

Date: _____

To: _____
(Insurance Company)

From: _____
(Physician's Name)

SUBJECT: Request Insurance Coverage for *Similac® Alimentum®* – a nutritionally complete hypoallergenic formula for infants and a supplemental beverage for children with severe food allergies, sensitivity to intact protein, protein maldigestion or fat malabsorption.

_____ is a _____ -month-old patient who has been under my care since ____/____/____. She/He has a diagnosis of _____, which has been treated with _____. The use of a hypoallergenic formula such as *Similac Alimentum* is a key component of the medical management of this condition for this patient. I am requesting insurance coverage and reimbursement for this patient, for whom I am prescribing *Similac Alimentum*.

Similac Alimentum is specifically formulated to meet the nutritional needs of children and infants who cannot tolerate intact protein. Conditions for which *Similac Alimentum* is indicated include protein maldigestion, fat malabsorption, severe food allergies and other conditions in which a hydrolysate diet is required. One-third of the fat blend is medium-chain triglycerides, an easily digested and well-absorbed fat source.

Similac Alimentum contains hydrolyzed casein supplemented with free amino acids for infants who are sensitive to, or unable to digest, intact protein. *Similac Alimentum* contains DHA and ARA – two nutrients found in breast milk that are important for mental and visual development – as well as a blend of two carbohydrates that is absorbed in two different pathways to maximize absorption and minimize risk of malabsorption.

The HCPCS code for *Similac Alimentum* is B4161 and the NDC-format codes are 70074-0576-64 for 16-oz Powder, 70074-0575-09 for 8-fl-oz Ready To Feed and 70074-0575-13 for 32-fl-oz Ready To Feed. (source – *First Databank*)

Your approval of this request for coverage and reimbursement of *Similac Alimentum* will make a significant difference in the health of this patient.

Sincerely,

(Physician's Signature)