

## Formula - Amino Acid Based Elemental - DME

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These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

Requires prior approval

### Coverage

Oral amino-acid based elemental formulas are generally covered subject to the indications listed below and the following limits from your member contract:

1. AABF Formula is limited by the following:
  - a. All covered AABF should be the acceptable standard AABF formula, considering the member's medical condition. If a member requests formula which contains an additional ingredient that is safe and effective, HealthPartners may cover the cost up to the cost of the acceptable standard AABF formula.
  - b. Payment will not exceed the cost of an alternate AABF formula that is effective and medically necessary. Please see your member contract or specific medical coverage criteria for details.
2. AABF Formula will not be approved when used for non-medically necessary reasons.
3. AABF Formula must be obtained from an approved vendor.

### Indications that are covered

1. The covered formula must contain 100% free amino acids as the protein source.
2. Coverage of oral amino-acid based elemental formula is limited to children age five years and younger.
3. Oral amino-acid based elemental formula is covered when ordered by a physician for a member diagnosed with any of the following conditions:
  - a. IgE mediated allergies to food proteins
  - b. Food protein induced enterocolitis syndrome
  - c. Eosinophilic esophagitis (EE)
  - d. Eosinophilic gastroenteritis (EG)
  - e. Eosinophilic colitis
  - f. Amino acid, organic acid and fatty acid metabolic and malabsorption disorders
  - g. Cystic fibrosis
4. When requesting coverage, the ordering physician is required to submit documentation of symptoms and diagnosis, expected course of treatment and duration of treatment with AABF. Interim coverage may be provided for up to 90 days when requested by a physician while actively seeking diagnosis.
5. Condition must be diagnosed by an allergist, gastroenterologist, or pediatrician.

### Indications that are not covered

1. All other conditions not listed above remain not covered for treatment with oral amino-acid based elemental formula.
2. For the treatment of conditions listed above, other formulas which do not provide 100% free amino acids as the protein source, including, but not limited to: Casein Hydrolysate formulas with added Amino Acids, (examples include Nutramigen LIPIL, Enfamil Pregestimil, Similac Alimentum Advance, and Similac Alimentum), Hydrolyzed Whey-based formulas (examples include Carnation Good Start and Nestle Peptamen), Modified amino acid formulas, (examples include formulas such as I-Valex and Glutarex), and semi-elemental formulas (such as Vital Jr.).

## Definitions

**Oral Formula** refers to a commercially formulated substance, ingested through the mouth, that provides nourishment, and affects the nutritive and metabolic processes of the body; nourishment that is required to provide sufficient nutrients to maintain weight and strength related to the persons overall health status.

**Amino-acid based elemental formulas (AABFs)** are one of four main classes of oral formula. AABFs are not derived from a food source, but instead contain 100% free amino acids (the building blocks of protein) as the protein source. AABFs are indicated for certain adverse reactions and food allergy conditions, as the nutrients contained in AABFs are in their most broken down form.

'Vivonex' and 'Tolorex' manufactured by Novartis Nutrition, 'Neocate' manufactured by Nutricia North America, 'Elecare' by Abbott, 'Nutramigen AA' and 'Nutramigen AA LIPIL' manufactured by Mead Johnson and 'E028 Splash' manufactured by SHS International are examples of 100% amino acid based elemental formulas.

## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 1-800-233-9645.

## Vendor

- Items must be received from a contracted vendor or pharmacy for in-network benefits to apply.
- Full line vendors provide a wide range of equipment and supplies, such as hospital beds, aids for ambulating and toileting, phototherapy lights, wheelchairs, custom seating devices, monitors, pumps, oxygen and etc.

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