***Letter of Medical Necessity***

Date: *Month, Day, Year*

TO: *Insurance Company*

FROM: *Physician Name*

SUBJECT: Request for coverage/ reimbursement for Peptamen Junior® complete peptide- based formula.

I am requesting insurance coverage and reimbursement on behalf of my patient, *Name/Date of Birth****.***I have prescribed Peptamen Junior® complete peptide-based formula for the dietary management of *Diagnosis or Condition.*

*Verify medical necessity for formula, including date of birth, diagnosis, height/weight, weight history, brief documentation of failure on or intolerance to other formulas and nutrition prescription.*

Peptamen Junior® formula is a nutritionally complete peptide-based formula for the nutritional management of GI-impaired children 1- 13 years of age. This product is intended for the nutritional management of patients with impaired GI function, malabsorption, delayed gastric emptying, growth failure and/or a requirement for early enteral feeding. The product can be used as a complete tube feeding or oral supplement.

Peptamen Junior® is a peptide-based pediatric enteral formula with 100% whey protein, enzymatically hydrolyzed, which may help to facilitate GI tolerance by improving gastric emptying time.[[1]](#footnote-1),[[2]](#footnote-2) Peptamen Junior® has a unique balanced peptide profile for efficient absorption and tolerance[[3]](#footnote-3),[[4]](#footnote-4) and an MCT:LCT ratio of 60:40 to decrease the potential for fat malabsorption.[[5]](#footnote-5) The formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula for pediatrics, hydrolyzed/ amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube”, found in HCPCS Category B4161.

Peptamen Junior® is a medical food intended for use under supervision of a medical professional.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Flavor | Case UPC | Packaging | Calories per Carton | Remimbursement/NDC  Formatted Number | HCPCS Code |
| Peptamen Junior® | Unflavored | 00798716162531 | 24 x 250 mL | 250 | 98716-0062-53 | B4161 |
| Peptamen Junior® | Vanilla | 00798716162524 | 24 x 250 mL | 250 | 98716-0062-52 | B4161 |
| Peptamen Junior® | Strawberry | 00798716601306 | 24 x 250 mL | 250 | 98716-0601-40 | B4161 |

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. 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)