

# Durable Medical Equipment (DME) Resource Kit



*Let's fuel the wonder.™*

**Key products for institutional partners**

Please see inside for a complete product list



## Important Contact Information

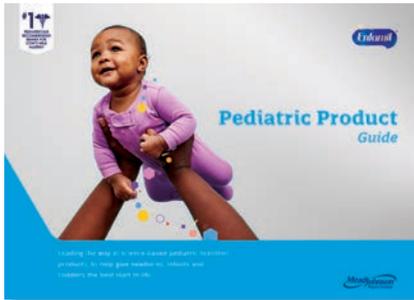
MJN Representative \_\_\_\_\_

Phone Number: \_\_\_\_\_

### MEAD JOHNSON NUTRITION PEDIATRIC PRODUCT GUIDE

#### The complete Mead Johnson Nutrition Pediatric Product Guide—

This comprehensive product guide is also available as a mobile app for your phone or tablet. Scan the code to download now.



### HEALTHCARE PROFESSIONAL CONTACT INFORMATION

**1-800-457-3550 or [mg-mjn-inst-orders@mjn.com](mailto:mg-mjn-inst-orders@mjn.com)**

Customer Service – To place an order.

**1-812-429-6399 or [mjmedicalaffairs@mjn.com](mailto:mjmedicalaffairs@mjn.com)**

Medical Service – Answers to product questions.

**[hcp.meadjohnson.com](http://hcp.meadjohnson.com)**

Healthcare Professionals – To get product information and more.

### CONSUMER CONTACT INFORMATION

**1-800-BABY123**

For parents.

**[enfamil.com](http://enfamil.com)**

A friendly source of information for moms.



# Patient Resources

- Caregiver Tip Sheet
- Recipe Information
- Mead Johnson Enfamil Family of Formulas™

Visit [hcp.meadjohnson.com](http://hcp.meadjohnson.com) for additional resources

## REQUIRED DOCUMENTATION CHECKLIST

- Documentation of Dispensing Order
  - Product/item descriptions
  - Name of beneficiary
  - Physician/supplier name, signature and date of order

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- Detailed Written Order
  - Description of product or nutrient to be administered
  - Method of administration
  - Rate/frequency of administration and/or number of calories per 24-hour period
  - List of all separately billed items
  - Quantity to be dispensed
  - Refill frequency
  - Signature of treating physician and date of order

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- Refill Request

## NOTES/ADDITIONAL INSTRUCTIONS

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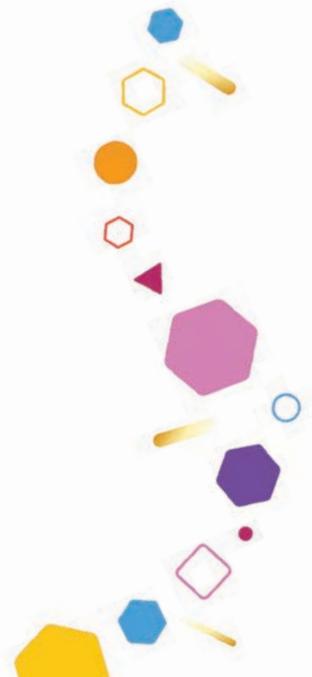
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# Recipe Information

- Please visit our healthcare professional website for recipe information for a wide variety of Mead Johnson products, including formula mixing instructions for home use.
- Find recipe information at [hcp.meadjohnson.com](http://hcp.meadjohnson.com). Click on the live link to take you directly to the MJN Product Recipes.





**#1**  
PEDIATRICIAN  
RECOMMENDED  
BRAND

# Welcome to THE ENFAMIL FAMILY OF FORMULAS™

Pediatricians recommend Enfamil® infant formula more than any other brand of infant formula. Enfamil formulas are inspired by breast milk and backed by science.

## ENFAMIL® GENTLE START FORMULAS



**Enfamil®  
Enspire™**

Formulated to be our closest formula to breast milk



**Enfamil  
NeuroPro™ Infant**

Routine formula inspired by mature breast milk for babies 0-12 months



**Enfamil  
PREMIUM™ A2**

Premium milk with easy-to-digest A2 beta-casein milk protein type from European cows



**Enfamil NeuroPro™  
Gentlease®**

For easing fussiness, gas and crying in 24 hours



**Enfamil® Enspire™  
Gentlease®**

Our closest formula to breast milk for easing fussiness, gas and crying

## SOLUTIONS FOR TUMMY TROUBLES



**Enfamil NeuroPro™  
Sensitive**

An easy-to-digest formula specially formulated for lactose sensitivity<sup>†</sup> and has brain-building MFGM<sup>‡</sup> and Omega-3 DHA



**Enfamil  
A.R.™**

Works in 1 week to reduce spit-up/<sup>§</sup> common reflux<sup>§</sup>



**Enfamil®  
Reguline®**

Designed to promote soft, comfortable stools; probiotics blend works in 1 week<sup>||</sup>



**Enfamil®  
ProSobee®**

Dairy-free, soy-based formula for sensitive tummies



**Nutramigen®  
LGG®<sup>¶</sup>**

Hypoallergenic formula with LGG probiotic: For food allergies including cow's milk allergy (CMA) & fast relief from colic/<sup>#</sup> severe crying due to CMA<sup>#</sup>



**PurAmino™**

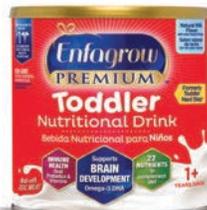
For severe cow's milk allergy or multiple food allergies

## TODDLER FORMULAS AND NUTRITIONAL DRINKS



**Enfagrow PREMIUM™  
Toddler Transitions®**

For toddlers 9–18 months who are transitioning to solid foods—also available in soy and gentle formulations for sensitive tummies



**Enfagrow PREMIUM™  
Toddler Next Step™**

Nutritional drink to complement the diet of toddlers 1-3 years—available in powder and convenient ready-to-drink



**Nutramigen® LGG®<sup>¶</sup>  
Toddler**

Designed to meet the growing nutritional needs of toddlers 9-36 months who have food allergies including cow's milk allergy



**PurAmino™  
Jr**

Designed to meet the growing nutritional needs of juniors 1 year and up who have severe cow's milk allergy or multiple food allergies



\* Pediatrician survey did not include Enfagrow® products.  
† Not for infants with galactosemia.  
‡ In an amount supported by clinical research.

§ vs. the same infants at the beginning of the study, in infants who regurgitate frequently (5 or more spit-ups per day).  
|| Infants fed a formula with the prebiotic blend had softer stools compared to a routine formula without prebiotics at 1 week.

¶ LGG® is a registered trademark of Chr. Hansen A/S.  
# Studied before the addition of DHA, ARA, and LGG.

**Enfamil® also offers a complete line of premature nutrition, metabolic and special medical needs formulas**

**PREMATURE, NICU & POST-DISCHARGE NUTRITION**



Enfamil NeuroPro™ EnfaCare®

Nutrition designed to support brain and lean growth in babies born prematurely transitioning to home



Enfamil® Premature formulas

Available in 20, 24, 24 High Protein and 30 Cal/fl oz densities, designed to meet Global Expert Recommendations for all labeled nutrients



Enfamil® Human Milk Fortifier Acidified Liquid

Commercially sterile, milk-based nutritional supplement to be added to expressed breast milk



Enfamil® Human Milk Fortifier Powder

Powder nutritional supplement to be added to expressed breast milk



Non-Acidified Enfamil® Liquid Human Milk Fortifiers

Commercially sterile, milk-based nutritional supplement to be added to expressed breast milk. Available in High Protein and Standard Protein

**MEDICAL NEEDS FORMULAS**



3232 A

Protein hydrolysate base powder to be used with added carbohydrate



Enfaport™

Complete nutrition for infants with chylothorax or LCHAD deficiency



Portagen®

Milk-based powder with MCT oil for children and adults



Pregestimil®

For infants who experience fat malabsorption

**NUTRITIONAL SUPPLEMENTS**

**METABOLIC FORMULAS**



Visit [hcp.meadjohnson.com](http://hcp.meadjohnson.com) to learn more



# Provider Resources

- Mead Johnson Nutrition Products Guide
- Product Equivalence and Comparison Guide
- Women, Infants, and Children Program Monthly Allotments—Fully Formula-Fed Babies
- Women, Infants, and Children Program Monthly Allotments—Partially Breastfed Babies
- Women, Infants, and Children Program Monthly Allotments—Additional Products
- Specialty and Solutions for Feeding Issues
- Continuing Education Opportunities







# Mead Johnson Nutrition PRODUCTS GUIDE

Discover options to meet your patients' particular needs—while providing nutrients important to **help support brain development, immune health and growth.**

## ENFAMIL® GENTLE START FORMULAS

Routine formulas for newborns and infants



### Enfamil® Enspire™

0-12 month infants

Formulated to be our closest formula to breast milk and the first formula to add the revolutionary ingredients MFGM and lactoferrin.

### Enfamil NeuroPro™ Infant

**Patterned after  
mature breast milk†**  
0-12 month infants

Inspired by mature breast milk. It has DHA in an amount shown to foster learning ability from infancy through 5 years of age, and milk fat globule membrane (MFGM) for brain-building nutrition inspired by breast milk.

### Enfamil PREMIUM™ A2

**Naturally easy-to-digest  
A2 protein**  
0-12 month infants

The first and only infant formula to have both naturally easy-to-digest A2 milk proteins sourced from European grass-fed cows and brain-building DHA in a global expert-recommended amount‡.

### Enfamil NeuroPro™ Gentlelease®

**For easing fussiness,  
gas and crying in 24 hours§**  
0-12 month infants

Easy-to-digest proteins for sensitive tummies. Has milk fat globule membrane (MFGM) for brain-building nutrition inspired by breast milk.

### Enfamil® Enspire™ Gentlelease®

**Our closest formula to  
breast milk for easing fussi-  
ness, gas and crying**

The first formula for fussiness, gas, and crying to add the revolutionary ingredients MFGM and lactoferrin—for brain-building nutrition and immune health.

\* Pediatrician survey did not include Enfagrow® products.

† Based on whey:casein ratio of mature breast milk (15d – 6 months after birth).

‡ World Health Organization recommended amount of DHA is 0.2%-0.36% of total fatty acids.

§ vs. the same infants at the beginning of the study.



## ENFAMIL® PREMATURE AND POST-DISCHARGE NUTRITION

Specialized nutrition for babies born prematurely or with low birth weight



### Enfamil NeuroPro™ EnfaCare®

**From discharge through 1 year**

Nutrition designed to support brain and lean growth in babies born prematurely transitioning to home.

### Enfamil® Premature formulas

**For premature or low-birth-weight infants**

Milk-based infant formulas for premature or low-birth-weight infants—designed to meet Global Expert Recommendations for all labeled nutrients. Available in 20 Cal, 24 Cal, 24 Cal HP and 30 Cal/fl oz Nursette® bottles.

### Enfamil® Human Milk Fortifier Acidified Liquid

**For premature or low-birth-weight infants**

Commercially sterile, milk-based nutritional supplement to be added to expressed breast milk.

### Enfamil® Human Milk Fortifier Powder

**For premature or low-birth-weight infants**

Milk-based nutritional supplement to be added to expressed breast milk.

### Non-Acidified Enfamil® Liquid Human Milk Fortifiers

**For premature or low-birth-weight infants**

Commercially sterile, milk-based nutritional supplement to be added to expressed breast milk. Available in High Protein and Standard Protein.

## ENFAMIL® FEEDING SOLUTIONS

Specialty formulas for infants and toddlers with feeding issues



### Enfamil NeuroPro™ Sensitive

**For lactose sensitivity\***

An easy-to-digest formula specially formulated for lactose sensitivity\* and has brain-building MFGM† and Omega-3 DHA.

### Enfamil A.R.™

**50% less spit-up in 1 week‡**

Reduces frequent spit-up.

