerance
Milk Based	Boost® Kid Essentails 1.0, Nestlé Health Science		Gluten-free, kosher, suitable for lactose intolerance
Milk Based	PediaSure® Enteral Formula 1.0 Cal, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Milk Based	PediaSure® Enteral Formula 1.0 Cal with Fiber, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Milk and Soy Protein	Nutren Junior®, Nestlé Health Science	Contains soy	Gluten-free, suitable for lactose intolerance, Kosher
Milk and Soy Protein	Nutren Junior® Fiber, Nestlé Health Science	Contains soy	Gluten-free, suitable for lactose intolerance, Kosher
Milk and Soy Protein	PediaSure® Grow & Gain Therapeutic Nutrition Shake, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Milk and Soy Protein	PediaSure® Grow & Gain with Fiber Therapeutic Nutrition Shake, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Milk and Soy Protein	Pediasure Sidekicks® 0.63 cal Shake, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Organic Pea protein	Kate Farms Pediatric Standard 1.2, Kate Farms®	Vegan, no milk, no soy, no gluten, no nuts, no corn	Gluten-free, lactose
Soy protein	Soy Pediatric Drink®, Bright Beginnings	Vegetarian, milk free, may be suitable for cow milk allergy, contains soy	Gluten-free, kosher, lactose
Milk and Soy Protein	PediaSure® Grow & Gain with Fiber, Abbott	Contains soy	Gluten-free, halal, kosher, suitable for lactose intolerance

Food ingredients	Compleat® Pediatric, Nestlé Health Science	No soy, no corn	Gluten-free, suitable for lactose intolerance
	Compleat® Pediatric Reduced Calorie, Nestlé Health Science	No soy, no corn	Gluten-free, suitable for lactose intolerance
Pediatric Formula - Polymeric; Concentrated Volume			
Composition	Formula Brand Name, Manufacturer	Specifics	Additional Details
Milk Based	Boost® Kid EssentialsTM 1.5, Nestlé Health Science	Contains soy	Gluten-free, kosher, suitable for lactose intolerance
Milk Based	Boost® Kid EssentialsTM 1.5 with Fiber, Nestlé Health Science	Contains soy	Gluten-free, kosher, suitable for lactose intolerance
Milk Protein	Pediasure® 1.5 Cal, Abbott	Contains soy	Gluten-free, halal, kosher, suitable for lactose intolerance
Milk and Soy Protein	PediaSure® 1.5 Cal with Fiber, Abbott	Contains soy	Gluten-free, halal, kosher, suitable for lactose
Pediatric Formula - Hydrolyzed; Standard Volume			
Composition	Formula Brand Name, Manufacturer	Specifics	Additional Details
Whey Protein	Peptamen Junior®, Nestlé Health Science	Contains milk and soy ingredients	Gluten-free, kosher, suitable for lactose intolerance
Whey Protein	Peptamen Junior® HP, Nestlé Health Science	Contains milk and soy ingredients	Gluten-free, kosher, suitable for lactose intolerance
Whey Protein	Peptamen Junior® Fiber, Nestlé Health Science	Contains milk and soy ingredients	Gluten-free, kosher, suitable for lactose intolerance
Whey Protein	Peptamen Junior® with Prebio1TM , Nestlé Health Science	Contains milk and soy ingredients	Gluten-free, kosher, suitable for lactose intolerance
Whey Protein/Casein	PediaSure® Peptide 1.0 Cal, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Pea Protein	Kate Farms Pediatric Peptide 1.0, Kate Farms	Vegan, no milk, no soy, no gluten, no nuts, no corn	Gluten-free, suitable for lactose intolerance
Hydrolyzed; Concentrated Volume			

Composition	Formula Brand Name, Manufacturer	Specifics	Additional Details
Whey Protein	Peptamen Junior® 1.5, Nestlé Health Science	Contains milk and soy ingredients	Gluten-free, kosher, suitable for lactose intolerance
Whey Protein/Casein	PediaSure® Peptide 1.5 Cal, Abbott		Gluten-free, halal, kosher, suitable for lactose intolerance
Organic Pea Protein	Kate Farms Pediatric Peptide 1.5®, Kate Farms®	Vegan, no milk, no soy, no gluten, no nuts, no corn	Gluten-free, suitable for lactose intolerance
Pediatric Formula - Elemental; Standard Volume			
Composition	Formula Brand Name, Manufacturer	Specifics	Additional Details
Free Amino Acid	EleCare® Jr, Abbott	No milk, no soy, no fructose, no galactose	Gluten-free, halal, suitable for lactose intolerance
Free Amino Acid	Alfamino® Infant, Nestlé Health Science	No milk ingredients	Gluten-free, lactose-free
Free Amino Acid	Alfamino® Junior, Nestlé Health Science	No milk ingredients	Gluten-free, lactose-free
Free Amino Acid	Vivonex® Pediatric, Nestlé Health Science	No milk ingredients	Gluten-free, kosher, lactose-free
Free Amino Acid	Neocate® Junior: Unflavored, Nutricia	No dairy, no soy oil	Kosher
Free Amino Acid	Neocate® Junior, Nutricia	No dairy, no soy oil	Kosher
Free Amino Acid	Neocate® Junior with Probiotics: Unflavored, Nutricia	No dairy, no soy oil	Kosher
Free Amino Acid	Neocate® Junior with Probiotics: Vanilla, Nutricia	No dairy, no soy oil	Kosher
Free Amino Acid	Neocate® Junior with Probiotics: Strawberry, Nutricia	No dairy, no soy oil	Kosher
Free Amino Acid	Neocate® Splash, Nutricia	No dairy, no soy oil, no casein	Kosher
Pediatric Formula - Blenderized			
Composition	Formula Brand Name, Manufacturer	Specifics	Additional Details

