***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for ***TOLEREX®****, complete 100% amino acid nutrition formula*.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed ***TOLEREX®*** formula, manufactured by Nestlé HealthCare Nutrition, Inc. for the dietary management of this patient with severely impaired gastrointestinal function as a result of *Diagnosis or Condition.*

*Verify medical necessity for formula, including: diagnosis, documented failure or intolerance to other formulas, current HT/WT/IBW, history of wt loss, pertinent lab results, medications, potential outcome if therapy or formula were denied.*

***TOLEREX®***

TOLEREX® is a nutritionally complete elemental formula appropriate for patients age 3 to adult. This product is a complete 100% free amino acid based formula for the nutritional management of critically ill patients with severely impaired GI function. It can be used to provide nutritional support for severe protein and fat malabsorption or in conditions where there are specialized nutrient needs.

TOLEREX® has been formulated to contain only 2% of calories from fat. The formula requires minimal digestive functionality for assimilation of essential nutrients while providing benefits associated with continued use of the gastrointestinal tract. While the product is unflavored, it can be used for tube feeding or oral supplementation. TOLEREX® is recognized by the Centers for Medicare and Medicaid Services (CMS) as an enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, found in HCPCS Category B4153.

Thank you for taking the time to review this request. Please contact me should you require any additional information.

Sincerely,

*Signature:*

*Name:*

*Title:*

Attachments: *Include pertinent information supporting evidence of medical necessity. Please refer to the following website for product information: www.NestleHealthScience.us.*