### Enfamil® Reguline®

**Prebiotic blend works in 1 week§**

Designed to promote soft, comfortable stools.

### Enfamil® ProSobee®

**Soy for sensitive tummies**

A dairy-free, soy-based alternative for sensitive tummies. Clinically proven to reduce fussiness and gas¶.

### Nutramigen® LGG®

**For food allergies including cow's milk allergy**

Hypoallergenic formula with LGG probiotic. For food allergies including cow's milk allergy (CMA) & fast relief from colic/severe crying due to CMA#.

### PurAmino™

**For multiple food allergies**

For severe cow's milk protein and multiple food allergies. DHA to support brain and eye development.

\* Not for infants with galactosemia.

† In an amount supported by clinical research.

‡ vs. the same infants at the beginning of the study, in infants who regurgitate frequently (5 or more spit-ups per day).

§ Infants fed a formula with the prebiotic blend had softer stools compared to a routine formula without prebiotics at 1 week.

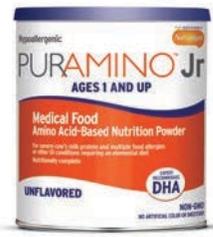
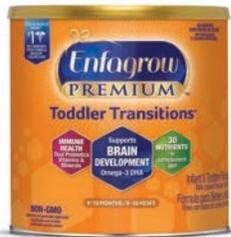
¶ vs. the same infants at the beginning of the study.

¶ LGG® is a registered trademark of Chr. Hansen A/S.

# Studied before the addition of DHA, ARA and LGG.

## TODDLER FORMULAS AND NUTRITIONAL DRINKS

Formulas for toddlers that have DHA to help support brain and eye development



### Enfagrow PREMIUM™ Toddler Transitions®

**Toddlers 9-18 months**

Designed for toddlers who are transitioning to solid foods. Has 30 total nutrients, such as brain-nourishing DHA.

### Enfagrow PREMIUM™ Toddler Next Step™

**Toddlers 1-3 years**

22 total nutrients to help complement their diet such as brain-nourishing DHA, iron and prebiotics.

### Nutramigen® LGG®\* Toddler

**Older Infants & Toddlers 9-36 months**

Hypoallergenic formula with LGG probiotic. For the management of food allergies including cow's milk allergy while helping meet growing nutrition needs with DHA and vitamins & minerals.

### PurAmino™ Jr

**Juniors 1 year and up**

For severe cow's milk protein and multiple food allergies. DHA to help support brain and eye development.

## MEDICAL NEEDS FORMULAS

Specially formulated for infants, children and adults



### 3232 A

Protein hydrolysate base powder to be used with added carbohydrate.

### Enfaport™

Complete nutrition for infants with chylothorax or LCHAD deficiency.

### Portagen®

Milk protein-based powder with medium-chain triglycerides (MCT) for children and adults.

## ORAL ELECTROLYTES

Electrolyte solutions



### Enfamil® Enfalyte®

For the maintenance of water and electrolytes—available in unflavored, Cherry Splash and Mixed Fruit flavors.

## NUTRITIONAL SUPPLEMENTS



### Vitamins and Probiotics

Vitamins and probiotics offer nutritional support for mom and baby, from prenatal, breastfeeding, and transitioning to solid foods.

\* LGG® is a registered trademark of Chr. Hansen A/S.

## MEAD JOHNSON METABOLIC FORMULAS

Special products designed for the dietary management of documented inborn errors of metabolism



BCAD 1

For the dietary management of infants and toddlers with maple syrup urine disease (MSUD).



BCAD 2

For the dietary management of children and adults with maple syrup urine disease (MSUD).



GA

For infants, children and adults with glutaric acidemia type 1.



HCY 1

For infants and toddlers with homocystinuria.



HCY 2

For children and adults with homocystinuria.



LMD

For infants, children and adults with leucine metabolism disorders.



OA 1

For infants and toddlers with propionic or methylmalonic acidemia (organic acidemias).



OA 2

For children and adults with propionic or methylmalonic acidemia (organic acidemia).



PFD 2

For children and adults with amino acid metabolic disorders.



PFD Toddler

For toddlers and young children with various amino acid metabolic disorders.



Phenyl-Free® 1

For infants and toddlers with phenylketonuria (PKU).



Phenyl-Free® 2

For children and adults with phenylketonuria (PKU).



Phenyl-Free® 2HP

For children and adults with phenylketonuria (PKU) with a higher protein level than Phenyl-Free 2.



TYROS 1

For infants and toddlers with documented tyrosinemia.



TYROS 2

For children and adults with tyrosinemia.



WND® 1

For infants and toddlers with inborn errors of the urea cycle (waste nitrogen disorders).



WND® 2

For children and adults with inborn errors of the urea cycle (waste nitrogen disorders).

# Product Equivalence and Comparison Guide

	Mead Johnson Nutrition Product	Abbott Nutrition Product	Nestlé Product	Nutricia Product
	<b>Premature/NICU/Post-Discharge</b>			
	Enfamil NeuroPro™ EnfaCare®	Similac® NeoSure®	No Product Comparison	No Product Comparison
	Enfamil® Human Milk Fortifier Powder	Similac® Human Milk Fortifier Powder	No Product Comparison	No Product Comparison
	Enfamil® Human Milk Fortifier Acidified Liquid	Similac® Human Milk Fortifier Concentrated Liquid, Similac® Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid	No Product Comparison	No Product Comparison
	Enfamil® Human Milk Fortifier Liquid – High Protein	Similac® Human Milk Fortifier Concentrated Liquid	No Product Comparison	No Product Comparison
	Enfamil® Human Milk Fortifier Liquid – Standard Protein	Similac® Human Milk Fortifier Concentrated Liquid	No Product Comparison	No Product Comparison
	Enfamil® Premature	Similac® Special Care®	No Product Comparison	No Product Comparison
	No Product Comparison	Similac® Liquid Protein Fortifier	No Product Comparison	No Product Comparison
	<b>Newborn</b>			
	Enfamil® 24	Similac® with Iron 24	No Product Comparison	No Product Comparison
	<b>Infant</b>			
	Enfamil NeuroPro™ Infant	Similac Pro-Advance™	Gerber® Good Start® Gentle	No Product Comparison
	Enfamil PREMIUM™ A2	Similac® Organic with A2 Milk	Gerber® Good Start® A2	No Product Comparison
	Enfamil NeuroPro™ Gentlelease®	Similac Pro-Sensitive™	Gerber® Good Start® Soothe	No Product Comparison
	<b>Solutions</b>			
	Enfamil NeuroPro™ Sensitive	Similac Pro-Sensitive™	Gerber® Good Start® Soothe	No Product Comparison
	Enfamil A.R.™	Similac® For Spit-Up	No Product Comparison	No Product Comparison
	Enfamil® ProSobee®	Similac® Soy Isomil®	Gerber® Good Start® Soy	No Product Comparison
	Nutramigen®	Similac® Alimentum®	No Product Comparison	No Product Comparison
	Nutramigen® LGG®*	No Product Comparison	Gerber® Extensive HA®	No Product Comparison
	PurAmino™	EleCare®	Alfamino® Infant	Neocate® Infant
	Pregestimil®	Similac® Alimentum®	No Product Comparison	No Product Comparison
	Enfamil® Reguline®	No Product Comparison	No Product Comparison	No Product Comparison

\* LGG® is a registered trademark of Chr. Hansen A/S.

# Product Equivalence and Comparison Guide

Mead Johnson Nutrition Product	Abbott Nutrition Product	Nestlé Product	Nutricia Product
<b>Toddler</b>			
 Nutramigen® LGG®* Toddler	No Product Comparison	No Product Comparison	No Product Comparison
 PurAmino™ Jr	EleCare® Jr	Alfamino® Junior	Neocate® Junior
<b>Medical Needs</b>			
 3232 A	No Product Comparison	No Product Comparison	No Product Comparison
 Enfaport™	No Product Comparison	No Product Comparison	No Product Comparison
 Portagen®	No Product Comparison	No Product Comparison	No Product Comparison
<b>Metabolics</b>			
 BCAD 1, BCAD 2	Ketonex®-1, Ketonex®-2	No Product Comparison	MSUD Analog, MSUD Maxamaid
 GA	Glutarex®-1, Glutarex®-2	No Product Comparison	No Product Comparison
 HCY 1, HCY 2	Hominex®-1, Hominex®-2	No Product Comparison	XMet Analog, XMet Maxamaid
 LMD	I-Valex®-1, I-Valex®-2	No Product Comparison	No Product Comparison
 OA 1, OA 2	Propimex®-1, Propimex®-2	No Product Comparison	No Product Comparison
 PFD Toddler	Pro-Phree®	No Product Comparison	No Product Comparison
 PFD 2	No Product Comparison	No Product Comparison	No Product Comparison
 Phenyl-Free® 1	Phenex™ -1	No Product Comparison	No Product Comparison
 Phenyl-Free® 2, Phenyl-Free® 2HP	No Product Comparison	No Product Comparison	Periflex Advance
 TYROS 1, TYROS 2	Tyrex®-1, Tyrex®-2	No Product Comparison	No Product Comparison
 WND® 1, WND® 2	Cyclinex®-1, Cyclinex®-2	No Product Comparison	UCD Anamix Junior
<b>No Product Comparison</b>			
No Product Comparison	Similac PM 60/40	No Product Comparison	No Product Comparison

\* LGG® is a registered trademark of Chr. Hansen A/S.

# Product Equivalence and Comparison Guide

Mead Johnson Nutrition Product	Abbott Nutrition Product	Nestlé Product	Nutricia Product
<b>Vitamins</b>			
 Enfamil® D-Vi-Sol® Liquid Vitamin D Supplement	No Product Comparison	No Product Comparison	No Product Comparison
 Enfamil® Fer-In-Sol® Liquid Iron Supplement	No Product Comparison	No Product Comparison	No Product Comparison
 Enfamil® Poly-Vi-Sol® Liquid Multivitamin Supplement	No Product Comparison	No Product Comparison	No Product Comparison
 Enfamil® Poly-Vi-Sol® with Iron Liquid Multivitamin Supplement	No Product Comparison	No Product Comparison	No Product Comparison
 Enfamil® Tri-Vi-Sol® Liquid Vitamins Supplement	No Product Comparison	No Product Comparison	No Product Comparison
 Enfamom™ Prenatal Vitamin & Mineral Supplement	Similac® Prenatal Vitamin	No Product Comparison	No Product Comparison
<b>Infant Probiotics</b>			
 Enfamil® Infant Probiotics Dietary Supplement	No Product Comparison	Gerber® Good Start® Baby Gentle Everyday Probiotic Drops Gerber® Good Start® Baby Soothe® Comforting Probiotic Colic Drops	No Product Comparison
 Enfamil® Breastfed Infant Probiotics & Vitamin D	No Product Comparison	Gerber® Good Start® Baby Soothe® Vitamin D & Probiotic Drops®	No Product Comparison

# Women, Infants, and Children Program\* Monthly Allotments— Fully Formula-Fed Babies

FORM	Can Size	Yield (fl oz)	Month												
			0	1	2	3	4	5	6	7	8	9	10	11	
<b>Number of Cans per Month – Fully Formula-Fed†</b>															
<b>Post-Discharge</b>															
	<b>Enfamil NeuroPro™ EnfaCare®</b> with infant foods without infant foods (medically fragile)	12.8 oz	82	10	10	10	10	11	11	8	8	8	8	8	8
<b>Infant</b>															
	<b>Enfamil® Infant</b>	12.5 oz	90	9	9	9	9	10	10	7	7	7	7	7	7
	<b>Enfamil® Gentlease®</b>	12.4 oz	90	9	9	9	9	10	10	7	7	7	7	7	7
<b>Solutions</b>															
	<b>Enfamil A.R.™</b>	12.9 oz	91	9	9	9	9	10	10	7	7	7	7	7	7
	<b>Enfamil® ProSobee®</b>	12.9 oz	93	9	9	9	9	10	10	7	7	7	7	7	7
	<b>Enfamil® Reguline®</b>	12.4 oz	90	9	9	9	9	10	10	7	7	7	7	7	7
	<b>Nutramigen® LGG®‡</b> with infant foods without infant foods (medically fragile)	12.6 oz	87	10	10	10	10	11	11	8	8	8	8	8	8
	<b>Pregestimil®</b> with infant foods without infant foods (medically fragile)	16 oz	112	8	7	7	7	8	8	6	6	6	6	6	6
	<b>PurAmino™</b> with infant foods without infant foods (medically fragile)	14.1 oz	98	9	8	8	8	10	9	7	7	7	7	7	7
<b>Concentrate</b>	All concentrate brands	13 fl oz	26	31	31	31	31	34	34	24	24	24	24	24	24
<b>Ready-to-Use</b>	All 32 fl oz RTU	32 fl oz	32	26	26	26	26	28	28	20	20	20	20	20	20
	All 8 fl oz RTU (6-pk)	8 fl oz	48	17	17	17	17	19	19	13	13	13	13	13	13
	All 2 fl oz RTU w/o foods	2 fl oz	2	416	416	416	416	448	448	448	448	448	448	448	448
	All 2 fl oz RTU w/o foods (6-pk)	2 fl oz	12	69	69	69	69	74	74	74	74	74	74	74	74

\* No endorsement of any brand or product by the USDA is implied or intended.

