Medical Coverage Policy | Digestive Enzyme Cartridges

EFFECTIVE DATE: 08|01|2023
POLICY LAST REVIEWED: 03|20|2024

OVERVIEW

This policy describes the reimbursement for digestive enzyme cartridges (e.g. Relizorb).

RELiZORB™ (Alcresta Pharmaceuticals) is a single use, point of care digestive enzyme cartridge that can be connected in-line with enteral feeding paths, for use in which individuals do not secrete sufficient levels of pancreatic digestive enzyme, lipase, which breaks down ingested fats for easier digestion and absorption. The RELiZORB system is designed to mimic the normal function of lipase release. The RELiZORB cartridge contains the digestive enzyme lipase. As enteral formula flows through the cartridge, it makes contact with the lipase which hydrolyzes fats from the triglyceride form into fatty acids and monoglycerides to enable easier absorption and utilization by the body.

MEDICAL CRITERIA

Medicare Advantage Plans

Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding (eg, Relizorb™ immobilized lipase cartridge) is considered medically necessary for chronic medical conditions. These conditions include, but are not limited to, individuals with Cystic Fibrosis, Crohn's Disease or Ulcerative Colitis with complications, and Pancreatic disorders. Refer to Coding section for details.

Commercial Products

Initial requests for digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding (eg, Relizorb™ immobilized lipase cartridge) may be approved if the following criteria are met:

1. Individual has a diagnosis of cystic fibrosis; AND individual has a confirmed history of exocrine pancreatic insufficiency; AND
2. Individual requires enteral tube nutrition for continuous durations of 6 hours or more, and using Relizorb to hydrolyze fats in enteral formula; AND
3. Individual has continued malabsorption of fats (as evidenced by insufficient weight gain or weight loss) from enteral formula, despite optimizing therapy with pancreatic enzyme replacement therapy (PERT) tablets or capsules administered orally or via feeding tube (capsules only).

Continuation requests for digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding (eg, Relizorb™ immobilized lipase cartridge) may be approved if the following criteria are met:

1. Individual has evidence of stable or increased weight from use of Relizorb; AND
2. Individual continues to require enteral tube nutrition for continuous durations of 6 hours or more.

PRIOR AUTHORIZATION

Prior authorization is not required for Medicare Advantage Plans and is recommended for Commercial Products via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

Medicare Advantage Plans

Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding (eg, Relizorb™ immobilized lipase cartridge) is considered medically necessary when the criteria above is met. Refer to Coding section for details.

Commercial Products
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COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, Subscriber agreement for the applicable "Medical Equipment, Medical Supplies and Prosthetic Devices" coverage.

BACKGROUND

Commercial Products
Relizorb is proposed to be useful to people with pancreatic insufficiency, who need enteral nutrition (e.g. individuals with cystic fibrosis (CF)). Relizorb is a cartridge, which contains the pancreatic enzyme lipase. The cartridge connects to the enteral tube feeding system and is FDA (Food and Drug Administration) approved for individuals who have difficulty digesting and absorbing fats.

The Absorption and Safety with Sustained use of Relizorb Evaluation (ASSURE) study was a prospective, single-arm, multicenter, 90-day open-label (not intended to compare outcomes between participants who did and did not use Relizorb) study in patients with Cystic Fibrosis. Thirty-six subjects who were given overnight enteral nutrition with the use of Relizorb. The primary end-point was change over time in RBC uptake of docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA). Gastrointestinal symptoms were collected to evaluate safety and tolerability. Relizorb was not found to be associated with any unanticipated adverse events. Increased RBC levels of DHA+EPA indicated that fat absorption significantly improved. In the ASSURE study, omega-3 FA erythrocyte levels increased with longer-term RELiZORB use, supporting the role of Relizorb in normalizing deficient DHA and EPA levels and maintaining them over longer periods when RELiZORB was utilized with overnight enteral nutrition feeds. Authors concluded that it is not possible to draw definitive conclusions from the current and previous RELiZORB studies about the influence of Relizorb use on changes in patient anthropometric measurements. While weight, BMI z-scores and percentiles were not significantly different from baseline to 90 days, 61% (20/33) patients in the ASSURE study had improvements in weight z scores and percentiles over the course of the study. Because the current study did not measure body tissue composition, it is unknown whether study participants improved their tissue composition without changing body weight or size. It may turn out that nutritional health may be more accurately measured using biomarkers other than the traditional body weight and body mass index.

Sathe et al (2021) evaluated the effectiveness of in-line immobilized lipase cartridges (ILC) in enterally fed patients with CF. Baseline anthropometric data were obtained and subsequent measurements of height, weight, and body mass index were collected at 6 and 12 months (n=100; age 0-45). Over 12 months of use in patients >2 years of age (n=93), there were significant improvements seen in height and weight z-scores with an improvement trend seen in BMI. The frequency of achieving the 50th percentile increased steadily for weight and BMI from baseline to 12 months but not for height. Authors concluded that better growth is possible over standard of care. The association of ILC use with significant improvements in anthropometric parameters over a 12-month period in people with CF demonstrates the effectiveness of ILC as a rational enzyme therapy during enteral feedings.

Well-designed clinical trials supporting the efficacy of in-line digestive enzyme cartridges for the treatment of pancreatic insufficiency caused by multiple conditions including, but not limited to: celiac disease, chronic pancreatitis, Crohn's disease, diabetes mellitus, gastrectomy, pancreatic cancer, pancreatic duct obstruction, small bowel resection, and short bowel syndrome are lacking. In-line cartridges used for emulsion of fat during enteral feeding may demonstrate equivalent or improved clinical outcomes when compared to conventional methods for individuals with CF. There is insufficient evidence to support the effectiveness of digestive enzyme cartridges for the treatment of pancreatic insufficiency caused by other conditions aside from CF.

CODING

Medicare Advantage Plans
The following code is covered when filed with a covered ICD-10 code below:
B4105 In-line cartridge containing digestive enzyme(s) for enteral feeding, each

Covered DX for HCPCS Code B4105 for Medicare Advantage Plans

Commercial Products
The following code is covered when the medical criteria above is met:
B4105 In-line cartridge containing digestive enzyme(s) for enteral feeding, each

RELATED POLICIES

Coding and Payment Guideline
Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations

PUBLISHED

Provider Update, May 2024
Provider Update, April/June 2023
Provider Update, April 2022
Provider Update, May 2021
Provider Update, September 2019

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