***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Peptamen® Intense VHP 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® Intense VHPformula, 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® Intense VHP formula is a nutritionally complete peptide-based formula for patients age 13 to adult. The product is intended for the nutritional management of patients with impaired GI function, feeding intolerance, increased protein and/or blood glucose control requirements. This product is also intended for the nutritional management of patients who require enteral feeding and/or altered macronutrient requirements associated with obesity (BMI > 30). Peptamen® Intense VHP formula is a medical food intended for use under the supervision of a medical professional.

Peptamen® Intense VHP formula is designed to promote GI absorption and integrity. The formula has a balanced peptide profile, is high in protein at 37% of total calories and has a caloric density of 1.0 kcal/mL. Peptamen® Intense VHP formula contains 100% whey protein. The unique peptide profile and high MCT level in this formula are 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 may help to preserve gut integrity[[4]](#footnote-4),[[5]](#footnote-5). Peptamen® Intense VHP formula contains Prebio1™ blend, a unique prebiotic fiber blend of FOS and inulin to support digestive health. The 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)