† All allotments are based on maximum allowable ounces per the Code of Federal Regulations, 7 CFR Part 246 governing product issuance.

‡ LGG® is a registered trademark of Chr. Hansen A/S.

# Women, Infants, and Children Program\* Monthly Allotments— Partially Breastfed Babies

FORM	Can Size	Yield (fl oz)	Month											
			0	1	2	3	4	5	6	7	8	9	10	11
<b>Number of Cans per Month – Fully Formula-Fed†</b>														
<b>Post-Discharge</b>														
	<b>Enfamil NeuroPro™ EnfaCare®</b> with infant foods	12.8 oz	82	0 or 1	5	5	5	6	6	4	4	4	4	4
<b>Infant</b>														
	<b>Enfamil® Infant</b>	12.5 oz	90	0 or 1	5	4	4	5	5	4	4	4	4	4
	<b>Enfamil® Gentlease®</b>	12.4 oz	90	0 or 1	5	4	4	5	5	4	4	4	4	4
<b>Solutions</b>														
	<b>Enfamil A.R.™</b>	12.9 oz	91	0 or 1	4	4	4	5	5	4	4	4	4	4
	<b>Enfamil® ProSobee®</b>	12.9 oz	93	0 or 1	4	4	4	5	5	4	4	4	4	4
	<b>Enfamil® Reguline®</b>	12.4 oz	90	0 or 1	5	4	4	5	5	4	4	4	4	4
	<b>Nutramigen® LGG‡</b> with infant foods	12.6 oz	87	0 or 1	5	5	5	6	6	4	4	4	4	4
	<b>Pregestimil®</b> with infant foods	16 oz	112	0	4	4	4	4	3	3	3	3	3	3
	<b>PurAmino™</b> with infant foods	14.1 oz	98	0 or 1	4	4	4	5	5	4	4	4	4	4

<b>Concentrate</b>	All concentrate brands	13 fl oz	26	4	14	14	14	17	17	12	12	12	12	12
	All 32 fl oz RTU	32 fl oz	32	3	12	12	12	14	14	10	10	10	10	10
<b>Ready-to-Use</b>	All 8 fl oz RTU (6-pk)	8 fl oz	48	2	8	8	8	10	10	7	7	7	7	7
	All 2 fl oz RTU w/o foods (6-pk)	2 fl oz	12	8	32	32	32	39	39	39	39	39	39	39

\* No endorsement of any brand or product by the USDA is implied or intended.

† All allotments are based on maximum allowable ounces per the Code of Federal Regulations, 7 CFR Part 246 governing product issuance.

‡ LGG® is a registered trademark of Chr. Hansen A/S.

# Women, Infants, and Children Program\* Monthly Allotments—Additional Products

FORM	Can Size	Yield (fl oz)	Month													
			0	1	2	3	4	5	6	7	8	9	10	11		
<b>Number of Cans per Month – Fully Formula-Fed†</b>																
<b>Toddler</b>																
	<b>Enfagrow PREMIUM™ Toddler Transitions®</b>	20 oz	141											5	5	4
	<b>Enfagrow® Toddler Transitions® Gentlease®</b>	20 oz	141											5	5	4
	<b>Nutramigen® LGG®± Toddler</b> with infant foods without infant foods (medically fragile)	12.6 oz	86											8	8	8
														11	11	11
<b>Women, Infants, and Children Program Eligible Medical Nutritionals for 1-3 Years</b>																
	<b>Enfagrow® PREMIUM™ Toddler Next Step™</b> Vanilla Flavor	24 oz 8.25 oz RTU (6-pack)	130 49.5													
																Powder = 7 cans per month Ready-to-Use 6-pack = 18 per month
	<b>Enfagrow PREMIUM™ Toddler Next Step™</b> Natural Milk Flavor	24 oz 8.25 oz RTU (6-pack) 32 oz	130 49.5													
																Powder = 7 cans per month Ready-to-Use 6-pack = 18 per month Ready-to-Use bottle = 27-32 per month
<b>Women, Infants, and Children Program Eligible Medical Nutritionals for 1 Year and Up</b>																
	<b>PurAmino™ Jr</b>	14.1 oz	66													13 cans per month

\* No endorsement of any brand or product by the USDA is implied or intended.

† All allotments are based on maximum allowable ounces per the Code of Federal Regulations, 7 CFR Part 246 governing product issuance.

‡ LGG® is a registered trademark of Chr. Hansen A/S.

# Help every baby get a great start in life, whatever their feeding issue may be

## For Sensitive Tummies

Partially hydrolyzed proteins



ENFAMIL®—THE #1 PEDIATRICIAN-RECOMMENDED BRAND



**Enfamil NeuroPro™ Gentlease®**  
Powder for 0-12 months

- Easy-to-digest protein blend
- Has milk fat globule membrane (MFGM) for brain-building nutrition inspired by breast milk



**Enfagrow® Toddler Transitions® Gentlease®**  
Powder for 9-18 months

- Easy to digest protein blend
- Designed to ease fussiness, gas & crying

## For Food Allergies Including Cow's Milk Allergy (CMA) + Colic\*

Extensively hydrolyzed proteins



THE #1 PEDIATRICIAN-RECOMMENDED BRAND FOR COW'S MILK ALLERGY

**Nutramigen® with Enflora™ LGG®†**  
Powder for 0-12 months

- Fast relief from colic due to CMA<sup>1,‡</sup>
- Reduces likelihood of future allergies<sup>2,§</sup>
- Helps babies consume milk protein without an allergic response, in as early as 6 months of feeding<sup>§</sup>
- No sucrose as a carbohydrate source

**Nutramigen® with Enflora™ LGG®† Toddler**  
Powder for 9-36 months

- The ONLY brand with nutrition designed for toddlers with CMA
- LGG®† Probiotic to help support digestive health<sup>¶</sup>
- Improved taste<sup>¶</sup>

**Nutramigen® Ready to Feed**  
Liquid for 0-12 months

- Fast relief from colic due to CMA<sup>1,‡</sup>
- Expert-recommended amount of DHA
- No sucrose as a carbohydrate source

Women, Infants, and Children Program-APPROVED IN MOST STATES\*\*

## For Severe CMA + Food Allergies + GI Conditions

100% free amino acids



**PurAmino™**  
Powder for 0-24 months

- Has 2x the DHA of EleCare to help support brain and eye development<sup>4,5,6,††</sup>

PurAmino has not been shown superior to EleCare in supporting infant mental and visual development.



**PurAmino™ Jr**  
Powder for 1 year and up

- The ONLY amino acid-based junior formula that has DHA to help support development beyond one year

Women, Infants, and Children Program-APPROVED IN MOST STATES\*\*

\* Colic due to cow's milk allergy.

† LGG is a registered trademark of Chr. Hansen A/S.

‡ Studied before the addition of DHA, ARA and LGG.

§ Rhino-conjunctivitis, urticaria, eczema and asthma at 3 years, compared to Nutramigen without LGG. Feeding began at 4 months of age or older in the study.

¶ Studied in infants.

¶ In comparison to Nutramigen LGG infant formula.

# Studied before the addition of DHA and ARA.

\*\* No endorsement of any brand or product by the USDA is implied.

†† EleCare DHA=0.15% of total fatty acids; PurAmino DHA=0.32% of total fatty acids.

EleCare is a registered trademark of an entity unrelated to Mead Johnson & Company, LLC.

References 1. Lothe L et al. *Pediatrics*. 1989;83(2):262-266. 2. Canani RB et al. *J Allergy Clin Immunol*. 2017;139(6):1906-1913. 3. Canani RB et al. *J Allergy Clin Immunol*. 2012;129:580-582. 4. Brenna JT et al. *Am J Clin Nutr*. 2007;85(6):1457. 5. EleCare Product Guide. Abbott. 2016. [www.abbottnutrition.com/static/pdf/PNPG-2016-FINAL.pdf](http://www.abbottnutrition.com/static/pdf/PNPG-2016-FINAL.pdf). Accessed December 3, 2019. 6. PurAmino Infant Nutrient Profile. [www.meadjohnson.com/pediatrics/us-en/product-information/products/infants/puramino](http://www.meadjohnson.com/pediatrics/us-en/product-information/products/infants/puramino). Accessed December 3, 2019.





# Understanding Food Allergies in Infants and Children: The Symptoms, Diagnoses, and Management

## 7-PART WEBCAST CURRICULUM

*Earn CE/CME credit for each live or archived webcast. Complete all 7 webcasts and receive a certificate of completion.*

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<b>An Overview of Food Allergies in Children</b>		Stanley Cohen, MD
Prevalence, burden, and pathophysiology • IgE- and non-IgE-mediated food allergies • Clinical signs and symptoms		
<hr/>		
<b>Diagnosing Food Allergies in Infants and Children</b>		Jonathan Spergel, MD, PhD
Role of the primary care clinician • Clinical history and physical exam • Diagnostic strategies		
<hr/>		
<b>Cow's Milk Allergy: Mechanisms, Diagnosis and Treatment</b>		David Fleischer, MD, and Carina Venter, PhD, RD
Strategies for diagnosing and managing cow's milk allergy • Current standard of care • Elimination diet • Oral immunotherapy • Formula		
<hr/>		
<b>Guidelines for Diagnosis and Management of Food Protein-Induced Enterocolitis Syndrome</b>		Anna Nowak- Wegrzyn, MD, PhD
Clinical presentation • Common food triggers • Oral food challenges • Guidelines		
<hr/>		
<b>Eosinophilic Esophagitis: Practical Diagnosis and Management of Pediatric Patients with EoE</b>		Mirna Chehade, MD, MPH
Long-term strategies and medical management • Immunopathogenesis • Clinical manifestations		
<hr/>		
<b>Optimizing Nutrition in Infants at High-Risk for Developing Allergy</b>		Tatyana Hofmekler, MD, MSc
Nutrition and growth • Benefits of human milk and breastfeeding • Nutritional composition of formula • Comparison of non-cow's milk-based formulas		
<hr/>		
<b>Clinical Recommendations for Reducing and Preventing Food Allergies</b>		Hugh Sampson, MD, and Marion Groetch, MS, RDN
Introducing allergenic foods • Link between food allergies and growth • Strategies for elimination diets • LEAP, EAT, and PETTT studies		

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*Diagnosing Food Allergies in Infants and Children*

Jonathan Spergel, MD, PhD  
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*Cow's Milk Allergy: Mechanisms, Diagnosis, and Treatment*

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*Guidelines for Diagnosis and Management of Food Protein-Induced Enterocolitis Syndrome (FPIES)*

Anna Nowak-Wegrzyn, MD, PhD  
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*Eosinophilic Esophagitis: Practical Diagnosis and Management of Pediatric Patients with EoE*

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Michael Georgieff, MD, and Camilia Martin, MD, MS  
Webcast 1.50 CE/CME

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*Maternal Diet, Nutritional Status, and Breast Milk Composition*

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Webcast

*Choline: An Essential Nutrient for Improving Prenatal Development, Pregnancy Outcomes and Ongoing Health*

Marie A. Caudill, PhD, RD  
Webcast

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*Neonatal Resuscitation: Scientific Basis*

Satyan Lakshminrusimha, MD  
Webcast 1.0 CE/CME Credit

*Should We Try to Save 22 Weekers?*

John D. Lantos, MD  
Webcast 1.0 CE/CME Credit

*State of the Art: Precision Nutrition in Preterm Infants*

Christoph Fusch, MD, PhD  
Webcast 1.0 CE/CME Credit

PNCE.org Most activities are certified for physicians, nurse practitioners, nurses and registered dietitians. Accreditation information will be provided at the beginning of each activity.

