

From: _____
(Physician Name & Subscriber Name)

Date: _____

(Subscriber ID Number)

To: _____
(Insurance Provider)

SUBJECT: Insurance Coverage Request for Pepticate™

Dear Sir or Madam:

I am requesting insurance coverage and reimbursement for my patient, **NAME**, born on **D.O.B.**, for whom I have prescribed the use of **Pepticate™**, a hypoallergenic, extensively hydrolyzed formula. **INCLUDE IF APPROPRIATE: Based on this patient's clinical history, I have determined that this formula is medically necessary. INCLUDE IF APPROPRIATE: Pepticate™** will be his/her sole source of nutrition.

At diagnosis, my patient's weight was **WEIGHT** (kg) and height was **HEIGHT** (cm). My patient's present weight is **WEIGHT** (kg) and length is **LENGTH** (cm). **He/She** will require **CALORIES** kcal per day or **FLUID OUNCES** fl oz per day of **Pepticate™**. This amount may be adjusted as **his/her** nutritional needs change. **INCLUDE IF APPROPRIATE: Patient** has trialed Pepticate and shown improvements in **[insert improvement measures]**.

Pepticate™ is an extensively hydrolyzed whey protein-based powdered infant formula specifically designed for infants with cow milk allergy. **Pepticate™** can be taken orally or through an enteral feeding tube. In this case, it will be administered **ORALLY/BY FEEDING TUBE**.

Pepticate™ is indicated for infants with cow milk allergy. My patient has been diagnosed with one or more of the following GI and allergic conditions, and/or potential symptoms of these conditions (check all that apply):

Diagnosis ICD-10 Code		Corresponding Z Code	
<input type="checkbox"/> Allergic gastroenteritis/colitis	K52.2	<input type="checkbox"/> Allergy to milk products	Z91.011
		<input type="checkbox"/> Allergy to other foods	Z91.018
		<input type="checkbox"/> Other non-medicinal substance allergy	Z91.048
<input type="checkbox"/> Bloody stool(s)	K92.1		
<input type="checkbox"/> Other allergic gastroenteritis and colitis	K52.29		
<input type="checkbox"/> Atopic dermatitis due to food allergy	L27.2		
<input type="checkbox"/> Allergic rhinitis due to food allergy	J30.5		

Diagnosis ICD-10 Code		Corresponding Z Code
<input type="checkbox"/> Failure to thrive (newborn)	P92.6	
<input type="checkbox"/> Failure to thrive (non-newborn)	R62.51	
<input type="checkbox"/> Underweight	R63.6	<input type="checkbox"/> < 5 th percentile (weight percentile) Z68.51
<input type="checkbox"/> Other, please specify :		

PATIENT has previously been managed with **LIST FORMULA(s)** which **has/have** proven ineffective.

Pepticate™ is not a drug, but the FDA classifies **Pepticate™** as an “Exempt Infant Formula,” which must be used under medical supervision. Many pharmacies and homecare suppliers have policies that require a prescription to purchase **Pepticate™** to ensure that the appropriate product is being dispensed and the patient is receiving medical supervision. This patient’s clinical nutritional status will be monitored by a **gastroenterologist, pediatrician, allergist, registered dietitian and feeding specialist (EDIT AS APPROPRIATE)**.

Your approval of this request for assistance with medical care and reimbursement of the formula would have a significant positive impact on this patient’s health.

Sincerely,

Signature

Name

Title

Title – Center/Hospital/Institution/Practice

Enclosures: Current Growth Chart, Letter of Dictation, Reports, Prescription

Product and Reimbursement Information for Pepticate™

Name	Product Code	Packaging	Calories per Can	Yield per can*	NDC-format Code†	HCPCS Code
Pepticate™	191498	12 x 400 g (14.1 oz)	1968	98 fl oz	49735-0100-91	B4161

*At standard dilution of 20 kcal/fl oz.

†Nutricia North America does not represent codes to be National Drug Codes (NDCs). NDC-format codes are product codes adjusted according to standard industry practice to meet the format requirements of pharmacy and health insurance systems.

This letter is intended to be used as a template and customized by the clinician for each patient. The list of diagnoses and ICD-10 codes contained in this letter is not all-inclusive. It is ultimately the responsibility of the healthcare professionals associated with the patient's care to determine and document the appropriate diagnosis(es) and code(s) for the patient's condition(s). Nutricia does not guarantee that the use of any information provided in this letter will result in coverage or payment by any third-party payer.