	Compleat® Pediatric Organic Blends (chicken or garden blend), Nestlé Health Science	Organic, non-GMO, no dairy, soy, corn	Gluten-free, lactose-free
	Nourish, Functional Formularies®	Organic, vegan, no dairy, no nuts, no soy, no corn	Gluten-free, lactose
	PediaSure Harvest®, Abbott	No milk	Gluten-free, suitable for lactose intolerance
	Real Food Blends® -Orange Chicken, Carrots, and Brown Rice, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients
	Real Food Blends® - Salmon, Oats, and Squash, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients
	Real Food Blends® - Quinoa, Kale and Hemp, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients
	Real Food Blends® - Beef, Potatoes, and Spinach, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients
	Real Food Blends®- Eggs, Apples, and Oats, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients
	Real Food Blends® - Turkey, Sweet Potatoes, and Peaches, Real Food Blends®		Gluten-free, lactose-free, no dairy, No soy, no corn, no added sugar, no nuts, no artificial ingredients

Table 1.3 - Infant Formulas

Infant Formula - Term Infants; Polymeric			
Composition	Formula Brand Name, Manufacturer	Features	Specifics
Milk based/Whey protein	Advantage Infant Formula®, Up and Up (Target)	DHA, Lutein, Vitamin E; 20 kcal/oz	Contains soy
	Enfamil® EnspireTM, Mead Johnson	DHA, lactoferrin, 20 cal/oz, non-GMO	Contains soy
	Enfamil NeuroPro Infant®, Mead Johnson	DHA, 20 cal/oz, non-GMO, whey/casein 60/40	Contains soy
	Enfamil Premium Newborn®, Mead Johnson	DHA, 20 cal/oz, non-GMO, whey/casein 80/20	
	Enfamil® Infant, Mead Johnson	DHA, 20 cal/oz, whey/casein 60/40	Contains soy

	Infant Non-GMO Formula®, Up and Up (Target)	20 cal/oz, prebiotics, non-GMO	Contains soy
	Natura Stage 1 Organic Infant Formula®, Gerber	DHA, 20 cal/oz, prebiotics, non-GMO	Contains soy
	Natura Stage 2 Organic Infant Formula®, Gerber	DHA, 20 cal/oz, prebiotics, non-GMO	Contains soy
	Organic Dairy Infant Formula®, Earth's Best	DHA, lutein, prebiotics, non-GMO	Contains soy
	Organic Dairy Infant Formula - Non DHA®, Earth's Best	Lutein, 20 cal/oz, non-GMO	Contains soy
	Pure Bliss by Similac®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz, Non-GMO	Contains soy
	Similac Pro Advance®, Abbott	Lutein, DHA and Vitamin E, Human milk oligosaccharides; 19 cal/oz	Contains soy
	Similac Advance®, Abbott	Lutein, DHA and Vitamin E, Nucleotides; 19 cal/oz	Contains soy
	Similac Advance 20®, Abbott	Lutein, DHA and Vitamin E, Human milk oligosaccharides; 20 cal/oz	Contains soy
	Similac Organic®, Abbott	Lutein, DHA and Vitamin E, Human milk oligosaccharides; 19 cal/oz	Contains soy
	Similac for Supplementation Non GMO®, Abbott	Lutein, DHA and Vitamin E, Human milk oligosaccharides; 19 cal/oz	Contains soy
	Similac Advance for Neuro Support®, Abbott	Lutein, DHA and Vitamin E, Nucleotides; 19 cal/oz	Contains soy
	Similac® with Iron 24, Abbott	DHA; 24 cal/oz	Contains soy
Milk based/whey and casein	Added Rice Starch Infant Formula with Iron, Up and Up (Target)	20 cal/oz, prebiotics, DHA, added rice starch,	Contains soy
	Holle Stage 1 Organic (Bio) Infant Milk Formula, Organic Start	20 cal/oz, non-GMO	
	Holle Stage Pre Organic (Bio) Infant Milk Formula, Organic Start	20 cal oz, no maltodextrin, reduced vegetable oil, whole milk fat, non-GMO	
	Organic Premium Infant Formula With Iron, The Honest Company	DHA, 20 cal/oz, FOS, non-GMO	Contains soy
	Organic Premium Infant Formula with Iron, Plum® Organics	DHA, 20 cal/oz, non-GMO	Contains soy
	Organic Sensitivity® Infant Formula, Earth's Best	DHA, lutein, 20 cal/oz, reduced lactose	Contains soy

	Organic Sensitive Infant Formula with Iron, The Honest Company	DHA, 20 cal/oz, FOS, non-GMO, reduced lactose	Contains soy
	Similac® PM 60/40, Abbott	Whey/casein 60/40; 20 cal/oz; low mineral content	Contains soy
Milk based/milk protein isolate	Enfamil NeuroPro™ Sensitive	DHA, 20 cal/oz, non-GMO	
	Sensitivity® Infant Formula, Up and Up (Target)	DHA, lutein, prebiotics, non-GMO, reduced lactose	Contains soy
	Similac Pro Sensitive®, Abbott	Lutein, DHA and Vitamin E, Human milk oligosaccharides; 19 cal/oz	
	Similac Sensitive®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz, Non-GMO	Contains soy
	Similac Sensitive for Neuro Support®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz, Non-GMO	Contains soy
Milk based/milk protein isolate with rice starch	Enfamil A.R.®, Mead Johnson	DHA, 20 cal/oz, whey/casein 20:80	Contains soy
	Similac for Spit Up®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz	Contains soy
	Similac for Spit Up-Non GMO®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz, Non-GMO	Contains soy
Soy protein isolate	Enfamil® ProSobee®, Mead Johnson	DHA, 20 cal/oz	contains soy
	Non-GMO Plant Based Formula®, Earth's Best	DHA, 20 cal/oz	Contains soy
	Similac® Soy Isomil, Abbott	Lutein, DHA and Vitamin E, Nucleotides; 19 cal/oz	Contains soy
	Similac® Soy Isomil 20, Abbott	Lutein, DHA and Vitamin E, 20 cal/oz	Contains soy
	Similac® for Diarrhea, Abbott	Soy fiber; 20 cal/oz	Contains soy
Goat milk	Holle Goat Stage 1 Organic Bio Infant Milk Formula®, Organic Start	19.5 cal/oz	
Infant Formula - Term Infants; Hydrolyzed			
Composition	Formula Brand Name, Manufacturer	Features	Specifics
Milk based/whey protein hydrolysate	Good Start® Gentle (HMO) Powder®, Gerber	DHA, prebiotic, 20 cal/oz, non-GMO	Contains soy
	Good Start® Gentle®, Gerber	DHA, prebiotic, 20 cal/oz, non-GMO	Contains soy