## THE PRETERM INFANT (continued)

*Importance of Adequate DHA/ARA in Preterm Infants*  
Michael Caplan, MD, and Camilia R. Martin, MD, MS  
Webcast 1.0 CE/CME Credit

*Encephalopathy of Prematurity*  
Terrie E. Inder, MD, MBChB  
Webcast 1.0 CE/CME Credit

*Individualized Fortification of Breast Milk for Preterm Infants*  
Christoph Fusch, MD, PhD  
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Paul J. Rozance, MD  
Webcast 0.5 CE/CME Credit

*Neonatal Hyperglycemia in the ELBW Infant*  
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Camilia R. Martin, MD, MS  
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*Why Nutrition of the Preterm Infant Matters: Long-term Consequences of Adverse Early Nutrition and Growth*  
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Michael K. Georgieff, MD  
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*Neurocognitive Development and Feeding Strategies in the NICU: Fortification of Human Milk*  
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*Initiating Breastfeeding Conversations with Mothers and Families*  
Caroline Steele, MS, RD, CSP, IBCLC  
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## NECROTIZING ENTEROCOLITIS (NEC)

*Development of the Preterm Gut*  
Michael S. Caplan, MD  
Webcast 1.0 CE/CME Credit

*Feeding Strategies to Prevent Necrotizing Enterocolitis (NEC)*  
Richard J. Schanler, MD  
Webcast

## COMPOSITION OF BREAST MILK

*Neonate Feeding Regimens and the Expanding Role of Lactoferrin*  
Paolo Manzoni, MD, PhD  
Webcast 1.0 CE/CME Credit

*Applying MFGM and Human Milk Science to Improve Nutrition for Infants and Toddlers*  
Rafael Jiménez-Flores, PhD  
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Susan E. Carlson, PhD, and Olle Hernell, MD, PhD  
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*Lactoferrin: A Key Nutrient to Support Gut Health in Developing Infants*  
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Bo Lönnerdal, PhD  
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## ADDITIONAL ACTIVITIES

*COVID-19 in Infants and Children: Lessons From Italy*  
Paolo Manzoni, MD, PhD  
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*Understanding the Current Guidelines for Preparing Pediatric and Newborn Feedings in Health Facilities*  
Caroline Steele, MS, RD, CSP, IBCLC, FAND  
Webcast 1.0 CE/CME Credit

*Safeguard Their Tomorrows: A Resource to Help Prevent Infant Abductions*  
The National Center for Missing and Exploited Children  
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*Motivational Interviewing Skills Development*  
Joani Jack, MD, FAAP  
Webcast

*Motivational Interviewing to Create Health Behavior Change in Pediatric Patients and Families*  
Stephen Pont, MD, MPH, FAAP, and Joani Jack, MD, FAAP  
Webcast

*2015 New Neonatal Resuscitation Guidelines*  
Myra H. Wyckoff, MD  
Webcast

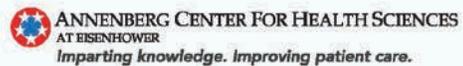


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Easy instructions are available on **PNCE.org**



Funded through an educational grant from Mead Johnson Nutrition



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# Reimbursement

- HCPCS Codes and Product List
- ICD-10 Codes and Patient Diagnoses
- Product Ordering Guide and NDC Format Codes
- Can Yield Information
- Infant Formula and Hypoallergenic Powder Products
- Sample Documentation for Mead Johnson Nutrition Products
- Letters of Medical Necessity
  - Inherited Metabolic Diseases
  - Enfamil NeuroPro™ EnfaCare®
  - Pregestimil®
  - PurAmino™
  - PurAmino™ Jr
  - Nutramigen® with Enflora™ LGG®\*
  - Nutramigen® with Enflora™ LGG® Toddler
- PurAmino™ Reimbursement Flashcard

Visit <https://www.hcp.meadjohnson.com/savings-reimbursement/insurance-assistance/> to find reimbursement information for your office

\* LGG® is a registered trademark of Chr. Hansen A/S.



# HCPCS Codes and Product List

Formula	HCPCS Code
<b>Premature/NICU/Post-Discharge</b>	
Enfamil® 24	B4160
Enfamil NeuroPro™ EnfaCare®	B4160
Enfamil® Human Milk Fortifier Acidified Liquid	B4155
Enfamil® Human Milk Fortifier Powder	B4155
Enfamil® Premature	B4160
Enfamil® Premature High Protein	B4160
<b>Infant</b>	
Enfamil NeuroPro™ Infant	B4158
Enfamil PREMIUM™ A2	B4158
Enfamil® Enspire™	B4158
Enfamil® Gentlease®	B4158
Enfamil NeuroPro™ Gentlease®	B4158
<b>Solutions Formulas</b>	
Enfamil A.R.™	B4158
Enfamil® ProSobee®	B4159
Enfamil® Reguline®	B4158
Enfamil NeuroPro™ Sensitive	B4158
Nutramigen®	B4161
Nutramigen® with Enflora™ LGG®*	B4161
Pregestimil®	B4161
PurAmino™	B4161
<b>Toddler</b>	
Enfagrow PREMIUM™ Toddler Next Step™	B4158
Enfagrow PREMIUM™ Toddler Transitions®	B4158
Enfagrow® Toddler Transitions® Gentlease®	B4158
Nutramigen® with Enflora™ LGG® Toddler	B4161
PurAmino™ Jr	B4161

Formula	HCPCS Code
<b>Medical Needs Formulas</b>	
3232 A	B4161
Portagen®	B4150 or B4158
Enfaport™	B4162
<b>Metabolic Formulas</b>	
BCAD 1	B4162
BCAD 2	B4157 or B4162
GA	B4157 or B4162
HCY 1	B4162
HCY 2	B4157 or B4162
LMD	B4157 or B4162
OA 1	B4162
OA 2	B4157 or B4162
PFD 2	B4155
PFD Toddler	B4155
Phenyl-Free® 1	B4162
Phenyl-Free® 2	B4157 or B4162
Phenyl-Free® 2HP	B4157 or B4162
TYROS 1	B4162
TYROS 2	B4157 or B4162
WND® 1	B4162
WND® 2	B4157 or B4162
<b>Vitamins/Oral Electrolytes</b>	
Enfamil® Enfalyte®	B4103

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## ICD-10 Codes and Patient Diagnoses

Patient Diagnosis	ICD-10 Code	Z-Code	Possible Product
<b>Premature/NICU/Post-Discharge</b>			
Extremely low birth weight, 999 grams or less	P07.00		
Low birth weight, 2499 grams or less	P07.10		
Low birth weight, 1000–1249 grams	P07.14		
Low birth weight, 1250–1499 grams	P07.15		
Low birth weight, 1500–1749 grams	P07.16		
Low birth weight, 1750–1999 grams	P07.17		
Low birth weight, 2000–2499 grams	P07.18		
Extreme prematurity of infant, less than 27 weeks gestational age	P07.26		Enfamil® Premature (20, 24, 24HP, 30 Cal)
Preterm newborn (infant)	P07.30		Enfamil® Human Milk Fortifier Powder
Preterm newborn, 28 completed weeks gestational age	P07.31		
Preterm newborn, 29 completed weeks gestational age	P07.32		Enfamil® Human Milk Fortifier Acidified Liquid
Preterm newborn, 30 completed weeks gestational age	P07.33		
Preterm newborn, 31 completed weeks gestational age	P07.34		
Preterm newborn, 32 completed weeks gestational age	P07.35		
Preterm newborn, 33 completed weeks gestational age	P07.36		
Preterm newborn, 34 completed weeks gestational age	P07.37		
Preterm newborn, 35 completed weeks gestational age	P07.38		
Preterm newborn, 36 completed weeks gestational age	P07.39		
Delayed developmental milestones	R62.0		
Developmental delay	R62.50		
Failure to thrive in newborn (<28 days old)	P92.6		Enfamil NeuroPro™ EnfaCare®
Failure to thrive (child over 28 days old)	R62.51		
Feeding issues in infant	R63.3		
<b>Medical Needs</b>			
Chylothorax	I89.8		Enfaport™
LCHAD deficiency	E71.310		
<b>Solutions</b>			
Lactose intolerance	E73.9		Enfamil® ProSobee®
Newborn esophageal reflux	P78.83		
Gastroesophageal reflux	K21.9		Enfamil A.R.™
Newborn regurgitation of food	P92.1		
Excessive crying, infant	R68.11		Enfamil NeuroPro™ Gentlease®, Enfamil NeuroPro™ Sensitive
Fussy infant	R68.12		
Excessive gas	R14.0		
Constipation	K59.00		Enfamil® Reguline®
Abnormal stools	R19.5		

# ICD-10 Codes and Patient Diagnoses

Patient Diagnosis	ICD-10 Code	Z-Code	Possible Product	
<b>Solutions</b>				
Allergic rhinitis due to food allergy	J30.5		Nutramigen® with Enflora™ LGG®*	
Gastroesophageal reflux disease	K21.9			
Allergic gastroenteritis and colitis (add "Z" code signifying allergen)	K52.2	Allergy to peanuts		Z91.010
		Allergy to milk products		Z91.011
		Allergy to eggs		Z91.012
		Allergy to seafood		Z91.013
		Other food allergies		Z91.018
Bloody stool(s) (newborn)	P54.1			
Bloody stool(s) (non-newborn)	K92.1			
Failure to thrive (newborn <28 days old)	P92.6			
Failure to thrive (over 28 days old)	R62.50			
Failure to thrive (child)	R62.51			
Underweight (add "Z" code for weight percentile)	R63.6	< 5th percentile		Z68.51
		5th percentile to < 85th percentile		Z68.52
		85th percentile to 95th percentile	Z68.53	
		> 95th percentile for age	Z68.54	
Food allergy	T78.40XA			
Intestinal malabsorption	K90.9		PurAmino™ & Pregestimil®	
Short bowel syndrome	K91.2			
Atopic dermatitis due to food allergy	L27.2		PurAmino™	
Eosinophilic esophagitis	K20.0			
Eosinophilic gastritis	K52.81			
Eosinophilic gastroenteritis	K52.81			
Eosinophilic colitis	K52.82			
Malabsorption due to intolerance	K90.4			
<b>Metabolics</b>				
Classical hyperphenylalaninemia phenylketonuria	E70.0		Phenyl-Free®	
	E70.1			
Tyrosinemia	E70.21		TYROS	
Maple syrup urine disease	E71.0		BCAD	
Leucine metabolism disorders	E71.19		LMD	
	E71.11			
Isovaleric acidemia, propionic acidemia, methylmalonic acidemia	E71.120		OA	
	E71.121			
Homocystinuria	E72.11		HCY	
Urea cycle disorders	E72.20		WND	
	(unspecified)			
Amino acid metabolism disorder	E72.9 (unspecified)		PFD	
Glutaric acidemia type 1	E72.3		GA	

