

Intra-Dialytic Parenteral Nutrition (IDPN)

LOB:	MCAL
Duration of Approval:	Three months
Quantity Limit:	Per FDA Dosing
MCG Available:	No
DHCS Drug Policy:	No

Intra-Dialytic Parenteral Nutrition (IDPN):

New Therapy

1. Member has end-stage renal disease (ESRD) and is on hemodialysis
AND
2. Documentation showing evidence of protein energy wasting (PEW) shown by serum albumin <3.4 g/dL or total protein <6 g/dL (within the past four weeks)
AND
3. Documentation showing dysfunctional gastrointestinal tract OR ALL of the following **(a-d)**:
 - a. Member has ONE of the following **(1 or 2)**:
 - 1) History of decreased dietary intake: protein <0.8 g/kg/day and/or calories <25 kcal/kg/day
 - 2) Weight loss greater than 10% of the ideal body weight or 20% of usual body weight
 - b. Comprehensive nutritional assessment and dietary counseling have been provided by a renal dietitian
 - c. Inadequate response to daily protein intake of at least 1.2 g/kg (orally or tube feeding) for at least three months
 - d. Inadequate response to total parenteral nutrition (TPN) or medical justification provided why TPN is not medically appropriate (such as fluid overload in dialysis patients)**AND**
4. Documentation showing IDPN will be used in addition to oral, tube feeding or TPN
AND
5. The member does NOT have any of the following:
 - a. Triglyceride level >500 mg/dL
 - b. Uncontrolled diabetes or hypertension
 - c. Evidence of volume overload

Continuation of Therapy

1. Member has ESRD and is on hemodialysis **AND**
2. Documentation provided showing improvement or clinical stability in protein nutritional status (such as albumin level, body mass index [BMI], weight) **AND**
3. Documentation that member continues to need IDPN (ex: oral or enteral nutrition alone cannot sustain adequate weight/protein nutrition, serum albumin < 4 g/dL, BMI ≤ 18.5 kg/m²)
[Note: Discontinuation of treatment should be considered if the member achieves adequate spontaneous oral/enteral intake to meet nutritional targets]
AND
4. The member does NOT have any of the following:
 - a. Triglyceride level >500 mg/dL
 - b. Uncontrolled diabetes or hypertension
 - c. Evidence of volume overload
 - d. Metabolic complications (such as severe acidosis, uncontrolled hyperglycemia) that cannot be managed
 - e. Transition to total parenteral nutrition becomes necessary

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