***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO:  *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Glytrol® formula.

I am requesting insurance coverage and reimbursement on behalf of my patient,  *Name/Date of Birth* ***.***I have prescribed Glytrol® 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.*

Glytrol® formula is a nutritionally complete formula for patients age 11 to adult. This product is intended for the nutritional management of patients with diabetes mellitus, abnormal glucose tolerance and patients with hyperglycemia. The product can be used as a complete tube feeding or oral supplement. Glytrol® formula is a medical food intended for use under the supervision of a medical professional.

Glytrol® formula has a balanced macronutrient profile consistent with ADA guidelines designed to help support glycemic control for people with diabetes mellitus.[[1]](#footnote-1) The formula contains MCT oil for promotion of absorption.[[2]](#footnote-2) It also contains a blend of both soluble and insoluble fiber to promote digestive health and bowel management.[[3]](#footnote-3),[[4]](#footnote-4) Glytrol® formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, nutritionally complete special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube”, found in HCPCS Category B4154.

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 the following websites for product information: www.NestleHealthScience.us and www.CareInitiative.com.*

1. American Diabetes Association. *Diabetes Care* 2008;31:S16-S78 [↑](#footnote-ref-1)
2. Ruppin DC et al. *Drugs* 1980;20:216-224. [↑](#footnote-ref-2)
3. Kolida S et al. *Br J Nutr* 2002;87(Suppl 2):S193-197. [↑](#footnote-ref-3)
4. Chandalia M et al. *N Engl J Med* 2000;342 :1392-1398. [↑](#footnote-ref-4)