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# Product Ordering Guide and NDC Format Codes

## When using this information, please note the following:

### Coding systems and reimbursement allowable rates vary by payer:

- Medicare Part B uses HCPCS (Healthcare Common Procedure Coding System) to group products

- Medicaid systems vary by state; some use HCPCS while others use NDC format code or systems of their own—contact your state provider for more information
- Private health insurance and managed care companies may use HCPCS, NDC format code or their own system—contact your provider for more information

## PRODUCT ORDERING GUIDE

Product	Item #	Description	Unit Size	Calories/Unit	Product Yield/Unit (fl oz)	Case	HCPCS Code	NDC Format Code
3232 A	042521	Powder	1 lb can	2270	Varies	6 cans per case	B4161	00087-0425-41
BCAD 1	892801	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5101-84
BCAD 2	891501	Powder	1 lb can	1860	Varies	6 cans per case	B4162	00087-5100-15
Enfagrow NeuroPro™ Ready-to-Drink Natural Milk Flavor	177501	RTU	8 fl oz bottle	160	8	24 bottles per case	B4158	00087-5117-51
Enfagrow NeuroPro™ Ready-to-Drink Natural Milk Flavor	177502	RTU	32 fl oz bottle	640	32	4 bottles per case	B4158	00087-5119-61
Enfagrow NeuroPro™ Ready-to-Drink Vanilla	177601	RTU	8 fl oz bottle	160	8	24 bottles per case	B4158	00087-5117-54
Enfagrow NeuroPro™ Toddler Nutritional Drink Vanilla	869217	Powder	24 oz can	2990	130	4 cans per case	B4158	00087-8692-47
Enfagrow NeuroPro Toddler Nutritional Drink Vanilla	869230	Powder	32 oz can	3954	173	6 cans per case	B4158	00087-5125-42
Enfagrow PREMIUM™ Toddler Next Step™ Natural Milk Flavor	167205	Powder	32 oz can	3980	173	6 cans per case	B4158	00087-5114-13
Enfagrow PREMIUM Toddler Next Step Natural Milk Flavor	167206	Powder	24 oz can	2990	130	4 cans per case	B4158	00087-1467-41
Enfagrow PREMIUM™ Toddler Transitions	169602	Powder	20 oz can	2820	141	4 cans per case	B4158	00087-1401-51
Enfagrow™ Toddler Transitions® Gentlease®	146110	Powder	20 oz can	2820	141	4 cans per case	B4158	00087-1461-42
Enfamil® 24	166802	RTU, 24 Cal	2 fl oz bottle	48	2	48 bottles per case	B4160	00087-5120-58
Enfamil® 5% Glucose in Water	134601	RTU	2 fl oz bottle	10	2	48 bottles per case	N/A	00087-1346-41
Enfamil A.R.™	020152	Powder	19.5 oz tub	2760	138	4 tubs per case	B4158	00087-0201-65
Enfamil A.R.	020102	Powder	12.9 oz can	1820	91	6 cans per case	B4158	00087-0201-42
Enfamil A.R.	145301	RTU	2 fl oz bottle	40	2	48 bottles per case	B4158	00087-1453-41
Enfamil® Breastfed Infant Probiotics & Vitamin D	194801	Dropper	0.3 fl oz bottle	N/A	N/A	48 bottles per case	N/A	00087-5126-22
Enfamil® DHA & ARA Supplement	426201	RTU	2 fl oz bottle	236	2	24 bottles per case	B4155*	00087-5126-11
Enfamil® D-Vi-Sol® Liquid Vitamin D Supplement	086604	Dropper	50 mL	N/A	N/A	12 cartons per case	N/A	00087-0866-44
Enfamil® Enfalyte®—Cherry Flavor	167503	RTU	6 fl oz bottle	22	6	24 bottles per case	N/A	00087-5121-58
Enfamil® Enfalyte—Unflavored	167101	RTU	2 fl oz bottle	7.4	2	48 bottles per case	N/A	00087-5115-03
Enfamil® Enspire™	157415	Powder	27.4 oz can	3920	196	4 cans per case	B4158*	00087-5126-82
Enfamil Enspire	157401	Powder	20.5 oz tub	2940	147	4 tubs per case	B4158	00087-5117-48
Enfamil® Enspire™ Gentlease®	172804	Powder	19.5 oz tub	2820	141	4 tubs per case	B4158*	00087-5123-53
Enfamil® Fer-In-Sol® Liquid Iron Supplement	074026	Dropper	50 mL	N/A	N/A	12 cartons per case	N/A	00087-0740-02
Enfamil® Gentlease®	174109	Powder	27.7 oz can	3960	198	4 cans per case	B4158	00087-5121-25
Enfamil Gentlease	174108	Powder	19.9 oz can	2840	142	4 cans per case	B4158	00087-5115-62
Enfamil Gentlease	174101	Powder	12.4 oz can	1800	90	6 cans per case	B4158	00087-5100-69
Enfamil® Human Milk Fortifier Acidified Liquid	146301	Liquid	5 mL vial	7.5	5 mL	200 vials per case	B4155	00087-1463-41
Enfamil® Human Milk Fortifier Powder	201418	Powder	0.71 g foil sachet	3.5	—	200 units per case	B4155	00087-2014-48
Enfamil® Infant Probiotics Dietary Supplement	194701	Dropper	0.3 fl oz bottle	N/A	N/A	48 bottles per case	N/A	00087-5126-20
Enfamil® Infant	174010	Powder	29.4 oz can	4200	210	4 cans per case	B4158	00087-5121-27
Enfamil Infant	174002	Powder	21.1 oz can	3020	151	4 cans per case	B4158	00087-5119-76
Enfamil Infant	174004	Powder	12.5 oz can	1800	90	6 cans per case	B4158	00087-1365-42
Enfamil Infant	174201	RTU	32 fl oz bottle	640	32	6 bottles per case	B4158	00087-5121-54

\* HCPCS application in progress.

# Product Ordering Guide and NDC Format Codes

## PRODUCT ORDERING GUIDE

Product	Item #	Description	Unit Size	Calories/Unit	Product Yield/Unit (fl oz)	Case	HCPCS Code	NDC Format Code
Enfamil® Infant	136705	Concentrate	13 fl oz can	520	26	12 cans per case	B4158	00087-1367-41
Enfamil® Liquid Human Milk Fortifier High Protein	178301	Liquid	5.5 fl oz bottle	244	5.5	24 bottles per case	B4155*	00087-5125-31
Enfamil® Liquid Human Milk Fortifier Standard Protein	178201	Liquid	5.5 fl oz bottle	244	5.5	24 bottles per case	B4155*	00087-5125-29
Enfamil NeuroPro™ EnfaCare®	126105	Powder	12.8 oz can	1800	82	6 cans per case	B4160*	00087-5122-08
Enfamil NeuroPro EnfaCare	124909	RTU	2 fl oz bottle	44	2	48 bottles per case	B4160*	00087-5122-03
Enfamil NeuroPro™ Gentlease®	133037	Powder	19.5 oz tub	2820	141	4 tubs per case	B4158	00087-5121-19
Enfamil NeuroPro Gentlease	898103	RTU	2 fl oz bottle	40	2	48 bottles per case	B4158	00087-1464-41
Enfamil NeuroPro Gentlease	898001	RTU	6 fl oz bottle	120	6	24 bottles per case	B4158	00087-5105-23
Enfamil NeuroPro Gentlease	897901	RTU	32 fl oz bottle	640	32	6 bottles per case	B4158	00087-5115-62
Enfamil NeuroPro™ Infant	897203	Powder	28.3 oz can	4040	202	4 cans per case	B4158	00087-5121-09
Enfamil NeuroPro Infant	897204	Powder	20.7 oz tub	2960	148	6 tubs per case	B4158	00087-5121-07
Enfamil NeuroPro Infant	171601	RTU	2 fl oz bottle	40	2	48 bottles per case	B4158	00087-5121-29
Enfamil NeuroPro Infant	171901	RTU	6 fl oz bottle	120	6	24 bottles per case	B4158	00087-5121-33
Enfamil NeuroPro Infant	897403	RTU	8 fl oz bottle	160	8	24 bottles per case	B4158	00087-5102-42
Enfamil NeuroPro Infant	897405	RTU	32 fl oz bottle	640	32	6 bottles per case	B4158	00087-5121-41
Enfamil NeuroPro™ Sensitive	177801	Powder	19.5 oz tub	2780	139	6 tubs per case	B4158*	00087-5124-52
Enfamil® Poly-Vi-Sol® Liquid Multivitamin Supplement	040265	Dropper	50 mL	N/A	N/A	12 cartons per case	N/A	00087-0402-03
Enfamil® Poly-Vi-Sol® with Iron Liquid Multivitamin Supplement	040506	Dropper	50 mL	N/A	N/A	12 cartons per case	N/A	00087-0405-01
Enfamil® Premature 20 Cal	156401	RTU, 20 Cal	2 fl oz bottle	40	2	48 bottles per case	B4160	00087-5115-70
Enfamil® Premature 24 Cal	156301	RTU, 24 Cal	2 fl oz bottle	48	2	48 bottles per case	B4160	00087-5115-68
Enfamil® Premature 24 Cal HP	156601	RTU, 24 Cal	2 fl oz bottle	48	2	48 bottles per case	B4160	00087-5115-74
Enfamil® Premature 30 Cal	156501	RTU, 30 Cal	2 fl oz bottle	60	2	48 bottles per case	B4160	00087-5115-72
Enfamil PREMIUM™ A2	184801	Powder	19.5 oz tub	2800	140	6 tubs per case	B4158*	00087-5126-40
Enfamil® ProSobee®	121483	Powder	20.9 oz can	3020	151	4 cans per case	B4159	00087-1214-42
Enfamil ProSobee	121401	Powder	12.9 oz can	1860	93	6 cans per case	B4159	00087-1214-41
Enfamil ProSobee	144901	RTU	2 fl oz bottle	40	2	48 bottles per case	B4159	00087-1449-41
Enfamil ProSobee	184101	RTU	32 fl oz bottle	640	32	4 bottles per case	B4159	00087-5123-64
Enfamil ProSobee	119501	Concentrate	13 fl oz can	520	26	12 cans per case	B4159	00087-1195-41
Enfamil® Reguline®	167020	Powder	19.5 oz tub	2800	140	4 tubs per case	B4158	00087-5111-57
Enfamil Reguline	167002	Powder	12.4 oz can	1800	90	6 cans per case	B4158	00087-5111-32
Enfamil® Tri-Vi-Sol® Liquid Vitamins Supplement	040365	Dropper	50 mL	N/A	N/A	12 cartons per case	N/A	00087-0403-03
Enfamil® Water for Oral Use	134501	RTU	2 fl oz bottle	0	2	48 bottles per case	N/A	00087-1345-41
Enfamil Water for Oral Use	134503	RTU	32 fl oz bottle	0	32	6 bottles per case	N/A	00087-5122-42
Enfamom™ Prenatal Vitamin & Mineral Supplement	424701	Softgel	1 30-count bottle	N/A	N/A	12 bottles per case	N/A	00087-5124-80
Enfaport™	129601	RTU, 30 Cal	6 fl oz bottle	180	6	24 bottles per case	B4162	00087-5105-25
GA	892901	Powder	1 lb can	2270	Varies	6 cans per case	B4157 or B4162	00087-5101-88
HCY 1	893301	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5102-02
HCY 2	891901	Powder	1 lb can	1860	Varies	6 cans per case	B4157 or B4162	00087-5100-27
LMD	893101	Powder	1 lb can	2270	Varies	6 cans per case	B4157 or B4162	00087-5101-96
Nutramigen®	143701	RTU	2 fl oz bottle	40	2	48 bottles per case	B4161	00087-1437-41
Nutramigen	898401	RTU	6 fl oz bottle	120	6	24 bottles per case	B4161	00087-5105-17
Nutramigen	898202	RTU	32 fl oz bottle	640	32	6 bottles per case	B4161	00087-5115-64
Nutramigen	898501	Concentrate	13 fl oz can	520	26	12 cans per case	B4161	00087-0498-01
Nutramigen® with Enflora™ LGG®†	897301	Powder	19.8 oz can	2800	140	4 cans per case	B4161	00087-1239-45

\* HCPCS application in progress.

