

Effective: 10/6/2000

Reviewed: 11/7/2011, 4/17/2012

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16,  
2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/22,  
2/8/24, 2/20/25

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## **PKU (PHENYLKETONURIA) COVERAGE OF TESTING AND TREATMENT**

### **Policy**

VCHCP covers the testing for and treatment of phenylketonuria (PKU) for members of any age when deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function because of PKU. VCHCP also covers special enteral formulas and specially formulated food, when such products are used in place of normal products and to the extent that their cost exceeds the cost of a normal diet (see below).

### **Coverage of Special Formulas**

Coverage includes special formulas and diet powders for use in the dietary management of members with PKU. Their restriction in phenylalanine content differentiates these metabolites from other products. These enteral products are available in liquid form or in a diet powder intended to be mixed with semisolid food, water or other appropriate beverages. Certain PKU formulas are on the Plan's Drug Formulary. The names of these products can be obtained by contacting the Customer Service Department (805-981-5050 option 1). Other PKU formulas and diet powders are covered if prior approval is obtained from the plan.

### **Coverage of Special Food Products**

Coverage of special food products is limited to food products that are specially formulated to have less than one gram of protein per serving and to be used in place of normal food products. Not included are foods that are naturally low in protein or available to the general population in a grocery store. Examples are apple fiber or low protein flour used in baking, and low protein spaghetti, flour, crackers, cookies, pretzels, Jello and tomato sauce. Plan prior authorization is required. For each food item, the member must submit unit price, Nutrition Facts (including protein grams per serving), quantity requested and expected monthly consumption. Not covered is the cost of cookbooks, recipes, subscriptions, catalogues or cooking equipment (such as bread machines).

## **PKU (PHENYLKETONURIA), COVERAGE OF TESTING AND TREATMENT**

**Medical Policy: PKU (phenylketonuria), Coverage  
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**Coverage Criteria**

The following criteria are used by the plan in making coverage determinations:

- a) The prescribed diet must be deemed medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function because of PKU. A blood phenylalanine of more than 6 mg/dl may signify that a special diet is needed.
- b) The prescribing provider should have expertise and experience in the treatment and care of PKU, ideally in consultation with a contracted endocrinologist.

**A. Attachments:** None

**B. References:**

*SB148 (1999), Health and Safety Code §1374.56*

*Mead Johnson, Product Description for Health Care Professionals, Dietary management of Individuals with Metabolic Disorders*

*National PKU News website: [www.pkunews.org](http://www.pkunews.org)*

**C. History:**

Reviewers: Pamela K. Lindeman Chief Operations Officer, Richard O. Ashby, MD

Reviewed/Revised: Faustine Dela Cruz, RN & Albert Reeves, MD; Date: November 7, 2011

Committee Review: UM: November 10, 2011; QAC: November 22, 2011

Reviewed/No Updates: Albert Reeves, MD; Date: April 17, 2012

Committee Reviews: UM: May 10, 2012; QAC: May 22, 2012

Reviewed/No Updates: Albert Reeves, MD; Date: January 28, 2013

Committee Review: UM: February 14, 2013; QAC: February 26, 2013

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QAC: February 25, 2014

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016

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2/8/24, 2/20/25

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD  
Committee Review: UM: February 9, 2017; QAC: February 28, 2017  
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD  
Committee Review: UM: February 8, 2018; QAC: February 27, 2018  
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD  
Committee Review: UM: February 14, 2019; QAC: February 26, 2019  
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 13, 2020; QAC: February 25, 2020  
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 11, 2021; QAC: February 23, 2021  
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 17, 2022; QAC: February 22, 2022  
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 2, 2023; QAC: February 7, 2023  
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 8, 2024; QAC: February 27, 2024  
Reviewed/Updated by: Howard Taekman, MD & Robert Sterling, MD  
Committee Review: UM: February 20, 2025; QAC: February 25, 2025

<b>Revision Date</b>	<b>Content Revised (Yes/No)</b>	<b>Contributors</b>	<b>Review/Revision Notes</b>
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD and Robert Sterling, MD	Added ph# to Customer Service Department “(805-981-5050 option 1)” Removed “The members are also encouraged to



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			submit comparison costs of normal foods. After coverage is authorized, the member is required to pay out of pocket and seek reimbursement from the plan (see form below).”
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