	Good Start® Soothe (HMO)®, Gerber	DHA, prebiotic, 20 cal/oz, non-GMO, reduced lactose	Contains soy
	Enfamil® Gentlease®, Mead Johnson	DHA, 20 cal/oz, whey/casein 60/40	Contains soy
	Enfamil NeuroPro® Gentlease®, Mead Johnson	DHA, 20 cal/oz, non-GMO	Contains soy
	Enfamil® Reguline®, Mead Johnson	DHA, 20 cal/oz, whey/casein 60/40	Contains soy
	Similac Pro Total Comfort®, Abbott	Lutein, DHA and Vitamin E, human milk oligosaccharides, 19 cal/oz; non-GMO	Contains soy
	Similac Total Comfort®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz	Contains soy
	Similac Total Comfort Non-GMO®, Abbott	Lutein, DHA and Vitamin E, 19 cal/oz; non-GMO	Contains soy
	Gentle® Infant Formula With Iron, Up and Up (Target)	20 cal/oz, non-GMO, reduced lactose	Contains soy
	Organic Gentle Infant Formula with Iron, Earth's Best	DHA, 20 cal/oz, non-GMO	Contains soy
Soy protein hydrolysate	Good Start® Soy Infant Formula®, Gerber	DHA, 20 cal/oz, non-GMO	Contains soy
Whey hydrolysate	Good Start® Extensive HA®, Gerber	DHA, 20 cal/oz, non-GMO	Contains soy
Casein hydrolysate	Pregestimil®, Mead Johnson	DHA and ARA, MCT, 20 cal/oz	Contains soy
Casein hydrolysate, free amino acids	Nutramigen®, Mead Johnson	DHA, 20 cal/oz	Contains soy
Casein hydrolysate, free amino acids	Nutramigen® with Enflora LGG®, Mead Johnson	DHA, 20 cal/oz, LGG probiotic	Contains soy
Casein hydrolysate, free amino acids	Similac® Alimentum®, Abbott	DHA and ARA, MCT, Vitamin E, 20 cal/oz	
Free amino acids	Elecare®, Abbott	DHA, 20 cal/oz, MCT	
Free amino acids	PurAmino®, Mead Johnson	DHA, 20 cal/oz, MCT	Contains soy
Free amino acids	Neocate® Infant DHA/ARA, Nutricia	DHA, ARA, 20 cal/oz, MCT	
Free amino acids	Neocate® Syneo® Infant, Nutricia	DHA, 20 cal/oz, MCT, FOS probiotic	
Infant Formula - Preterm Infants; Polymeric			

Composition	Formula Name	Features	Specifics
Whey protein	Similac® Human Milk Fortifier Concentrated Liquid, Abbott		Contains soy
Whey protein	Similac® Human Milk Fortifier Powder, Abbott		Contains soy
Whey protein	Similac® Special Care® 20, Abbott	DHA, Lutein, Vitamin E; 20 kcal/oz	Contains soy
Whey protein	Enfamil® Premature 20 Cal, Mead Johnson	DHA, 20 cal/oz, whey/casein 80/20	Contains soy
Whey protein	Similac® Special Care® 24, Abbott	DHA, Lutein, Vitamin E; 24 kcal/oz	Contains soy
Whey protein	Enfamil® Premature 24 Cal, Mead Johnson	DHA, 24 cal/oz, whey/casein 80/20	Contains soy
Whey protein	Similac® Special Care 24 High Protein, Abbott	DHA, Lutein, Vitamin E; 24 kcal/oz	Contains soy
Whey protein	Enfamil® Premature 24 Cal HP, Mead Johnson	DHA, 24 cal/oz, whey/casein 80/20	Contains soy
Whey protein	Similac® Special Care® 30, Abbott	DHA, Lutein, Vitamin E; 30 kcal/oz	Contains soy
Whey protein	Enfamil® Premature 30 Cal, Mead Johnson	DHA, 30 cal/oz, whey/casein 80/20	Contains soy
Whey protein	Similac Neosure®, Abbott	DHA, Lutein, Vitamin E; 22 kcal/oz	Contains soy
Whey protein	Enfamil NeuroPro™ EnfaCare®, Mead Johnson	DHA, 22 cal/oz, whey/casein 80/20	Contains soy
Milk based/whey and casein	PremieLact®, Prolacta	Pasteurized donor breast milk	
	Prolact CR®, Prolacta	Human milk caloric fortifier from pasteurized donor breast milk	
	Prolact HM®, Prolacta	Pasteurized donor breast milk	
	Prolacta H2MF® (+4, +6, +8, +10), Prolacta	Human milk fortifier from pasteurized donor breast milk	
	Prolact RTF ® 24/26/28, Prolacta	Pasteurized donor breast milk	
Infant Formula - Preterm Infants; Partially Hydrolyzed			
Composition	Formula Brand Name, Manufacturer	Features	Specifics
Whey protein isolate hydrolysate	Enfamil® Human Milk Fortifier Acidified Liquid, Mead Johnson		Contains soy

Whey protein isolate hydrolysate	Enfamil® Human Milk Fortifier Powder, Mead Johnson		Contains soy
Infant Formula - Preterm Infants; Hydrolyzed			
Composition	Formula Brand Name, Manufacturer	Features	Specifics
Casein hydrolysate	Similac® Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid, Abbott		
Casein hydrolysate	Liquid Protein Fortifier, Abbott		