† LGG® is a registered trademark of Chr. Hansen A/S.



# Product Ordering Guide and NDC Format Codes

## PRODUCT ORDERING GUIDE

Product	Item #	Description	Unit Size	Calories/Unit	Product Yield/Unit (fl oz)	Case	HCPCS Code	NDC Format Code
Nutramigen® with Enflora™ LGG®*	897302	Powder	12.6 oz can	1780	89	6 cans per case	B4161	00087-1239-41
Nutramigen® with Enflora™ LGG®* Toddler	154804	Powder	12.6 oz can	1720	86	6 cans per case	B4161	00087-5107-34
OA 1	893201	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5101-99
OA 2	891701	Powder	1 lb can	1860	Varies	6 cans per case	B4157 or B4162	00087-5100-22
PFD 2	891601	Powder	1 lb can	1820	Varies	6 cans per case	B4155	00087-5100-18
PFD Toddler	892713	Powder	14.1 oz can (400 g)	2120	Varies	6 cans per case	B4155	00087-5101-78
Phenyl-Free® 1	892601	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5101-72
Phenyl-Free® 2	891301	Powder	1 lb can	1860	Varies	6 cans per case	B4157 or B4162	00087-5100-03
Phenyl-Free® 2 HP	891401	Powder	1 lb can	1770	Varies	6 cans per case	B4157 or B4162	00087-5100-10
Portagen®	038722	Powder	14.46 oz can	1920	64	6 cans per case	B4150 or B4158	00087-5117-28
Pregestimil®	036721	Powder	1 lb can	2240	112	6 cans per case	B4161	00087-0367-01
Pregestimil	143301	RTU, 20 Cal	2 fl oz bottle	40	2	48 bottles per case	B4161	00087-1433-41
Pregestimil	143401	RTU, 24 Cal	2 fl oz bottle	48	2	48 bottles per case	B4161	00087-1434-41
PurAmino™	179101	Powder	14.1 oz can (400 g)	1960	98	4 cans per case	B4161	00087-5104-80
PurAmino™ Jr	178701	Powder	14.1 oz can	1960	66	4 cans per case	B4161	00087-5122-46
PurAmino™ Jr Vanilla	178801	Powder	14.1 oz can	1960	66	4 cans per case	B4161	00087-5122-44
TYROS 1	893001	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5101-91
TYROS 2	891801	Powder	1 lb can	1860	Varies	6 cans per case	B4157 or B4162	00087-5100-24
WND® 1	893401	Powder	1 lb can	2270	Varies	6 cans per case	B4162	00087-5102-05
WND® 2	892001	Powder	1 lb can	1860	Varies	6 cans per case	B4157 or B4162	00087-5100-29
<b>Accessories</b>								
Breast Milk Storage Container	134808	1 container	4 fl oz	N/A	N/A	250 per case	N/A	00087-5104-05
Breast Milk Storage Container	134809	1 container	10 fl oz	N/A	N/A	100 per case	N/A	00087-5104-06
Cleft Lip/Palate Nurer	200101	1 nurser	6 fl oz	N/A	N/A	72 bottles per case	N/A	00087-2001-41
Colostrum Collector	132401	1 collector	11 mL	N/A	N/A	100 per case	N/A	00087-5104-04
Enfamil® Cross-Cut Nipple	428813	1 nipple	N/A	N/A	N/A	240 per case	N/A	00087-4288-10
Enfamil® Extra Slow-Flow Nipple	433912	1 nipple	N/A	N/A	N/A	240 per case	N/A	00087-9056-47
Enfamil® Slow-Flow Soft Nipple	433905	1 nipple	N/A	N/A	N/A	240 per case	N/A	00087-4339-45
Enfamil® Standard-Flow Soft Nipple	428816	1 nipple	N/A	N/A	N/A	240 per case	N/A	00087-4288-56
Grad-U-Feed® Nurser	006806	1 nurser	60 mL	N/A	N/A	100 nursers per case	N/A	00087-5124-24
Grad-U-Feed Cap	006807	1 cap	N/A	N/A	N/A	200 caps per case	N/A	00087-5124-26
Grad-U-Feed Nurser with Cap	006804	1 nurser with 1 cap	60 mL	N/A	N/A	100 nursers and caps per case	N/A	00087-5126-09
Grad-U-Feed Nurser with Cap – 2 Pack	006805	2 nursers with 2 caps	60 mL	N/A	N/A	50 2-packs per case	N/A	00087-5124-22
MAM Comfort Pacifier	594201	1 pacifier	N/A	N/A	N/A	144 per case	N/A	00087-5126-32
MAM Preemie Size 2 Pacifier	594301	1 pacifier	N/A	N/A	N/A	144 per case	N/A	00087-5126-34
NeoMed® Transfer Lid	594401	1 lid	N/A	N/A	N/A	200 lids per case	N/A	00087-5126-26
NeoMed 1 mL Syringe	594501	1 syringe	1 mL	N/A	N/A	200 syringes per case	N/A	00087-5126-28
NeoMed 12 mL Syringe	594502	1 syringe	12 mL	N/A	N/A	200 syringes per case	N/A	00087-5126-30
NUK® Newborn Orthodontic Nipple	210502	1 nipple	N/A	N/A	N/A	240 per case	N/A	00087-2105-011
Plastic Bottle	028401	1 bottle with nipple	8 fl oz	N/A	N/A	48 bottles per case	N/A	00087-0284-01
Snappies® Breast Milk Storage Container	134801	1 container	2.3 fl oz	N/A	N/A	200 per case	N/A	00087-1348-01
Snappies Breast Milk Storage Container	134807	1 container	1.2 fl oz	N/A	N/A	100 per case	N/A	00087-5100-43

To place an order, contact your Mead Johnson representative, or call Customer Service at 1-800-457-3550.

Snappies is a trademark of Thermo Fisher Scientific Inc.  
 NeoMed is a registered trademark of NeoMed, Inc.  
 NUK is a registered trademark of MAPA Germany.  
 MAM pacifiers are a product of MAM USA Corporation.  
 \* LGG® is a registered trademark of Chr. Hansen A/S.



## SELECTED MEAD JOHNSON NUTRITION POWDER PRODUCTS

Yield by Measure

Product	Size	Grams/ Level Scoop	Grams/ Level Cup	Scoops	Label Declaration†	mL	Calories§
Enfagrow NeuroPro™ Toddler Nutritional Drink Vanilla	24 oz (680 g)	12	108	75	130 fl oz	3,848	2,990
	32 oz (907 g)	—	—	—	173 fl oz	—	3,954
Enfagrow PREMIUM™ Toddler Next Step™ Natural Milk Flavor	24 oz (680 g)	12	108	56	130 fl oz	3,855	2,990
	32 oz (907 g)	12	108	75	173 fl oz	5,142	3,980
Enfagrow PREMIUM™ Toddler Transitions®	20 oz (567 g)	9	97	63	141 fl oz	4,175	2,820
Enfagrow® Toddler Transitions® Gentlease®	20 oz (567 g)	9	108	63	141 fl oz	4,164	2,820
Enfamil A.R.™	12.9 oz (366 g)	9	97	40	91 fl oz	2,693	1,820
	19.5 oz (552 g)	—	—	—	138 fl oz	—	2,760
Enfamil® Infant	12.5 oz (354 g)	8.8	113	40	90 fl oz	2,650	1,800
	21.1 oz (598 g)	8.8	113	67	151 fl oz	4,463	3,020
	29.4 oz (833 g)	—	—	—	210 fl oz	—	4,200
Enfamil NeuroPro™ Infant	20.7 oz (587 g)	8.8	113	—	148 fl oz	—	2,960
	28.3 oz (802 g)	—	—	—	202 fl oz	—	4,040
Enfamil NeuroPro™ EnfaCare®	12.8 oz (363 g)	9.8	107	37	82 fl oz	2,422	1,800
Enfamil NeuroPro™ Gentlease®	19.5 oz (552 g)	—	—	—	141 fl oz	—	2,820
Enfamil NeuroPro™ Sensitive	19.5 oz (553 g)	8.9	107	62	139 fl oz	4,108	2,780
Enfamil® ProSobee®	12.9 oz (366 g)	8.8	101	41	93 fl oz	2,752	1,860
	20.9 oz (593 g)	—	—	—	151 fl oz	—	3,020
Enfamil® Reguline®	12.4 oz (352 g)	8.7	112	40	90 fl oz	2,651	1,800
	19.5 oz (552 g)	8.7	112	66	140 fl oz	4,353	2,940
Nutramigen® with Enflora™ LGG®*	12.6 oz (357 g)	9†	102†	—	89 fl oz	—	1,780
	19.8 oz (561 g)	—	—	—	140 fl oz	—	2,800
Nutramigen® with Enflora™ LGG®* Toddler	12.6 oz (357 g)	9.3†	106†	38	86 fl oz	2,532	1,720
Portagen®	14.46 oz (410 g)	9.4†	122†	43	64 fl oz	1,905	1,920
Pregestimil®	16 oz (454 g)	8.9†	128†	51	112 fl oz	3,367	2,240
PurAmino™	14.1 oz (400 g)	4.5	115	88	98 fl oz	2,941	1,960
PurAmino™ Jr	14.1 oz (400 g)	6.8	—	58	66 fl oz	2,001	1,960
PurAmino™ Jr Vanilla	14.1 oz (400 g)	6.8	—	58	66 fl oz	—	1,960

\* LGG® is a registered trademark of Chr. Hansen A/S.

† Packed measure - all others are unpacked, level measures.

‡ Prepared per label directions.

§ Calculated from fl oz as stated on label Table 141, Rev. 8/16 160405.

## Infant Formula and Hypoallergenic Powder Products

When accuracy is essential, gram measurements should be used. Household measurements are provided for convenience when larger variance in prepared dilution is acceptable.

Product	Scoop (g)	Scoop (Cal)	Measuring cup (g)	Cal per g pwd	Protein (g/scoop)	Tbsp (g)*	Tsp (g)*	Displacement (mL/g)
Enfamil® Enspire™	8.8	44	114	5.0	0.92	7.1	2.4	0.77
Enfamil® Infant	8.8	44	113	5.1	0.89	7.1	2.4	0.77
Enfamil NeuroPro™ Infant	8.8	45	113	5.1	0.9	7.1	2.4	0.77
Enfamil Gentlease®	8.7	44	111	5.1	1.02	6.9	2.3	0.77
Enfamil NeuroPro™ Gentlease®	8.7	44	111	5.1	1.02	6.9	2.3	0.77
Enfamil Enspire™ Gentlease®	8.7	44	108	5.0	1.00	6.7	2.2	0.77
Enfamil NeuroPro™ Sensitive	8.9	45	107	5.0	0.98	6.7	2.2	0.77
Enfamil A.R.™	9	45	97	5.0	1.11	6.1	2.0	0.76
Enfamil NeuroPro™ EnfaCare®	9.8	49	107	5.0	1.37	6.7	2.2	0.78
Enfamil® Reguline®	8.7	44	112	5.1	1.02	7	2.3	0.76
Enfamil® Prosoabee®	8.8	45	101	5.1	1.12	6.3	2.1	0.77
Hypoallergenic Products	Scoop (g)	Scoop (Cal)	Measuring cup (g)	Cal per g pwd	Protein (g/scoop)	Tbsp (g)*	Tsp (g)*	Displacement (mL/g)
Nutramigen® with Enflora™ LGG	9†	45	102†	5.0	1.26	6.4†	2.1†	0.78
Nutramigen® with Enflora™ LGG Toddler	9.3†	45	106†	4.8	1.12	6.6†	2.2†	0.74
PurAmino™	4.5	22	115	5.0	0.63	7.2	2.4	0.77
PurAmino™ Jr Unflavored	6.8	33	—	4.9	0.93	—	—	0.77
PurAmino™ Jr Vanilla	6.8	33	N/A	4.9	0.93	N/A	N/A	0.77
Pregestimil®	8.9†	45	128†	5.0	1.25	8.0†	2.7†	0.78

Powdered formulas are not commercially sterile and should not be used for premature infants or immuno-compromised patients, unless clinically required, and then under strict supervision of preparation and use. Table 441, Rev 9/19

NA = Not Available (until several batches have been evaluated for grams per cup)

\* Grams (g) per Tablespoon and g per teaspoon are extrapolated from g per cup.

