

Date: _____

To: Insurance Company

From: _____
(Name of doctor)

Subject: Request insurance coverage for Nutramigen® **AA**™ LIPIL®

This letter requests insurance coverage and reimbursement for the caretakers of patient _____ for whom I have prescribed the use of Nutramigen **AA** LIPIL (manufactured by Mead Johnson Nutritionals).
(Name of patient)

I believe that Nutramigen **AA** LIPIL is a medical necessity and will provide the proper dietary management for this patient, who has been diagnosed with severe cow's milk allergy. Nutramigen **AA** LIPIL is designed to meet the nutritional needs of infants and toddlers with severe cow's milk protein allergy or multiple food protein allergy who are unable to ingest a normal diet or other hypoallergenic formulas. It is composed of 100% free amino acids, and is milk-free, gluten-free, and soy protein-free. Nutramigen **AA** LIPIL is a nutritionally complete formula that can be an infant's sole source of nutrition for up to age 6 months, and a major source of nutrition through age 24 months.

The FDA classifies Nutramigen **AA** LIPIL as an "exempt infant formula" that should be used under medical supervision. Nutramigen **AA** LIPIL is available only through a pharmacy or direct from Mead Johnson Nutritionals. The HCPCS code for Nutramigen **AA** LIPIL is **B4161**.

Your acceptance of this request for insurance coverage and reimbursement of Nutramigen **AA** LIPIL will make a significant impact on the health of this child.

Sincerely,

(Signature of doctor)