Table 1.4 - Modular Products

Modular Products - Powder				
Composition	Modular Brand Name	Features	Specifics	Additional Details
Amino acids	Arginaid®, Nestle Health Science	L-arginine (4.5 g/serving)		Lactose-free, gluten-free, sugar-free, kosher
Amino acids	Argiment®, Medtrition	L-arginine (7.5 g) and L-glutamine (10 g)/serving (svg)		
Amino acids	Complete Amino Acid Mix, Nutricia	Essential and non-essential amino acids; 4.1 g/svg		
Amino acids	Essential Amino Acid Mix, Nutricia	Essential amino acids		
Amino Acids	Single Amino Acids®, Nutricia	Individual amino acids; protien content variable		
L-Glutamine	Glutasolve®, Nestlé Health Science	15g/svg		Lactose-free, gluten-free, kosher
L-Glutamine	GlutaMent®, Medtrition	10 g/svg		
Collagen dipeptide	PUSH Collagen Dipeptide Concentrate, Global Health	5 g protein/svg	Contains pineapple and sucralose	
Hydrolyzed collagen	Juven®, Abbott	Contains arginine (7 g/svg), glutamine (7 g/svg), beta-hydrox-beta-methyl-butyrate, zinc, vitamins C, E and B12; 2.5 g protein/svg		

Whey protein	Beneprotein®, Nestlé Health Science	6 g protein/svg	Contains milk and soy	Gluten-free, suitable for lactose intolerance, kosher
Whey protein	Active® Protein powder, Medline	6 g protein/svg		
Whey protein	ProCel® Protein powder, Whey, unflavored, Global Health	5 g protein/svg	Contains lactose and soy	
Whey protein	RenaMent®, Medtrition	10 g protein/svg; low sodium, potassium and phosphorous	Contains milk	
Whey protein	Vital Cuisine® ProPass®, Hormel	6 g protein/svg	Contains lactose and soy	
Whey and casein protein	ProSource® Protein Powder, Medtrition	6 g protein/svg	Contins milk and soy	
Whey protein/amino acids	Argiment® AT, Medtrition	Contains a prebiotic, arginine , glutamine, zinc, copper and vitamin C; 10 g protein/svg	Contains milk	
Whey protein/arginine	Argitein®, Medtrition	5 g protein/svg; 4.5 g L-arginine/svg	Contains milk	Sugar-free
Prebiotic and probiotic	Diff-Stat®, Nutricia	Fructo-oligosaccharides; saccharomyces boulardii, bacillus coagulans	Contains milk and sucralose	
Soluble fiber	Banatrol® Plus with Prebiotic, Medline	Banana flakes; 2 g/svg; prebiotics		
Soluble fiber	FiberCel® Fiber Powder, Global Health	5 g fiber/svg		Lactose-free, gluten-free
Soluble fiber	Nutrisource® Fiber, Nestlé Health Science	Partially hydrolyzed guar gum, 3 g/svg		Lactose-free, gluten-free, suitable for a low FODMAP (Fermentable Oligo-, Di-, Mono-saccharides And Polyols) diet, kosher
Soluble fiber	Vital Cuisine® Fiber Basics®, Hormel	3 g fiber/svg		
Soluble fiber/transgalacto-oligosaccharide	Banatrol Plus®, Medtrition	Banana flakes; 2 g fiber/svg; transalacto-oligosaccharide	Contains milk	

Transgalacto-oligosaccharide	FloraFuel®, Medtrition	Transgalacto-oligosaccharide, soluble fiber, 3 g/svg	Contains milk	
Vitamins/minerals	Phlexy-Vits®, Nutricia	Multi vitamin and mineral supplement		
Vitamins/minerals	VitaMent®, Medtrition	Multi vitamin and mineral supplement		
	UtyMax®, Medtrition	Cranberry concentrate	Contains sucralose	
Energy and protein	RenaMent®, Medtrition	Whey protein 10 g and 230 kcals/svg	Contains milk	
Protein-free energy	DuoCal®, Nutricia	492 kcals/100 g		
Glucose polymers	Polycal, Nutricia			
Modular Products - Liquid				
Composition	Modular Brand Name	Features	Specifics	Additional Details
Lipid	Microlipid™, Nestlé Health Science	67.5 kcals, 7.5g fat/15 mL	Contains soy ingredient	Lactose-free, gluten-free, kosher
Lipid	MCT Oil®, Nestlé Health Science	115 kcals,14g fat/15 mL	No soy	Lactose-free, gluten-free, kosher
Energy and Protein	Benecalorie®, Nestlé Health Science	330 kcal & 7 g protein/1.5 fl oz svg, vitamins C & E	Contains milk and sucralose	Gluten-free, suitable for lactose intolerance, kosher
L-Arginine	Vital Cuisine® L-Emental®, Hormel	Antioxidants and zinc; 4.5 g arginine/svg		
Collagen/amino acids	ProSource® TF, Medtrition	11 g protein/svg		Lactose-free, gluten-free
Hydrolyzed collagen	Liquacel® Liquid Protein, Global Health	Contains arginine;16 g protein/svg		
Hydrolyzed collagen	ProMod®, Abbott	10 g protein/svg		Lactose-free, gluten-free
Hydrolyzed collagen	Pro-Stat® Renal Care, Nutricia	15 g protein/svg; contains fructo-oligosaccharides 3 g/svg	Contains sucralose	Sugar-free
Hydrolyzed collagen	Pro-Stat® Sugar Free, Nutricia	15 g protein/svg	Contains sucralose	Sugar-free
Hydrolyzed collagen	Pro-Stat® Sugar Free AWC, Nutricia	17 g protein/svg; contains arginine, citrulline and cysteine	Contains sucralose	Sugar-free

Hydrolyzed collagen	ProT Gold, OP2 Labs	17.5 g protein/svg; added arginine, cysteine, glutamine, histidine, methionine, taurine and tryptophan	Contains sucralose	
Hyrdrolyzed collagen/whey protein	Active® Liquid Protein, Regular and Sugar Free, Medline	16 g protein/svg		Lactose-free, gluten-free
Hydrolyzed collagen/whey protein	Active® Liquid Protein, sugar-free, Critical Care, Medline	Contains arginine, zinc and vitamin C;21 g protein/svg		
Hydrolyzed collagen/whey protein	Active® TF Enteral Liquid Protein Nutritional Supplement, Medline	11 g protein/svg		Sugar-free, Lactose-free, gluten-free
Hydrolyzed collagen/whey protein	ProHeal® Critical Care, DermaRite	17 g protein/svg; contains arginine and vitamin C		
Hydrolyzed collagen/whey protein	ProHeal® Liquid Protein, DermaRite	15 g protein/svg		Sugar-free; lactose-free and gluten-free
Hydrolyzed collagen/whey protein	ProSource® NoCarb, Medtrition	15 g/svg; no carbohydrate	Contains milk	
Hydrolyzed collagen/whey protein	ProSource® Plus, Medtrition	15 g protein/svg	Contains milk	
Hydrolyzed collagen/whey protein/arginine	ProSource® ZAC, Medtrition	21 g protein/svg w/3.2 g arginine; contains vitamine C and zinc	Contains milk, sucralose and acesulfame	Sugar-free
Hydrolyzed collagen/whey protein/medium chain triglycerides	XtraCal Plus, Medtrition	14 g protein/svg; 230 kcals/svg	Contains milk	
Hydrolyzed whey	Pro-Stat® MAX, Nutricia	11 g protein/svg		Sugar-free
Glucose polymers	Polycal®, Nutricia	18.6 carbohydrateg/svg		
Medium chain triglyderides	Liquigen®, Nutricia	Medium chain triglyceride oil; 15 g/oz		
Soluble fiber	FiberHeal®, DermaRite	15 g fiber/svg; contains fructo-oligosaccharides		

