***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Alfamino™ Infant or Alfamino™ Juniorhypoallergenic amino acid-based formula

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Alfamino™ Infant or Alfamino™ Junior hypoallergenic amino acid-based 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 weight loss, pertinent lab results, medications, potential outcome if formula were denied.*

Alfamino™ Infant is classified as an exempt infant formula and Alfamino™ Junior as a medical food. Both products must be used under medical supervision, and are only available through a pharmacy, home care company or Nestlé directly (with medical consent).

Alfamino™ Infant (for infants age 0-12 months) and Alfamino™ Junior (for children ages 1-13 years) are both nutritionally complete, hypoallergenic amino acid-based formulas. These formulas are appropriate for infants/children with the following conditions: cow’s milk protein allergy, multiple food allergies, eosinophilic GI disorders, malabsorptive conditions, short bowel syndrome or other conditions in which an amino acid-based diet would be beneficial (such as transition from TPN or early enteral feeding).

Without the use of Alfamino™ Infant/Alfamino™ Junior, my patient may experience       symptoms.

Your approval of this request for insurance coverage and reimbursement of the Alfamino™ Infant/Alfamino™ Junior would make a significant impact on the nutritional management of this patient.

**Product Information for Alfamino™ Infant and Alfamino™ Junior**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | **Product** | **Packaging** | **Calories per can** | **NDC Format Code** | **HCPCS Code** |
| 0-12 months | Alfamino™ Infant | 6-400 gm cannisters | 1976 | 13034-0788-21 | B4161 |
| 1-13 years | Alfamino™ Junior | 6-400 gm cannisters | 1840 | 13034-0787-95 | B4161 |

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.*