† Packed level measure – all others are unpacked level measures.



# Sample Documentation for Mead Johnson Nutrition Products

Formula	Issues Indicating Standard Formula Intolerance	Patient Diagnosis	Clinical Indication/ICD-10 Codes	Clinical/Physical Findings
<b>Nutramigen® with Enflora™ LGG®*</b>	<ul style="list-style-type: none"> <li>• Infant reflux</li> <li>• Gassiness</li> <li>• Colic</li> <li>• Bloody stools</li> </ul>	<ul style="list-style-type: none"> <li>• Cow's milk allergy</li> </ul>	Bloody stools (K92.1) Allergic gastroenteritis and colitis (K52.2) Atopic dermatitis due to food allergy (L27.2) Allergic rhinitis due to food allergy (J30.5) Gastroesophageal reflux disease (K21.0) Allergy to milk products (Z91.011) Other food allergies (Z91.018)	<ul style="list-style-type: none"> <li>• Unsuccessful trials of other formulas</li> <li>• Cow's milk allergy</li> <li>• Intolerance of standard formula</li> <li>• Intolerance of intact protein</li> </ul>
<b>PurAmino™</b>	<ul style="list-style-type: none"> <li>• Bloody stools</li> <li>• Infant reflux</li> <li>• Colic</li> </ul>	<ul style="list-style-type: none"> <li>• Cow's milk allergy</li> <li>• Multiple food protein allergies</li> <li>• Protein maldigestion</li> <li>• Malabsorption</li> <li>• Short bowel syndrome</li> <li>• Eosinophilic esophagitis</li> </ul>	Bloody stools (K92.1) Allergic gastroenteritis and colitis (K52.2) Atopic dermatitis due to food allergy (L27.2) Allergic rhinitis due to food allergy (J30.5) Gastroesophageal reflux disease (K21.0) Malabsorption (K90.4) Short bowel syndrome (K91.2) Eosinophilic esophagitis (K20.0) Eosinophilic gastritis/gastroenteritis (K52.81) Eosinophilic colitis (K52.82)	<ul style="list-style-type: none"> <li>• Unsuccessful trials of other formulas</li> <li>• Food allergies</li> <li>• Maldigestion</li> <li>• Malabsorption</li> <li>• Short bowel syndrome</li> <li>• Eosinophilic esophagitis</li> <li>• Clinical judgment indicating amino acid-based formula as beneficial</li> </ul>
<b>Enfamil NeuroPro™ Gentlease®</b>	<ul style="list-style-type: none"> <li>• Fussiness</li> <li>• Gassiness</li> <li>• Excessive crying</li> </ul>	n/a	Excessive crying, infant (R68.11) Fussy infant (R68.12) Excessive gas (R14.0)	<ul style="list-style-type: none"> <li>• Unsuccessful trials of other formulas</li> <li>• Intolerance of standard formula</li> <li>• Intolerance of intact protein</li> </ul>
<b>Enfamil NeuroPro™ EnfaCare®</b>	<b>Post-discharge for</b> <ul style="list-style-type: none"> <li>• Prematurity (&lt;36 weeks gestational age)</li> </ul> <b>Post-discharge for</b> <ul style="list-style-type: none"> <li>• Low birth weight (&lt;2500 g)</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Failure to thrive</li> </ul>	Delayed developmental milestones (R62.0) Developmental delay (R62.50) Failure to thrive in newborn (<28 days old) (P92.6) Failure to thrive (child over 28 days old) (R62.51) Feeding issues in infant (R63.3)	<ul style="list-style-type: none"> <li>• Prematurity (&lt;36 weeks gestational age)</li> <li>• Low birth weight (&lt;2500 g)</li> </ul>

DISCLAIMER: This document offers examples of clinical information and medical diagnoses that may be relevant for specific products in seeking enteral coverage. It is not intended to be an exhaustive list of all the potentially applicable codes for all diagnoses. Mead Johnson Nutrition is not recommending a product based on medical necessity determination or providing documentation associated with a specific patient or claim. The healthcare professional should make their own nutritional product determination and assessment based on the patient's condition and care plan. In addition, each healthcare provider is ultimately responsible for verifying codes, coverage and payment policies used to ensure that they are accurate and appropriate for the services and items provided. Mead Johnson Nutrition does not guarantee reimbursement by any third-party payer and will not reimburse physicians or providers for claims denied by third-party payers. This document does not take the place of documentation that may be required to support a claim submission. Providers should consult with the payer for complete and accurate details concerning documentation for enteral claims. Documentation requirements may vary among payers.

\* LGG® is a registered trademark of Chr. Hansen A/S.

# Letter of Medical Necessity Inherited Metabolic Diseases



Date: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Member ID: \_\_\_\_\_

Patient Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Condition: ICD-10: \_\_\_\_\_ CPT/HCPCS Code: \_\_\_\_\_

Brief sentence of the disease/disorder: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

## To Whom It May Concern:

This metabolic disease was diagnosed through newborn screening/lab tests and results, which are mandated by law in the U.S. The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and request insurance coverage for this treatment.

(Insert product name)

\_\_\_\_\_ is a life-long inherited metabolic disease: \_\_\_\_\_

(Insert disease/disorder name)

(Briefly describe disorder)

Treatment for \_\_\_\_\_ involves: \_\_\_\_\_

(Insert disease/disorder name)

If \_\_\_\_\_ is not treated properly or promptly it can lead to the following health consequences:

(Insert disease/disorder name)

(Insert Consequence #1)

(Insert Consequence #2)

(Insert Consequence #3)

Enteral formula \_\_\_\_\_ is considered \_\_\_\_\_ % of his/her sole source of dietary nutrition as well as medically necessary \_\_\_\_\_

(Insert product name)

(Insert product name)

will provide \_\_\_\_\_ % of patient's protein needs. It is essential to note that our patient's formula – \_\_\_\_\_ is specifically designed to treat her/his

(Insert product name)

\_\_\_\_\_. If our patient is untreated for \_\_\_\_\_ with,

(Insert disease/disorder name)

(Insert disease/disorder name)

\_\_\_\_\_ it would severely damage his/her health and fail to comply with diet restrictions.

(Insert product name)

\_\_\_\_\_ is currently prescribed \_\_\_\_\_, a medical food formulated to meet the specialized nutrient needs of

(Insert patient's full name)

(Insert product name)

patients with \_\_\_\_\_ fed orally or enterally. The prescribed medical food is imperative in the treatment of \_\_\_\_\_

(Insert disease/disorder name)

(Insert patient's first name)

condition. \_\_\_\_\_ is medically necessary to ensure that he/she maintains metabolic control.

(Insert product name)

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.

In summary, \_\_\_\_\_ is in need of \_\_\_\_\_, medical formula for treatment of, \_\_\_\_\_

(Insert patient's full name)

(Insert product name)

(Insert disease/disorder name)

ICD-10 \_\_\_\_\_ This patient has led a healthy life thus far; continued careful therapy will assure that this continues to be the case. If you have further questions,

please do not hesitate to contact us at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)



# Letter of Medical Necessity for Enfamil NeuroPro™ EnfaCare® Formula for Babies Born Prematurely



Date: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Member ID: \_\_\_\_\_

Patient Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

Medical Condition: ICD-10: \_\_\_\_\_ CPT/HCPCS Code: **B4160**

## To Whom It May Concern:

\_\_\_\_\_, age \_\_\_\_\_ years, height (cm) \_\_\_\_\_, weight (kg) \_\_\_\_\_ is followed by  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and the medical food Enfamil NeuroPro EnfaCare (HCPCS Code B4161)  
(Insert condition/disorder name)

treatment request for insurance coverage

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_ is  
(Insert condition/disorder name) (Insert patient's full name)

currently prescribed Enfamil NeuroPro EnfaCare (product of Mead Johnson & Company, LLC), a medical food formulated as an iron-fortified, post-discharge formula that has enriched nutrition to meet the specialized nutrient needs of our patients with \_\_\_\_\_ fed orally or enterally.  
(Insert condition/disorder name)

The prescribed medical food is imperative in the treatment of \_\_\_\_\_ condition. Enfamil NeuroPro EnfaCare is medically necessary to ensure that she/he  
(Insert patient's first name)

maintains \_\_\_\_\_.  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of Enfamil NeuroPro EnfaCare. It is  
(Insert patient's full name)

designed to provide a major source of nutrition for our patient. The use of Enfamil NeuroPro EnfaCare in our patient's diet could make a significant contribution to maintenance of good nutrition. It is milk-based, 22 Cal/fl oz, and is iron-fortified. Enfamil NeuroPro EnfaCare is a nutritionally complete formula that can be an infant's **sole source of nutrition** for up to 9 months of age.

Since our patient, \_\_\_\_\_, was born prematurely, we have prescribed Enfamil NeuroPro EnfaCare as our patient's medical  
(Insert patient's full name)

formula, which has demonstrated to help promote catch-up growth and provides enriched nutrition to meet the needs of premature infants transitioning to home.

# Letter of Medical Necessity for Enfamil NeuroPro™ EnfaCare® Formula for Babies Born Prematurely



Our patient requires increased caloric density, protein, and other vitamins and minerals that standard term formulas do not provide. If our patient is untreated for \_\_\_\_\_, it would severely damage his/her health and fail to comply with diet restrictions; without the use of Enfamil NeuroPro (Insert condition/disorder name)

EnfaCare medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/costly parenteral nutrition.

In summary \_\_\_\_\_ is in need of Enfamil NeuroPro EnfaCare, (HCPCS Code B4160), medical formula for the treatment (Insert patient's full name)

of \_\_\_\_\_, ICD-10: \_\_\_\_\_. We appreciate your attention to this request for Enfamil NeuroPro EnfaCare medical food/enteral (Insert condition/disorder name)

nutrition formula to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

# Letter of Medical Necessity for Pregestimil®



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  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and the medical food Pregestimil (HCPCS Code B4161) treatment  
(Insert condition/disorder name)  
request for insurance coverage

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_ is  
(Insert condition/disorder name) (Insert patient's full name)

currently prescribed Pregestimil (product of Mead Johnson & Company, LLC), a medical food formulated for infants who experience fat malabsorption and who may also be sensitive to intact proteins. The prescribed medical food is imperative in the treatment of \_\_\_\_\_ condition. Pregestimil is medically necessary to ensure that she/he  
(Insert patient's first name)

maintains \_\_\_\_\_.  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of Pregestimil. It is designed to provide a  
(Insert patient's full name)

The use of Pregestimil in our patient's diet could make a significant contribution to maintenance of good nutrition. The fat blend in Pregestimil consists mostly of a special type of fat called MCT (Medium Chain Triglyceride) oil, which is digested and absorbed more easily than other fats by infants with fat malabsorption. Pregestimil provides complete, balanced nutrition for infants and may be the sole source of nutrition for up to 6 months of age and a major source of nutrition through the first year of age.