Soluble fiber	Fiber Stat®, Nutricia	15 g fiber/svg; fructo-oligosaccharides		
Soluble fiber	HyFiber®, Medtrition	12 g fibersvg; contains fructo-oligosaccharides		
	UTIHeal®, DermaRite	Cranberry concentrate, vitamins C and D, fructo-oligosaccharides		
	UTI-Stat®, Nutricia	Cranberry concentrate, vitamin C, fructo-oligosaccharides	Contains sucralose and acesulfame	

Table 2: Medical Foods Dispensed by Prescription[#]

[#]*under the pharmacy benefit (not under the Plan medical benefit)*

Disclaimer

The list provided below is not exhaustive and is meant to highlight commonly used products. The products listed below are provided for informational purposes only. Inclusion or exclusion of a product does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

Please refer to the member's policy documents (such as the Certificate/Evidence of Coverage, Schedule of Benefits, or Plan Formulary) or contact the Plan to confirm coverage. The coverage of services is subject to the terms, conditions, and limitations of a member's policy.

Product	Reported Uses
2'-Fucosyllactose, lacto-N-neotetraose	Endogenous glycan deficiency in the intestinal lumen and mucosal layer associated with impaired gut barrier function
Alanine 1000	Inborn errors of metabolism
AppTrim	Appetite suppression in preparation for bariatric surgery
AppTrim-D	Management of metabolic processes in patients with obesity, morbid obesity, and metabolic syndrome
Arginine2000	Inborn errors of metabolism
Arginine500	Inborn errors of metabolism
AstaMed MYO	Sarcopenia

Availnex	For patients under medical supervision for pulmonary oxidative stress, with emphasis for those individuals diagnosed with COPD with acute exacerbation and related conditions
Axona	Mild to moderate Alzheimer disease
Betaquik	Use in ketogenic diet or dietary management of conditions requiring a source of medium chain triglycerides (MCT)
CAMINO PRO MSUD Fruit Punch	Maple syrup urine disease in patients ≥5 years of age
CAMINO PRO PKU	Phenylketonuria in patients ≥5 years of age
Cardiotek Rx	Cardiovascular disease, cerebrovascular disease, peripheral vascular disease, arteriosclerotic vascular disease, neurological disorders, renal disease, patients who have need for an increase in L-arginine-derived nitric oxide (NO)
CerefolinNAC	Hyperhomocysteinemia, with particular emphasis for individuals diagnosed with or at risk for mild to moderate cognitive impairment, vascular dementia, or Alzheimer disease
Citrulline1000	Inborn errors of metabolism
Citrulline200	Inborn errors of metabolism
Complex Essential MSD Drink Mix	Maple syrup urine disease (MSUD) in children and adults
Complex Junior MSD Drink Mix	Maple syrup urine disease (MSUD) in young children
Complex MSD Amino Acid Bars	Maple syrup urine disease (MSUD) in toddlers, children, and adults
Complex MSD Amino Acid Blend	Maple syrup urine disease (MSUD) in toddlers, children, and adults
Creatine5000	Inborn errors of metabolism
Cystine500	Inborn errors of metabolism
Cyto Arg	Dietary management of MELAS syndrome, Urea Cycle Disorders or nitric oxide production disorders
Cyto B1	Dietary management of mitochondrial cytopathies or thiamine-responsive disorder
Deplin 7.5	Depression, schizophrenia
Elfolate and Elfolate Plus	Folate deficiency
Eligen B12	Vitamin B12 deficiency
EnLyte	Adjuvant therapy for depressed patients in need of increased folate levels

EnteraGam	Enteropathy due to limited or impaired capacity to ingest, digest, absorb, or metabolize certain nutrients; enteropathy in patients with chronic loose or frequent stools
Equazen PRO	Omega 3 fatty acid deficiency in children with ADHD or ADHD-type symptoms
Ferrex 150 Forte Plus	Iron deficiencies, nutritional megaloblastic anemias
Fiber-Stat	Constipation, bowel regularity, low fiber intake, colon health
Folbee Plus CZ	Hyperhomocysteinemia
Folbic RF	Hyperhomocysteinemia
Foltanx	Endothelial dysfunction, hyperhomocysteinemia
Foltanx RF	Endothelial dysfunction, hyperhomocysteinemia
Foltx	Hyperhomocysteinemia
Fosteum	Osteopenia, osteoporosis
Fosteum Plus	Osteopenia, osteoporosis
Fovex	Age-related macular degeneration disease, dry eye syndrome
GA Express15	Glutaric aciduria type 1 (GA1)
GA Gel	Glutaric aciduria type 1 (GA1) for children 1 to 10 years of age
GABAdone	Sleep disorders, sleep disorders associated with anxiety
GlutarAde Amino Acid Blend	Glutaric aciduria type 1 (GA-1) in children and adults
GlutarAde Essential GA-1 Drink Mix	Glutaric aciduria type 1 (GA-1) in toddlers, children, and adults
GlutarAde Junior GA-1 Drink Mix	Glutaric aciduria type 1 (GA-1) in young children
Glycine500	Inborn errors of metabolism
Glytactin BetterMilk (powdered formula)	Phenylketonuria in adults and children
Glytactin BetterMilk Lite	Phenylketonuria in adults and children
Glytactin COMPLETE Fruit Frenzy	Phenylketonuria
Glytactin COMPLETE Peanut Butter	Phenylketonuria
Glytactin RESTORE	Phenylketonuria in patients ≥1 year of age

