

Letter of Medical Necessity for PurAmino™ Jr

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

Medical Condition: ICD-10: _____ CPT/HCPCS Code: B4161

To Whom It May Concern:

_____ , age _____ years, height (cm) _____ , weight (kg) _____ , is followed by _____ , ICD-10: _____ .
at the _____ , for _____ . The purpose of this letter is to explain the medical
necessity of _____ and the medical food PurAmino Jr (HCPCS Code B4161) treatment request for insurance coverage.

is:

Treatment for _____ involves strict dietary management. _____ is currently
prescribed PurAmino Jr (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on amino acids to
meet the specialized nutrient needs of our patients with _____ fed orally or enterally. The prescribed medical food is
imperative in the treatment of _____ condition. PurAmino Jr is medically necessary to ensure that _____ maintains

_____ will require _____ kcal per day or _____ oz per day of PurAmino Jr. It is designed to provide a major source of
nutrition for our patient. The use of PurAmino Jr in our patient's diet could make a significant contribution to maintenance of good nutrition. It is composed of
100% free amino acids, lactose-free, and does not have ingredients that are known sources of gluten. PurAmino Jr is a nutritionally complete formula that can
be a **major source of nutrition** for our patient.

If our patient is untreated for _____ , it would severely damage _____ health and fail to comply with diet restrictions; without
the use of PurAmino Jr, a hypoallergenic, amino acid-based medical food, our patient may experience **severe health complications**, which can result in
hospitalizations and/or costly parenteral nutrition.

It is essential to note that, without our patient's medical food, it would be impossible to prevent chronic and severe hunger and fail to comply with diet
restrictions. PurAmino Jr is recommended for 12 months of age and up.

In summary, _____ is in need of PurAmino Jr HCPCS Code B4161, medical formula for the treatment of _____
_____ , ICD-10: _____ . We appreciate your attention to this request for PurAmino Jr medical food/enteral nutrition
formula to be covered by _____ current medical insurance.

Your authorization of this prescribed order will provide our patient the treatment needed to improve _____ overall health, growing nourishment needs,
and medical condition.

If you have further questions, please do not hesitate to contact us at _____ .

Sincerely,

Letter of Medical Necessity for PurAmino™ DHA & ARA Hypoallergenic Infant Formula

Date: _____ Insurance Company: _____ Member ID: _____

Patient Full Name: _____ DOB: _____

Medical Condition: ICD-10: _____ CPT/HCPCS Code: B4161

To Whom It May Concern:

_____ , age _____ years, height (cm) _____ , weight (kg) _____ , is followed by _____ , ICD-10: _____ .
at the _____ , for _____ . The purpose of this letter is to explain the medical
necessity of _____ and the medical food PurAmino Infant DHA & ARA Hypoallergenic formula (HCPCS Code B4161)
treatment request for insurance coverage.

is:

Treatment for _____ involves a strict dietary management. _____ is currently
prescribed PurAmino Infant DHA & ARA Hypoallergenic formula (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic
formula based on amino acids to meet the specialized nutrient needs of our patients with _____ fed orally or
enterally. The prescribed medical food is imperative in the treatment of _____ condition. PurAmino Infant DHA & ARA
Hypoallergenic formula is medically necessary to ensure that _____ maintains _____ .

_____ will require _____ kcal per day or _____ oz per day of PurAmino Infant DHA & ARA Hypoallergenic formula. It is
designed to provide a major source of nutrition for our patient. The use of PurAmino Infant DHA & ARA Hypoallergenic formula in our patient's diet could make
a significant contribution to maintenance of good nutrition. It is composed of 100% free amino acids, lactose-free, and does not have ingredients that are known
sources of gluten.

PurAmino Infant DHA & ARA Hypoallergenic formula is a nutritionally complete formula that can be an infant's **sole source of nutrition** for up to 6 months of
age and a **major source of nutrition** through 24 months of age.

Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for _____ ,
it would severely damage _____ health and fail to comply with diet restrictions; without the use of PurAmino Infant DHA & ARA Hypoallergenic formula,
amino acid-based medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/or costly parenteral nutrition.

It is essential to note that, without our patient's medical food, it would be impossible to prevent chronic and severe hunger and fail to comply with diet
restrictions. PurAmino Infant DHA & ARA Hypoallergenic formula is recommended for 0 - 24 months of age.

In summary, _____ is in need of PurAmino Infant DHA & ARA Hypoallergenic formula, HCPCS Code B4161, medical
formula for the treatment of _____ , ICD-10: _____ . We appreciate your attention to this request for PurAmino
Infant DHA & ARA Hypoallergenic formula medical food/enteral nutrition formula to be covered by _____ current medical insurance.

Your authorization of this prescribed order will provide our patient the treatment needed to improve _____ overall health, growing nourishment needs,
and medical condition.

If you have further questions, please do not hesitate to contact us at _____ .

Sincerely,