***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Peptamen® elemental nutrition formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Peptamen® 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® formula is a nutritionally complete peptide-based formula for patients age 11 to adult. This product 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® is a medical food intended for use under the supervision of a medical professional.

Peptamen® formula is designed to promote GI absorption and integrity. The formula is made with enzymatically hydrolyzed 100% whey protein, which may facilitate gastric emptying time[[1]](#footnote-1),[[2]](#footnote-2). The unique peptide profile and high MCT level in Peptamen® formula are more easily absorbed than intact protein and long chain triglycerides, and therefore promotes efficient absorption and tolerance[[3]](#footnote-3),[[4]](#footnote-4),[[5]](#footnote-5). Whey peptides also help to preserve gut integrity[[6]](#footnote-6),[[7]](#footnote-7). Peptamen® 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: *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. 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. Donald P et al. *Nutrition Research*. 1993;14:3-12. [↑](#footnote-ref-3)
4. 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-4)
5. Ruppin D et al. *Drugs* 1980;20:216-224. [↑](#footnote-ref-5)
6. Maples BA et al*. JPEN* 2005;29(s). [↑](#footnote-ref-6)
7. Marshall K. *Alt Med Review* 2004;9(2):136-156. [↑](#footnote-ref-7)