Glytactin RTD	Phenylketonuria
Glytactin SWIRL	Phenylketonuria in patients ≥1 year of age
HCU Cooler	Homocystinuria in patients ≥8 years of age
HCU Gel	Homocystinuria in children 1 to 10 years of age
HCU Lophlex LQ	Homocystinuria in patients ≥4 years of age
Homactin AA Plus Berry	Homocystinuria in patients ≥1 year of age
Hypertensa	Hypertension
Isoleucine1000	Inborn errors of amino acid metabolism
Isoleucine50	Inborn errors of metabolism
Isovactin AA Plus Berry	Isovaleric Acidemia (IVA) in patients ≥1 years of age
KetoCal 3:1 Powder	Intractable epilepsy, pyruvate dehydrogenase deficiency (PDH), glucose transporter type-1 deficiency (GLUT1DS), other medical conditions in which the ketogenic diet is indicated; designed for patients >1 year of age
KetoCal 4:1 LQ	Intractable epilepsy, pyruvate dehydrogenase deficiency (PDH), glucose transporter type-1 deficiency (GLUT1DS), other medical conditions in which the ketogenic diet is indicated; designed for patients >1 year of age
KetoCal 4:1 Powder	Intractable epilepsy, pyruvate dehydrogenase deficiency (PDH), glucose transporter type-1 deficiency (GLUT1DS), other medical conditions in which the ketogenic diet is indicated; designed for patients >1 year of age
KetoVie 4:1	Intractable epilepsy and other disorders where the ketogenic diet is indicated in patients ≥1 year of age
KetoVie Peptide	Individuals with impaired GI function and/or intolerance to intact proteins in patients ≥1 year of age
Kijimea IBS	Irritable bowel syndrome (IBS) and associated symptoms
Lanaflex	Phenylketonuria (PKU) in patients >12 years of age
Leucine100	Inborn errors of metabolism
Limbrel	Dietary management of the metabolic processes of osteoarthritis
Lipistart	Fat malabsorption, disorders of long-chain fatty acid oxidation, type 1 hyperlipidemia, chylothorax
Liquigen	Dietary management of conditions requiring medium chain triglycerides (MCT) (eg, long-chain fatty acid oxidation disorders, conditions managed by the ketogenic diet)
Lister-V	Viral infections, including common cold and influenza (flu) viruses

Lophlex Powder	Phenylketonuria (PKU) in older children and adults
LorMate	Dietary management of suboptimal nutritional status in patients taking methotrexate to treat their chronic inflammatory diseases where advanced folate, Vitamin B-12 supplementation and maintenance of good health is needed under physician supervision
Lukaid GLA	Asthma
Lunglaid	Asthma
Luvira	Dietary management of suboptimal nutritional status in patients where advanced supplementation is required and nutritional supplementation in physiologically stressful conditions for maintenance of good health is needed
Lysine4000	Inborn errors of metabolism
MannXtra	Dietary management of Congenital Disorders of Glycosylation (CDG disorder), such as Phosphoglucomutase 1b (PGM 1b) deficiency
MCT Oil	Fat malabsorption
MCT Procal	Disease-related malnutrition, fat malabsorption, disorders of long-chain fatty acid oxidation, other disorders requiring a high MCT/low long-chain triglyceride (LCT) supplement
Metafolbic Plus RF	Hyperhomocysteinemia
Metanx	Patients with endothelial dysfunction who present with loss of protective sensation and neuropathic pain associated with diabetic peripheral neuropathy, patients with endothelial dysfunction and/or hyperhomocysteinemia who present with lower extremity ulceration(s)
Methionaid	Vitamin B6 nonresponsive homocystinuria or hypermethioninemia in patients >1 year of age
Methionine100	Inborn errors of metabolism
Milupa HOM 2	Homocystinuria: Vitamin B6 nonresponsive (due to cystathionine beta-synthase deficiency) in children and adults
Milupa MSUD 2	Maple syrup urine disease (classic, inherited, and intermittent forms), hypervalinemia (isoleucine and leucine should be added), alpha-methylacetoacetic aciduria (leucine and valine should be added), ketotic hypoglycemia (leucine induced, idiopathic form) (isoleucine and valine should be added), hyperprolinemia type II with hyperleucine-isoleucinemia (valine should be added)
Milupa OS 2	Propionic and methylmalonic academia (vitamin B12 nonresponsive) in children and adults
Milupa PKU 2	Phenylketonuria (PKU) in children
Milupa PKU 3	Phenylketonuria (PKU) in older children and adults