Also, Pregestimil has DHA and ARA, nutrients also found in breast milk that promote brain and eye development.

To date, our patient \_\_\_\_\_ has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate formula. Therefore, we have  
(Insert patient's full name)  
prescribed Pregestimil as our patient's medical formula as our patient's medical formula, which is medically necessary to provide the proper medical nutrition management.

# Letter of Medical Necessity for Pregestimil®



Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for \_\_\_\_\_, it would severely  
(Insert condition/disorder name)

damage his/her health and fail to comply with diet restrictions; without the use of Pregestimil medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/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. Pregestimil is recommended for 0 – 12 months of age

In summary \_\_\_\_\_ is in need of Pregestimil, (HCPCS Code B4161, medical formula for the treatment of  
(Insert patient's full name)

\_\_\_\_\_, ICD-10: \_\_\_\_\_ We appreciate your attention to this request for Pregestimil medical food/enteral nutrition formula  
(Insert condition/disorder name)

to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

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

PURAMINO™

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  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and the medical food PurAmino Infant DHA & ARA Hypoallergenic formula  
(Insert condition/disorder name)  
(HCPCS Code B4161) treatment request for insurance coverage

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_ is  
(Insert condition/disorder name) (Insert patient's full name)

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.  
(Insert condition/disorder name)

The prescribed medical food is imperative in the treatment of \_\_\_\_\_ condition. PurAmino Infant DHA & ARA Hypoallergenic formula is medically necessary to ensure that she/he maintains \_\_\_\_\_.  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of PurAmino Infant DHA & ARA Hypoallergenic  
(Insert patient's full name)

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.

To date, our patient has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate infant formula. PurAmino Infant DHA & ARA Hypoallergenic formula promotes a normal growth pattern for infants. Therefore, we have prescribed PurAmino Infant DHA & ARA Hypoallergenic formula as our patient's medical food, which is free of dairy and soy and medically necessary to provide the primary source of nutrition management.

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



Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for \_\_\_\_\_, it would severely  
(Insert condition/disorder name)

damage his/her health and fail to comply with diet restrictions; without the use of Pregestimil medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/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. Pregestimil is recommended for 0 – 12 months of age

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  
(Insert patient's full name)

formula for the treatment of \_\_\_\_\_, ICD-10: \_\_\_\_\_. We appreciate your attention to this request for PurAmino Infant DHA &  
(Insert condition/disorder name)

ARA Hypoallergenic formula medical food/enteral nutrition formula to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

# Letter of Medical Necessity for PurAmino™ Jr

PURAMINO™

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  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

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.  
(Insert condition/disorder name)

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_  
(Insert condition/disorder name) (Insert patient's full name)

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  
(Insert condition/disorder name)

imperative in the treatment of \_\_\_\_\_ condition. PurAmino Jr is medically necessary to ensure that  
(Insert patient's first name)

she/he maintains \_\_\_\_\_.  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of PurAmino Jr. It is designed to provide  
(Insert patient's full name)

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.

To date, our patient \_\_\_\_\_ has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate formula.  
(Insert patient's full name)

Therefore, we have prescribed PurAmino Jr as our patient's medical food, which is free of dairy and soy and medically necessary to provide the proper primary source of nutrition management.

# Letter of Medical Necessity for PurAmino™ Jr



Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for \_\_\_\_\_, it would severely  
(Insert condition/disorder name)

damage his/her 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/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  
(Insert patient's full name)

\_\_\_\_\_, ICD-10: \_\_\_\_\_. We appreciate your attention to this request for PurAmino Jr  
(Insert condition/disorder name)

medical food/enteral nutrition formula to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

# Letter of Medical Necessity for Nutramigen® with Enflora™ LGG®\*



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  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and the medical formula Nutramigen with Enflora LGG (HCPCS Code B4161)  
(Insert condition/disorder name)  
treatment request for insurance coverage.

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_ is  
(Insert condition/disorder name) (Insert patient's full name)

currently prescribed Nutramigen with Enflora LGG (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on extensively hydrolyzed casein protein to meet the specialized nutrient needs of our patients with \_\_\_\_\_ fed orally or  
(Insert condition/disorder name)

enterally. The prescribed medical food is imperative in the treatment of \_\_\_\_\_ condition. Nutramigen with Enflora LGG is medically necessary to  
(Insert patient's first name)

ensure that she/he maintains \_\_\_\_\_ .  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of Nutramigen with Enflora LGG It is  
(Insert patient's full name)

designed to provide a major source of nutrition for our patient. The use of Nutramigen with Enflora LGG in our patient's diet could make a significant contribution to maintenance of good nutrition. It is composed of extensively hydrolyzed casein protein and the probiotic branded LGG. Nutramigen with Enflora LGG 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 for our patient.

To date, our patient \_\_\_\_\_ has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate formula.  
(Insert patient's full name)

Therefore, we have prescribed Nutramigen with Enflora LGG as our patient's medical formula, that is free of dairy and soy and medically necessary to provide the proper nutrition management.

\* LGG® is a registered trademark of Chr. Hansen A/S.



Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for \_\_\_\_\_, it would severely  
(Insert condition/disorder name)

damage his/her health and fail to comply with diet restrictions; without the use of Nutramigen with Enflora LGG, a hypoallergenic medical formula, our patient may experience **severe health complications**, which can result in hospitalizations and/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. Nutramigen with Enflora LGG, is recommended for 0 – 12 months of age.

In summary \_\_\_\_\_ is in need of Nutramigen with Enflora LGG, (HCPCS Code B4161), medical formula for the treatment  
(Insert patient's full name)

of \_\_\_\_\_, ICD-10: \_\_\_\_\_. We appreciate your attention to this request for Nutramigen with Enflora  
(Insert condition/disorder name)

LGG medical food/enteral nutrition formula to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

# Letter of Medical Necessity for Nutramigen® with Enflora™ LGG®\* Toddler



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  
(Insert patient's full name)

\_\_\_\_\_, at the \_\_\_\_\_  
(Insert physician's full name) (Insert clinic name)

\_\_\_\_\_ for \_\_\_\_\_, ICD-10 \_\_\_\_\_.  
(Insert clinic department) (Insert condition/disorder name)

(Brief sentence of the condition/disorder)

The purpose of this letter is to explain the medical necessity of \_\_\_\_\_ and the medical food Nutramigen with Enflora LGG Toddler  
(Insert condition/disorder name)  
(HCPCS Code B4161) treatment request for insurance coverage.

\_\_\_\_\_ is \_\_\_\_\_  
(Insert condition/disorder name) (Insert brief description of the condition)

Treatment for \_\_\_\_\_ involves a strict dietary management. \_\_\_\_\_  
(Insert condition/disorder name) (Insert patient's full name)

is currently prescribed Nutramigen with Enflora LGG Toddler (product of Mead Johnson & Company, LLC), a medical food formulated as a hypoallergenic formula based on extensively hydrolyzed casein protein to meet the specialized nutrient needs of our patients with \_\_\_\_\_ fed orally or enterally. The prescribed medical  
(Insert condition/disorder name)

food is imperative in the treatment of \_\_\_\_\_ condition. Nutramigen with Enflora LGG Toddler is  
(Insert patient's first name)

medically necessary to ensure that she/he maintains \_\_\_\_\_.  
(Enter primary reason)

\_\_\_\_\_ will require \_\_\_\_\_ kcal per day or \_\_\_\_\_ oz per day of Nutramigen with Enflora LGG Toddler. It is  
(Insert patient's full name)

designed to provide a major source of nutrition for our patient. The use of Nutramigen with Enflora LGG Toddler in our patient's diet could make a significant contribution to maintenance of good nutrition. It is composed of extensively hydrolyzed casein protein and the probiotic branded LGG. Nutramigen with Enflora LGG Toddler is a nutritionally complete formula that is a **major source of nutrition** from 9 months to 3 years of age.

Also, Nutramigen with Enflora LGG Toddler is clinically shown to reduce the chance of other allergies, including asthma and eczema as they grow.

To date, our patient \_\_\_\_\_ has failed to tolerate cow's milk- and soy-based and/or protein hydrolysate formula.  
(Insert patient's full name)

Therefore, we have prescribed Nutramigen with Enflora LGG Toddler as our patient's medical food, which is free of dairy and soy and medically necessary to provide the proper primary source of nutrition management.

\* LGG® is a registered trademark of Chr. Hansen A/S.

# Letter of Medical Necessity for Nutramigen® with Enflora™ LGG®\* Toddler



Our patient is unable to ingest a normal diet or other hypoallergenic formulas. If our patient is untreated for \_\_\_\_\_, it would severely  
(Insert condition/disorder name)  
damage his/her health and fail to comply with diet restrictions; without the use of Nutramigen with Enflora LGG Toddler, a hypoallergenic medical food, our patient may experience **severe health complications**, which can result in hospitalizations and/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. Nutramigen with Enflora LGG Toddler is recommended for 9 months - 3 years of age.

In summary \_\_\_\_\_ is in need of Nutramigen with Enflora LGG Toddler ,(HCPCS Code B4161, medical formula for the  
(Insert patient's full name)  
treatment of \_\_\_\_\_, ICD-10: \_\_\_\_\_. We appreciate your attention to this request for Nutramigen with Enflora  
(Insert condition/disorder name)

LGG Toddler medical food/enteral nutrition formula to be covered by his/her current medical insurance.

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

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

**Sincerely,**

\_\_\_\_\_  
(Insert Physician's Printed Name, MD)

\_\_\_\_\_  
(Insert Physician's Phone Number)

Cc: \_\_\_\_\_  
(Insert Dietitian Name, RD)

\* LGG® is a registered trademark of Chr. Hansen A/S. Clinicals are attached for supporting information.

# myPURAMINO™

Brought to you by Mead Johnson, the maker of Nutramigen®

PurAmino parents may have questions about how to cover the cost of their child's specialized formula. That's where we come in.

Our dedicated myPurAmino Reimbursement Program support staff can walk them through:

- ✓ Benefit verification
- ✓ Prior authorization support
- ✓ Coding and billing assistance
- ✓ Claims tracking
- ✓ Appeal process support
- ✓ Help with public and private payers

Parents and office staff can call 1-844-PurAmino (1-844-787-2646) for reimbursement support.

Monday–Friday 9 am–6 pm ET

## How to get them started

- 1 Fill in the enrollment form on the back page of the myPurAmino Reimbursement Program brochure\*
- 2 Provide the form to parents and instruct them to complete the steps

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Insurance reimbursement support is available for both PurAmino Infant and PurAmino Junior†.

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\* Enrollment forms available from your local rep or online at [www.myPurAmino.com](http://www.myPurAmino.com).

† While we can't guarantee insurance reimbursement, our dedicated staff will help parents navigate the reimbursement process.

# PurAmino™ is available in four convenient ways so parents can get their babies on it right away.



## HOME DELIVERY

Call 1-800-BABY123 or visit PurAmino.com.



## LOCAL PHARMACIES\*

(INCLUDING WALGREENS)

PurAmino Infant  
Item# 179101, UPC: 30087-51048-04 (Unit)

UPC: 30087-51048-11 (Case)

PurAmino Junior Unflavored  
Item# 178701, UPC: 30087-51224-64 (Unit)

UPC: 30087-51224-71 (Case)



## SELECT RETAILERS + ONLINE

Amazon.com  
Walmart.com  
BuyBuyBaby.com



## HOME CARE PROVIDERS

Talk to your Mead Johnson sales representative about local home care providers.

Parents can call 1-800-BABY123 for answers to questions about feeding, nutrition, and coupons.

\*Order through pharmacies using item and UPC numbers listed; can be purchased at select Walgreens or ordered to arrive within 24 hours through the pharmacy.

# MeadJohnson<sup>TM</sup> Nutrition



*Let's fuel the wonder.*<sup>TM</sup>

[hcp.meadjohnson.com](http://hcp.meadjohnson.com)