THERAPEUTIC FOODS, FORMULAS, SUPPLEMENTS, LOW-PROTEIN MODIFIED FOOD PRODUCTS, AND AMINO ACID-BASED ELEMENTAL FORMULAS

<table>
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<th>Length of Authorization</th>
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Coverage of **therapeutic foods, formulas, and supplements** intended for the dietary treatment of inborn errors of metabolism or genetic conditions, including but not limited to eosinophilic disorders, food protein allergies, food protein-induced enterocolitis syndrome, mitochondrial disease, and short bowel disorders is provided when prescribed by a physician.

- This includes amino acid-based elemental formulas and the use of vitamin and nutritional supplements such as coenzyme Q10, vitamin E, vitamin C, vitamin B1, vitamin B2, vitamin K1, and L-carnitine.

Coverage of **low-protein modified food products** that have less than one (1) gram of protein per serving and are intended for the dietary treatment of inborn errors of metabolism or genetic conditions is provided when prescribed by a physician.

Coverage of **amino acid-based elemental formulas** are intended for the diagnosis and dietary treatment of eosinophilic disorders, food protein allergies, food protein-induced enterocolitis, and short-bowel syndrome is provided when prescribed by a physician.

- The covered formula must contain 100% free amino acids as the protein source.

Coverage may be subject, for each plan year, to a cap of twenty-five thousand dollars ($25,000) for therapeutic foods, formulas, and supplements and a separate cap for each plan year of four thousand dollars ($4,000) on low-protein modified foods.

Coverage is **NOT** provided for the treatment of lactose intolerance, protein intolerance, food allergy, food sensitivity, or any other condition or disease that is not an inborn error of metabolism or genetic condition.

When requesting coverage, the physician is required to submit supporting clinical documentation of the diagnosis and symptoms.

**Continued on the following page...**
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List of inherited metabolic diseases:

- Phenylketonuria;
- Hyperphenylalaninemia;
- Tyrosinemia (types I, II, and III);
- Maple syrup urine disease;
- A-ketoacid Dehydrogenase deficiency;
- Isovaleryl-CoA Dehydrogenase deficiency;
- 3-methylcrotonyl-CoA carboxylase deficiency;
- 3-methylglutaconyl-CoA hydrolase deficiency;
- 3-hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG-CoA lyase deficiency);
- B-ketothiolase deficiency;
- Homocystinuria;
- Glutaric aciduria (types I and II);
- Lysinuric protein intolerance;
- Non-ketotic hyperglycinemia;
- Propionic academia;
- Gyrate atrophy;
- Hyperornithinemia/hyperammonemia/homocitrullinuria syndrome;
- Carbamoyl phosphate synthetase deficiency;
- Ornithine carbamoyl transferase deficiency;
- Citrullinemia;
- Arginosuccinic aciduria;
- Methylmalonic academia; and
- Argininemia.

*References:*

- KRS 205.560. Scope of care to be designated by administrative regulations – Reimbursements mandated or prohibited – Assessment of health care provider credentials.