Milupa UCD 2	Carbamylphosphate synthetase deficiency (CPS), ornithine transcarbamylase deficiency (OTC), citrullinemia or argininosuccinic acid synthetase deficiency (AS), argininosuccinic acid lyase deficiency (AL), arginase deficiency in children and adults
MMA/PA Cooler	Methylmalonic acidemia (MMA) and propionic acidemia (PA) in patients ≥3 years
MMA/PA Gel	Methylmalonic acidemia (MMA) and propionic acidemia (PA) in children 1 to 10 years of age
Monogen	Long-chain fatty acid oxidation disorders, hyperlipoproteinemia type 1, chylothorax, intestinal lymphangiectasia, intractable malabsorption with steatorrhea, postoperative feeding in short bowel syndrome, other lipid and lymphatic disorders in which a low-fat/high-MCT diet is indicated; for patients >1 year of age
MSUD Aid	Maple syrup urine disease in patients >1 year of age
MSUD Cooler	Maple syrup urine disease in patients ≥3 years of age
MSUD Gel	Maple syrup urine disease in children 1 to 10 years of age
MSUD Lophlex LQ	Maple syrup urine disease (MSUD) in patients ≥4 years of age
MSUD Maxamaid	Maple syrup urine disease (MSUD) in toddlers and young children
MSUD Maxamum	Maple syrup urine disease (MSUD) in older children and adults
Neocate Junior	Cow and soy milk allergy; multiple food protein intolerance; food allergy-associated conditions: Short bowel syndrome (SBS), eosinophilic esophagitis (EoE), malabsorption, gastroesophageal reflux, other GI disorders; for children >1 year of age
Neocate Junior With Prebiotics	Cow and soy milk allergy; multiple food protein intolerance; food allergy-associated conditions: Short bowel syndrome (SBS), eosinophilic esophagitis (EoE), malabsorption, gastroesophageal reflux, other GI disorders; for children >1 year of age
Neocate Nutra	Cow and soy milk allergy; multiple food protein intolerance; food allergy-associated conditions: Short bowel syndrome (SBS), eosinophilic esophagitis (EoE), malabsorption, gastroesophageal reflux, other GI disorders; for children and infants >6 months of age
Neocate's E028 Splash	Cow and soy milk allergy; multiple food protein intolerance; food allergy-associated conditions: Short bowel syndrome (SBS), eosinophilic esophagitis (EoE), malabsorption, gastroesophageal reflux, other GI disorders; for children >1 year of age
neoKe BHB	Management of multiple acyl-CoA dehydrogenation deficiency, mitochondrial cytopathies, or conditions requiring the ketogenic diet
NeuRemedy	Management of peripheral neuropathy
Pepdite Junior	Gastrointestinal tract impairment, malabsorption, short bowel syndrome (SBS), whole protein intolerance, other medical conditions for which a semi-elemental diet is required; for children >1 year of age

Percura	Pain; inflammation; loss of sensation due to peripheral neuropathy
Periflex Advance	Phenylketonuria in older children and adults
Periflex Junior	Phenylketonuria in toddlers and young children
Phenactin AA Plus Berry	Phenylketonuria in patients ≥1 year of age
PhenylAde Amino Acid Bars	Phenylketonuria (PKU) in toddlers, children, and adults
PhenylAde Amino Acid Blends	Phenylketonuria (PKU) in toddlers, children, and adults
PhenylAde Essential Drink Mix	Phenylketonuria (PKU) in toddlers, children, and adults
PhenylAde PheBLOC LNAA	Phenylketonuria (PKU) in patients >12 years of age
PhenylAde RTD	Phenylketonuria (PKU) in patients ≥4 years
PhenylAde40 Drink Mix	Phenylketonuria (PKU) in children and adults
PhenylAde60 Drink Mix	Phenylketonuria (PKU) in children and adults
Phenylalanine50	Inborn errors of metabolism
Phlexy-10 System	Phenylketonuria (PKU) in patients >1 year of age
PKU Cooler	Phenylketonuria (PKU)
PKU Express Liquid	Phenylketonuria (PKU)
PKU Lophlex LQ	Phenylketonuria (PKU) in patients ≥4 years of age
PKU Sphere 15	Phenylketonuria (PKU) in patients ≥4 years of age
PKU Sphere 20	Phenylketonuria (PKU) in patients ≥4 years of age
Prastera	Females with mild to moderate, active systemic lupus erythematosus (SLE) to restore serum 5-dehydroandrosterone sulfate to levels typical of women without SLE
Pro-Stat MAX	Increased protein needs related to pressure ulcers, wounds (diabetic, venous, surgical, burns), critical illness, unintentional weight loss, protein-energy malnutrition, low serum proteins, muscle loss (sarcopenia), pre- and postsurgery, cancer
Pro-Stat Renal Care	Increased protein needs related to pressure ulcers, wounds (diabetic, venous, surgical, burns), dialysis, unintentional weight loss, protein-energy malnutrition, low serum proteins, muscle loss (sarcopenia), fluid restricted, inadequate protein and fiber intake

Pro-Stat Sugar Free	Increased protein needs related to stage 1 and 2 pressure ulcers, wounds (diabetic, venous, surgical, burns), unintentional weight loss, protein-energy malnutrition, low serum proteins, muscle loss (sarcopenia)
Pro-Stat Sugar Free AWC (Advanced Wound Care)	Increased protein needs related to Stage 3 and 4 pressure ulcers, multiple pressure ulcers, hard-to-heal wounds (diabetic, venous, surgical, burns), unintentional weight loss, protein-energy malnutrition, low serum proteins, muscle loss (sarcopenia)
ProBarimin QT	Patients who have undergone bariatric surgery
Promactin AA Plus Berry	Methylmalonic Acidemia (B12 nonresponsive) (MMA) or Propionic Acidemia (PA) in patients ≥1 year of age
Proteolin	Pain and inflammation in soft tissues and/or joints
Rheumate	Management of metabolic effects of methotrexate therapy administered to patients with chronic inflammatory diseases
RiduZone	Regulation of appetite, weight, and cholesterol
Sentra AM	Sleep disorders associated with depression
Sentra PM	Sleep disorders associated with depression
Solvil	Urea Cycle Disorders, other inborn errors of metabolism requiring branched chain amino acid supplementation
Super Soluble Duocal	Conditions in which a high-energy, low-fluid, low-electrolytes diet is indicated; protein-restricted diets; disorders of protein and amino acid metabolism; malabsorptive states; modular diets; catabolic states (eg, burns, trauma, postoperative stress); suitable for oral and tube feedings
Tears Again Hydrate	Dry Eye Syndrome, blepharitis, melbomian gland dysfunction
Theramine	Sleep disorders associated with depression
Tozal	Age-related macular degeneration, dry eye syndrome, meibomian gland dysfunction
Trepadone	Pain and inflammation of the joints
Tylactin BUILD	Tyrosinemia types I, II, III
Tylactin COMPLETE	Tyrosinemia types I, II, III
Tylactin RESTORE Citrus	Tyrosinemia types I, II, III
Tylactin RESTORE Powder Berry	Tyrosinemia types I, II, III
Tylactin RTD 15 Original	Tyrosinemia types I, II, III
TYR Gel	Tyrosinemia in children 1 to 10 years of age

