

ALBERTA REIMBURSEMENT LIST

The following Nestlé Health Science products are listed for reimbursement on the: **ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT**

REGULAR BENEFITS (40:20)

Product	Format	PIN
BOOST® 1.5 PLUS CALORIES (TETRA)	237 ml	999932
BOOST® DIABETIC	237 ml	999483
BOOST®	237 ml	999920
BOOST® PLUS CALORIES (BOTTLE)	237 ml	999921
COMPLEAT®	250 ml, 1000 ml	999966
COMPLEAT® 1.5	250 ml	999856
ISOSOURCE® 1.2	250ml, 1500ml	999889
ISOSOURCE® 1.5	250 ml, 1500 ml	999888
ISOSOURCE® 2.0	1000ml	9998877
ISOSOURCE® FIBRE 1.2	250 ml, 1500 ml	999424
ISOSOURCE® FIBRE 1.5	250 ml, 1500 ml	999425
NOVASOURCE® RENAL	237 ml, 1000 ml	990056
NUTREN® JUNIOR FIBRE	250 ml	999419
NUTREN® JUNIOR	250 ml	999418
RESOURCE® 2.0	237 ml	999409
RESOURCE® DIABETIC	250 ml, 1500 ml	999413
RESOURCE® KID ESSENTIALS 1.5 CAL	237 ml	999458
RESOURCE® THICKENUP® CLEAR	1.4 g, 125 g	999561
RESOURCE® THICKENUP®	227 g	999453

SPECIAL AUTHORIZATION

Product	Format	PIN
BENEPROTEIN®	7 g, 227 g	999415
BOOST® FRUIT FLAVOURED BEVERAGE	237 ml	999402
BOOST® HIGH PROTEIN	237 ml	999427
BOOST® PUDDING	142 g	999440
COMPLEAT® PEDIATRIC	250 ml	999426
COMPLEAT® PEDIATRIC 1.5	250 ml	999853
ISOSOURCE® 1.0 HP	250 ml, 1000 ml	999890
ISOSOURCE® FIBRE 1.0 HP	250 ml, 1500 ml	999886
MCT OIL	946 ml	999927
MODULEN® IBD	400 g	999559
PEPTAMEN® JUNIOR	250 ml	999408
PEPTAMEN® 1.0	250 ml	999944
PEPTAMEN® WITH PREBIO™	250 ml, 1500 ml	999435
PEPTAMEN® 1.5	250 ml, 1000 ml	999421
PEPTAMEN® AF 1.2	250 ml, 1000 ml	999467
PEPTAMEN® JUNIOR 1.5	250 ml	999553
TOLEREX®	80 g	999929
VIVONEX® PEDIATRIC	48.7 g	999422
VIVONEX® PLUS	79.5 g	999405
VIVONEX® T.E.N.	80.4 g	999983

For more information about the Alberta Human Services Drug Benefit Supplement visit: www.ab.bluecross.ca/dbl/pdfs/hsdbs.pdf

Nestlé Health Science products are available throughout Alberta at any Pharmacy.

ALBERTA REIMBURSEMENT LIST

The Nestlé Health Science products listed for reimbursement on the: **ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT** applies to the clients of:

Client	Group
Child and Family Services	20403
Alberta Child Health Benefit	20400 20401 20402
Children and Youth Services	19824
Income Support	19823
Learners Program	22128
(AISH) Alberta Human Services	19823
(AAHB) Alberta Adult Health Benefit	23609

ALBERTA HUMAN SERVICES SPECIAL AUTHORIZATION: COVERAGE CRITERIA

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement) - noted on previous page.

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

To request coverage for a product requiring Special Authorization, the Drug Special Authorization Request Form (ABC 60015) must be completed.

To Search the Interactive Drug Benefit List, and to access the Drug Special Authorization Request Form (ABC 60015) visit: <https://idbl.ab.bluecross.ca/idbl/load.do>

QUÉBEC REIMBURSEMENT LIST

The following Nestlé Health Science products are listed for reimbursement on the: **RAMQ EXCEPTION LIST**.

