***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Peptamen Junior® 1.5 peptide- based formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Peptamen Junior® 1.5 formula for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including:*

* *Date of birth*
* *Diagnosis*
* *Height*
* *Weight*
* *Weight history*
* *Tracking on growth chart*
* *Brief documentation of weight loss/intolerance*
* *Nutrition prescription*

Peptamen Junior® 1.5 formula is a calorically dense, nutritionally complete peptide- based formula for the nutritional support of GI-impaired children 1 – 13 years of age.

This product is intended for the nutritional management of patients with impaired GI function, including:

* Critical illness/trauma
* Transplant patients
* Cystic fibrosis
* Crohn’s disease
* Cerebral palsy
* Short bowel syndrome
* Malabsorption
* Chronic diarrhea
* Delayed gastric emptying
* Growth failure
* Volume/fluid restrictions
* A requirement for early enteral feeding
* Transition from TPN

This product can be used as a complete tube feeding or oral supplement. Peptamen Junior® 1.5 formula is a medical food intended for use under the supervision of a medical professional.

Peptamen Junior® 1.5 formula is the only peptide-based calorically dense pediatric enteral formula with 100% whey protein. Studies suggest that 100% whey helps facilitate gastric emptying, which may improve tolerance.[[1]](#footnote-1),[[2]](#footnote-2) The formula has a low ratio (3.6:1) of n6:n3 fatty acids to help modulate the production of pro inflammatory mediators[[3]](#footnote-3),[[4]](#footnote-4) and an MCT:LCT ratio of 60:40 to decrease the potential for fat malabsorption.[[5]](#footnote-5) Peptamen Junior® 1.5 formula is calorically dense and delivers more nutrition in less volume than standard 1 kcal/mL formulas. The product is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula for pediatrics, hydrolyzed/ amino acids and peptide chain proteins including fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube”, found in HCPCS Category B4161.

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

Sincerely,

Signature:

Name:

Title:

Attachments: You may want to include pertinent information supporting evidence of medical necessity and product information. Please refer to [www.nestlehealthscience.us](http://www.nestlehealthscience.us) for product information.

1. Fried MD et al*. J Pediatr* 1992;120:569-572. [↑](#footnote-ref-1)
2. Khoshoo V et al. *Eur J Clin Nutr* 2002;56:656-658. [↑](#footnote-ref-2)
3. Simopoulos AP. *Biomed Pharmacother*. 2002;56:365-79. [↑](#footnote-ref-3)
4. Mizock BA. *Nutrition and Clinical Practice*. 2001;16:319-29. [↑](#footnote-ref-4)
5. Ruppin D et al. *Drugs* 1980;20:216-224. [↑](#footnote-ref-5)