Eosinophil-associated gastrointestinal disease such as eosinophilic esophagitis, gastritis, gastroenteritis and colitis (collectively known as “EGIDs”) are a chronic and complex group of diseases characterized by having above normal amounts of eosinophils, a type of white blood cell, in one or more specific locations in the digestive system. Accumulation of these cells cause inflammation and damage to the surrounding tissues and organs. While symptoms may vary among EGID subsets, common shared symptoms include abdominal pain, diarrhea, fatigue, nausea, poor growth, bloating, and vomiting. Patients may also have difficulty with feeding, tolerating foods, and/or gaining weight. EGIDs affect more than 52 per 100,000 individuals in the United States.

There are no FDA approved therapies for EGIDs. Treatment goals include reducing the number of eosinophils and the associated symptoms, inflammation, and damage. Two main therapies include:

1. Dietary Therapy: Food allergies may have a possible role in EGIDs, therefore patients may be prescribed elimination diets (avoiding specific foods or food groups) and/or specialized amino-acid-based formulas (elemental/“medical food”)

2. Medications: Medications such as systemic or topical steroids may be prescribed “off-label.”

For many patients with EGID, proper nutritional therapy is critical to achieving good health, and may in some instances be more important than prescription medications. Elemental formulas are designed to provide complete nutritional support for patients. For some patients, formula therapy is the sole treatment, and for others, these formulas provide the major source of nutrition because of suboptimal caloric intake due to a severely restricted diet.

Studies have demonstrated that elemental formulas are highly effective in successfully treating patients with eosinophilic esophagitis.

Unfortunately, many commercial insurance carriers do not reimburse costs associated with amino acid-based formula to treat EGID. As a result, patients who are unable to afford this formula must resort to alternative therapies, which may be less effective in treating their disease. Some insurance carriers offer coverage only if the formula is delivered via a surgically-placed feeding tube, even if the patient is able to orally consume the formula.

Patients & Providers for Medical Nutrition Equity calls on Congress to address this issue by co-sponsoring the bi-partisan Medical Nutrition Equity Act (S. 1194/ H.R. 2587). Please contact the offices of Senator Grassley, Senator Casey, Representative Herrera Beutler or Representative Delaney today.