***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Peptamen® with Prebio1™ complete peptide-based nutrition formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Peptamen® with Prebio1™ formula, manufactured by Nestlé HealthCare Nutrition, Inc. for the dietary management 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 formula were denied.*

Peptamen® with Prebio1™ formula is a nutritionally complete peptide-based formula for patients age 13 to adult. This formula is intended for the nutritional management of patients with impaired GI function, a requirement for early enteral feeding and/or for transitioning from or dual feeding with TPN. The product can be used as a complete tube feeding or oral supplement. Peptamen® with Prebio1™ formula is a medical food intended for use under the supervision of a medical professional.

Peptamen® with Prebio1™ formula is designed to promote GI absorption and integrity. The formula contains 100% whey protein. The unique peptide profile and high MCT level in Peptamen® with Prebio1™ formula is more easily absorbed than intact protein and long chain triglycerides, and therefore promotes efficient absorption and tolerance[[1]](#footnote-1),[[2]](#footnote-2),[[3]](#footnote-3). Whey peptides also help to preserve gut integrity[[4]](#footnote-4),[[5]](#footnote-5). The formula contains Prebio1™ blend, a unique prebiotic fiber blend to help support the growth of beneficial intestinal bacteria to support digestive health. Prebio1™ prebiotic fiber blend helps promote the growth of beneficial intestinal bacteria to help support digestive health[[6]](#footnote-6),[[7]](#footnote-7). Peptamen® with Prebio1™ formula 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: *If relevant, 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. Donald P et al. *Nutrition Research*. 1993;14:3-12. [↑](#footnote-ref-1)
2. Dylewski M, et al. Whey-based formulas improve tube feeding tolerance in pediatric burn patients. Presented at the 5th Clinical Nutrition Week, 2006. [↑](#footnote-ref-2)
3. Ruppin D et al. *Drugs* 1980;20:216-224. [↑](#footnote-ref-3)
4. Maples BA et al*. JPEN* 2005;29(s). [↑](#footnote-ref-4)
5. Marshall K. *Alt Med Review* 2004;9(2):136-156. [↑](#footnote-ref-5)
6. Scheppach W. Effect of short chain fatty acids on the human colonic mucosa in vitro. *JPEN* 1992;26(1):43-48. [↑](#footnote-ref-6)
7. Meyer D, Stasse-Wolthuis M. The bifidogenic effect of inulin and oligofructose and its consequences for gut health*. Eur J Clin Nutr*. 2009 Nov;63(11):1277-89. [↑](#footnote-ref-7)