Product	Format	RAMQ Code
BENEPROTEIN®	227 g	99003783
BOOST® 1.5 PLUS CALORIES	237 ml	00898708
COMPLEAT®	250 ml	99000504
COMPLEAT® - CLOSED SYSTEM	1 000 ml	99003635
COMPLEAT® 1.5	250 ml	99113857
COMPLEAT® PEDIATRIC 1.5	250 ml	99113858
COMPLEAT® PEDIATRIC	250 ml	99004658
MCT OIL (VA 5)	946 ml	99100217
ISOSOURCE® FIBRES 1.0 HP	250 ml	99000180
ISOSOURCE® FIBRES 1.0 HP - CLOSED SYSTEM	1 500 ml	99004496
ISOSOURCE® 1.2	250 ml	99000512
ISOSOURCE® 1.2 - CLOSED SYSTEM	1 500 ml	99000164
ISOSOURCE® 1.5	250 ml	00907766
ISOSOURCE® 1.5 - CLOSED SYSTEM	1 500 ml	99002000
ISOSOURCE® 2.0 - CLOSED SYSTEM	1 000 ml	99100395
ISOSOURCE® FIBRES 1.2	250 ml	00801194
ISOSOURCE® FIBRES 1.2 - CLOSED SYSTEM	1 500 ml	99000202
ISOSOURCE® FIBRES 1.5	250 ml	99004135
ISOSOURCE® FIBRES 1.5 - CLOSED SYSTEM	1 500 ml	99004127
MICROLIPID	89 ml	99100401
MODULEN® IBD	400 g	99100792
NOVASOURCE® RENAL	237 ml	99003546
NOVASOURCE® RENAL - CLOSED SYSTEM	1 000 ml	99100244
NUTREN® JUNIOR	250 ml	99003406
NUTREN® JUNIOR WITH FIBRES PREBIO™	250 ml	99003414
PEPTAMEN® 1.0 (VA 98)	250 ml	00908444
PEPTAMEN® 1.5 (VA 98)	250 ml	99003031
PEPTAMEN® 1.5 - CLOSED SYSTEM (VA 98)	1 000 ml	99002922
PEPTAMEN® AF (VA 98)	250 ml	99100309
PEPTAMEN® AF - CLOSED SYSTEM (VA 98)	1 000 ml	99100826
PEPTAMEN® INTENSE 1.0 HP	250 ml	99101235
PEPTAMEN® INTENSE 1.0 HP	1000 ml	99101234
PEPTAMEN® JUNIOR (VA 98)	250 ml	99000296
PEPTAMEN® JUNIOR 1.5 (VA 98)	250 ml	99100789
PEPTAMEN® PREBIO™ (VA 98)	250 ml	99004631
PEPTAMEN® PREBIO™ - CLOSED SYSTEM (VA 98)	1 500 ml	99100094
RESOURCE® 2.0	237 ml	99003554
RESOURCE® DIABETIC	250 ml	99002019
RESOURCE® DIABETIC - CLOSED SYSTEM	1 500 ml	99100042
RESOURCE® KIDS ESSENTIALS 1.5	237 ml	99100216
TOLEREX® (VA 98)	80 g	00861464
VIVONEX® PEDIATRIC (VA 98)	48.7 g	99000229
VIVONEX® PLUS (VA 98)	79.5 g	00921017
VIVONEX® TEN (VA 98)	80.4 g	00895229

For more information on the RAMQ EXCEPTION LIST, please visit www.ramq.gouv.qc.ca

Nestlé Health Science products are available at any pharmacy and through some medical distributors.

RAMQ REIMBURSEMENT CRITERIA

NUTRITIONAL FORMULA

SEMI-ELEMENTAL AND MONOMERIC (VA98)

- for enteral feeding.
- for oral feeding in persons requiring monomeric nutritional formulas or semi-elemental nutritional formulas as their source of nutrition in the presence of severe maldigestion or malabsorption disorders and for whom polymeric formulas are not recommended or not tolerated.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- for persons suffering from cystic fibrosis.

SEMI ELEMENTAL, VERY HIGH PROTEIN - PEPTAMEN® INTENSE HIGH PROTEIN (FORM # 8140)

- for enteral feeding of persons requiring semi-elemental nutritional formulas as their source of nutrition in the presence of malabsorption, and whose nutritional needs in proteins have significantly increased.

POLYMERIC WITH RESIDUE - INTOLERANCE OR ALLERGY (FORM #8233)

For persons with a major intolerance or allergy to milk or soy proteins present in the polymeric nutritional formulas with residue appearing on the List of Medications and who meet at least one of the following criteria:

- for enteral feeding.
- for total oral feeding of persons requiring nutritional formulas as their source of nutrition in presence of esophageal dysfunction or dysphagia, maldigestion or malabsorption.
- for children suffering from malnutrition, malabsorption or growth failure related to a medical condition.
- for persons suffering from cystic fibrosis.

PROTEIN - BENEPROTEIN® (FORM #8123)

To increase the protein content of other nutritional formulas.

