



INLAND EMPIRE HEALTH PLAN

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PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

September 12, 2008

IEHP Pharmacy & Therapeutic Subcommittee August 2008

Clinical Criteria Changes on Nutritional Supplement

Summary of Changes

Coverage of infant nutritional supplement will be considered if the member weight is below the 25th percentile on the weight/height growth chart. Previously, the standard was 75th percentile.

Clinical Coverage Criteria

Coverage of Standard Formula

Cow milk-based (Enfamil LIPIL, Enfamil LIPIL w/ Iron)

Soy-based (Enfamil ProSobee LIPIL)

Other covered formula (Enfamil LactoFree LIPIL)

Standard Formulas given orally for normal infant nutrition are not covered. Formula request with no specific therapeutic need is not a covered benefit.

Standard infant formulas for normal infant nutrition are available through WIC. WIC covered formulas include Enfamil LIPIL with Iron, ProSobee LIPIL (soy-based), Enfamil LactoFree LIPIL, Enfamil Gentlease LIPIL, Enfamil AR LIPIL.

Coverage of Specialized Infant Formula

- The member's weight is less than 25% of the median weight for age.

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- Complete nutritional evaluation form with medical causes of the growth failure/ or any medical conditions listed.

Hypoallergenic Formula (Alimentum, Nutramigen LIPIL)

Hypoallergenic infant formula (protein hydrolysate) is reserved for infants that meet one of the AAP recommendations above. Soy-protein based formula should be tried if the only indication is lactose intolerance or some IgE-associated symptoms of milk allergy such as rhinitis, urticaria, vomiting, and eczema. Hypoallergenic infant formula is covered under the following conditions:

- IgE-associated allergy symptoms: angioedema, wheezing, and anaphylaxis.
- Non-IgE associated allergy symptoms: hemosiderosis, malabsorption with villous atrophy, eosinophilic proctocolitis, enterocolitis, esophagitis and colic.

Prior authorization can be obtained for a maximum of 6 months up to 1 year of age. Detail medical justification is required if authorization over 1 year of age is requested.

Premature Infant Formula (Premie Enfamil, NeoSure, EnfaCare LIPIL)

Formulas for premature infants can be obtained for a maximum of 6 months up to 6 months of age. Premature infants are defined as those infants born at less than 37 completed weeks. Formulas for premature infants include: Premie Enfamil, Neosure, and Similac Special Care.

Special Amino Acid Preparation Formula (Neocate, Vivonex)

Special Amino Acid preparations such as Neocate, Neocate One Plus, Vivonex, Criticare HN, may be obtained if infant fails a trial of protein hydrolysate formula. Prior authorization can be obtained for a maximum of 6 months; each request must be accompanied by a documentation of recent failed trial of protein hydrolysate formula/soy formula.

Formulas/caloric supplements prescribed for treatment of Growth Failure (PediaSure)

The member's weight is less than 25% of the median weight for age.
A complete evaluation has been performed to rule out medical causes of the growth failure.

Other Nutritional Supplement

All nutritional supplements are covered through IEHP if the following requirements are met:

Weight is less than 25% of the median weight for age (or BMI < 18)
Complete nutritional evaluation form with medical causes of the growth failure/ or any medical conditions listed (must provide justification why solid food cannot be consumed)

Change in Smoking Cessation Medication Requirement **(Effective 9/22/08)**

IEHP covers all smoking cessation medications. Before the approval of any smoking cessation medications, Members are required to enroll into an IEHP Smoking Cessation Program:

1. Members or Physicians may choose any (or in combination) smoking cessation medications (Preferred: Chantix, other options include bupropion SR, nicotine replacement products such as gums and patches), based on the contraindications/preference.
2. One treatment course (normally 6 months, except Nicotine gum, patch and lozenge are 3 months) will be allowed per authorization.
3. Members must be compliant with the therapy. IEHP allows a maximum of two courses of therapy within a year.
4. Before the approval of any smoking cessation medication, Member must call IEHP Member Services (1-800-440-IEHP) to enroll into an IEHP Smoking Cessation Program.