



HOW COVERAGE OF MEDICAL FOODS CAN SAVE LIVES & COSTS

IMMUNOGLOBULIN E-MEDIATED & NON-IMMUNOGLOBULIN MEDIATED ALLERGIES TO FOOD PROTEINS

Children diagnosed with, or being seen by a provider for, Immunoglobulin E-Mediated and Non-Immunoglobulin Mediated allergies to food proteins, may have unique nutritional needs. Reactions to food proteins can be mild or life-threatening. The more foods a child has to avoid, the greater their risk for nutritional deficiencies. The unique needs of a child with food protein allergies often extend past the first year of life. Medical foods, such as nutritionally complete formulas, provide complete or supplemental nutrition specially designed to meet their dietary needs. Children who are unable to meet their nutritional needs are at risk for growth impairment, impairment in their cognitive development, and may have a compromised immune system.

Infants allergic to cow's milk and/or soy cannot tolerate standard infant formulations and depend on specific formulations that are designed to be hypoallergenic to provide essential nutrition. Non-dairy milk beverages, such as rice milk or oat milk, are not nutritionally complete and do not meet a growing child's nutritional needs. As a prescribed management of this allergy, formulas may be the main or only source of nutrition for an undetermined amount of time and are a critical component of the treatment of this allergy.

Many insurance companies will only provide coverage for these formulas if they are administered via a feeding tube. Many children are able and willing to drink these formulas and do not require an alternative method of administration, such as a feeding tube.

The cost of these formulas for families is cost prohibitive when not covered by insurance. The daily use of these formulas can have a significant positive impact on the quality of life for the child and the child's family. The formulas may be available at certain retail stores or can be purchased directly from the manufacturer. Without insurance coverage or assistance from any advocacy programs, families may spend \$36 to \$46 per can. Depending on the age of the child and ability to eat solid food, a child may need 2.5 cans or more each week. This can cost a family a minimum of \$360 each month just to feed one family member.

CASE STUDY

Cade, who lives near Atlanta, GA, was diagnosed with a cow's milk allergy around 5 months old after he developed a rash after drinking a standard infant formula. His pediatrician recommended a standard soy-based formula. Cade developed hives and a cough after drinking the soy formula for the first time. An allergist diagnosed Cade with cow's milk and a soy allergy and prescribed a hypoallergenic infant formula. The allergist performed a skin prick test and determined that Cade's allergy was quite severe. Future ingestion of cow's milk or soy could lead to anaphylaxis.

Because Cade is so severely allergic, he will need the hypoallergenic formula as an infant and as a toddler to provide needed fat, protein, vitamins, minerals, and calories. When he was an infant, Cade's parents had to spend \$460 per month to feed him and often had to choose between paying bills, buying food for themselves, or diluting the formula with extra water to make it last longer. With the help of a registered dietitian, his parents were able to start slowly introducing baby food into this diet. However, even as a toddler, Cade still requires 20-24 ounces of formula each day due to the slow pace at which his parents are able to introduce solid foods. They often ask other family members to buy formula instead of birthday or Christmas gifts.

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Cade is a happy and healthy toddler but he depends on medical nutrition to keep him healthy and growing. He, and children like him across the country, are depending on YOU to co-sponsor the Medical Nutrition Equity Act. Please contact the offices of the bill leads (find them at nutritionequity.org/leads) to co-sponsor.