POLYMERIC LOW-RESIDUE - SPECIFIC USE - MODULEN® IBD (FORM #8064)

For total feeding, whether enteral or oral, of children suffering from Crohn's disease.

SKIM MILK/COCONUT OIL - MCT OIL (VA5)

For persons unable to effectively digest or absorb long-chain fatty foods.

FAT EMULSION INFANTS AND CHILDREN - MICROLIPID® (FORM # 8099)

To increase the caloric content of the diet or of other nutritional formulas in the presence of cardiac or metabolic disorders in children under age 4, and for whom the polymerized glucose nutritional formulas are not sufficient or not tolerated.

ONTARIO REIMBURSEMENT LIST

The following Nestlé Health Science products are listed for reimbursement on the: **ONTARIO DRUG BENEFIT FORMULARY**

Product	Format	PIN
BENEPROTEIN®	227 g	9857365
BENEPROTEIN®	7 g	9857364
BOOST® FRUIT FLAVOURED BEVERAGE	237 ml	9853154
BOOST® 1.5 PLUS CALORIES	237 ml	97982610
COMPLEAT®	250 ml	97983330
COMPLEAT®	1000 ml	9854231
COMPLEAT® PEDIATRIC	250 ml	9857173
ISOSOURCE® 1.2	250 ml	9857566
ISOSOURCE® 1.2	1500 ml	9857567
ISOSOURCE® 1.5	250 ml	9857568
ISOSOURCE® 1.5	1500 ml	9857569
ISOSOURCE® 2.0	1000 ml	9858121
ISOSOURCE® FIBRE 1.2	250 ml	9857558
ISOSOURCE® FIBRE 1.2	1500 ml	9857559
ISOSOURCE® FIBRE 1.5	250 ml	9857560
ISOSOURCE® FIBRE 1.5	1500 ml	9857561
MCT OIL	946 ml	97904473
MODULEN® IBD	400 g	9857393
NOVASOURCE® RENAL	237 ml	9854258
NUTREN® JUNIOR	250 ml	9854215
NUTREN® JUNIOR FIBRE	250 ml	9854223
PEPTAMEN® 1.0	250 ml	97984779
PEPTAMEN® WITH PREBIO™	250 ml	9857101
PEPTAMEN® WITH PREBIO™	1500 ml	9857102
PEPTAMEN® 1.5	250 ml	9853090
PEPTAMEN® 1.5	1000 ml	9857126
PEPTAMEN® JUNIOR	250 ml	9853588
PEPTAMEN® JUNIOR 1.5	250 ml	9857562
RESOURCE® DIABETIC	250 ml	9857427
RESOURCE® KID ESSENTIALS 1.5	237 ml	9857142
RESOURCE® 2.0	237 ml	9853170
TOLEREX®	80 g	97982750
VIVONEX® T.E.N.	80.4 g	9853618
VIVONEX® PLUS	79.5 g	97982830
VIVONEX® PEDIATRIC	48.7 g	9853308

For more information on the Ontario Drug Benefit Formulary/Comparative Drug Index and eligibility criteria visit: www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_nutrition.aspx

Nestlé Health Science products are available throughout Ontario at any Pharmacy.

ONTARIO DRUG BENEFIT ELIGIBILITY

You will qualify for the Ontario Drug Benefit (ODB) when you turn **65 years old**. Some of you will qualify before you reach that age because you're:

- living in a long-term care home or a home for special care, or
- enrolled in one of these programs:
 - Home Care
 - Ontario Works
 - Ontario Disability Support Program
 - Trillium Drug Program

NUTRITION PRODUCTS

The Ontario Drug Benefit covers the cost of these products up to a maximum dollar amount.

PATIENT ELIGIBILITY CRITERIA FOR COVERAGE OF NUTRITION PRODUCTS

The following patient eligibility criteria will determine a recipient's eligibility for coverage of Nutrition Products (NPs) under the Ontario Drug Benefit (ODB) program.

Nutrition Products will be reimbursed for ODB eligible persons when prescribed by a physician as the patient's **sole source** of nutrition and meet one of the following:

- oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g. head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating;
- maldigestion or malabsorption disorder and/or significant gut failure where food is not tolerated; e.g. pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; i.e. Crohn's Disease

Each claim for reimbursement must be supported by a valid, fully completed Nutrition Product form.

Pharmacists are required to retain a copy of the Nutrition Product form on file for a period of two years.

EXCLUSIONS

A nutrition product will not be reimbursed under the ODB program if it is intended for one of the following uses:

- prescribed weight loss in the treatment of obesity
- food allergies
- body building
- voluntary meal replacement
- nutritional supplement
- convenience
- used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function

Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.