TYR Lophlex LQ	Tyrosinemia in patients ≥4 years of age
Tyrosine1000	Inborn errors of metabolism
UCD Anamix Junior	Urea cycle disorders (UCD); hyperammonemia, hyperornithinemia, homocitrullinemia (HHH) syndrome; gyrate atrophy in patients >1 year of age
UTI-Stat	Management of urinary tract infections, urinary tract health
Valine1000	Inborn errors of metabolism
Valine50	Inborn errors of metabolism
Vascazen	Omega-3 deficiency in patients with cardiovascular disease (CVD)
Vasculera	Metabolic processes of chronic venous insufficiency (CVI)
Vayacog	Certain lipid imbalance associated with early memory impairment
Vayarin	Certain lipid imbalances associated with attention-deficit/hyperactivity disorder (ADHD) in children
Vayarol	Management of hypertriglyceridemics in need of omega-3 nutritional supplement and who are potentially at risk for having adversely affected blood low density lipoprotein-cholesterol (LDL-C) levels
VB12MAX	Dietary management of methylmalonic acidemia or cobalamin (Vitamin B12) disorders
VB6 P5P	Management of inborn errors of metabolism associated with vitamin B6 responsive disorders
Vilactin AA Plus Berry	Maple syrup urine disease in patients ≥1 year of age
VP-GSTN	Patients with unique nutritional needs
Vp-Precip	Dry eye syndrome, blepharitis, meibomian gland dysfunction
XLeu Maxamaid	Isovaleric academia, other proven disorders of leucine metabolism; for use in toddlers and younger children
XLeu Maxamum	Isovaleric academia, other proven disorders of leucine metabolism, for use in older children and adults
XLys, XTrp Maxamaid	Glutaric acidemia type I in toddlers and young children
XLys, XTrp Maxamum	Glutaric acidemia type I in older children and adults
XMet Maxamaid	Vitamin B6 nonresponsive homocystinuria or hypermethioninemia in toddlers and young children
XMet Maxamum	Vitamin B6 nonresponsive homocystinuria or hypermethioninemia in older children and adults
XMet, XCys Maxamaid	Sulphite oxidase deficiency, other conditions requiring restriction of methionine and cystine in patients >1 year of age

XMTVI Maxamaid	Vitamin B12 nonresponsive methylmalonic acidemia or propionic acidemia in toddlers and young children
XMTVI Maxamum	Vitamin B12 nonresponsive methylmalonic acidemia or propionic acidemia in older children and adults
XPhe Maxamaid	Phenylketonuria (PKU) in toddlers and young children
XPhe Maxamum Drink	Phenylketonuria (PKU) in children and adults
XPhe Maxamum Powder	Phenylketonuria (PKU) in older children and adults
XPhe, XTyr Maxamaid	Tyrosinemia when plasma methionine level is normal

Applicable Billing Codes (CPT/HCPCS/ICD-10 Codes)

Disclaimer

The codes for the treatments, procedures, and products listed below are provided for informational purposes only. Inclusion or exclusion of a code does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

Please refer to the member's policy documents (such as the Certificate/Evidence of Coverage, Schedule of Benefits, or Plan Formulary) or contact the Plan to confirm coverage. The coverage of services is subject to the terms, conditions, and limitations of a member's policy.

Codes considered medically necessary if clinical criteria are met:

Code	*Description*
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - Levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each

B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B9002	Enteral nutrition infusion pump, any type
B9998	NOC for enteral supplies
S9432	Medical foods for non inborn errors of metabolism
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
ICD-10 codes considered medically necessary if criteria are met:	
C00.0 - C21.8	Malignant neoplasm of lip, oral cavity, pharynx, esophagus, stomach, small intestine, colon, rectosigmoid junction, rectum, anus and anal canal
C76.0	Malignant neoplasm of head, face and neck
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemia
E70.20- E70.29	Disorder of tyrosine metabolism
E70.30 – E70.39	Albinism
E70.40- E70.49	Disorders of histidine metabolism
E70.5	Disorders of tryptophan metabolism
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism

E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup-urine disease
E71.110- E71.118	Branched-chain organic acidurias
E71.120- E71.128	Disorders of propionate metabolism
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	Disorders of carnitine metabolism, unspecified
E71.41	Primary carnitine deficiency
E71.42	Carnitine deficiency due to inborn errors of metabolism
E71.448	Other secondary carnitine deficiency
E71.50	Peroxisomal disorder, unspecified
E71.520	Childhood cerebral X-linked adrenoleukodystrophy
E71.53	Other group 2 peroxisomal disorders
E71.541	Zellweger-like syndrome
E71.542	Other group 3 peroxisomal disorders
E71.548	Other peroxisomal disorders
E72.00- E72.09	Disorders of amino-acid transport
E72.10- E72.19	Disorders of sulfur-bearing amino-acid metabolism
E72.20- E72.29	Disorder of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism
E72.50- E72.59	Disorder of glycine metabolism
E72.81	Disorders of gamma aminobutyric acid metabolism
E72.89	Other specified disorders of amino-acid metabolism
E72.9	Disorder of amino-acid metabolism, unspecified
E74.00 – E74.9	Other disorders of carbohydrate metabolism
E75.00 – E75.6	Other disorders of carbohydrate metabolism
E76.01 – E76.9	Disorders of glycosaminoglycan metabolism

E77.0 – E77.9	Disorders of glycoprotein metabolism
E78.72	Smith-Lemli-Opitz syndrome
E84.0 - E84.9	Cystic fibrosis
E88.40 – E88.49	Mitochondrial metabolism disorders
F01.50 - F80.2	Mental and behavioral disorders
F80.4 - F84.0	
F84.3 - F99	
I69.091	Sequelae of cerebrovascular disease [dysphagia]
I69.191	
I69.291	
I69.391	
I69.891	
I69.991	
K22.4	Dyskinesia of esophagus
K50.00 - K50.919	Crohn's disease
N17.0 - N19	Acute kidney failure and chronic kidney disease
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified
R13.0 - R13.19	Aphagia and dysphagia
Z93.1	Gastrostomy status
Z93.4	Other artificial openings of gastrointestinal tract status
Z99.2	Dependence on renal dialysis

CPT/HCPCS codes considered experimental or investigational or *not* considered medically necessary (unless state mandated):

Code	*Description*
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
B4100	Food thickener, administered orally, per oz

B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each [Relizorb]

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