

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

myPURAMINO™

With myPurAmino, parents can find a dedicated resource for navigating insurance reimbursement.



Dear Parent,

Mead Johnson believes that getting excellent nutrition for your baby should be easy. We are proud to support you with myPurAmino™, a dedicated resource to help you navigate insurance reimbursement.

GET STARTED WITH 3 EASY STEPS:

1. Contact the Enfamil® Consumer Resource Center at 1-800-BABY123 (1-800-222-9123) to enroll in myPurAmino.

2. Complete the enrollment form.

- Complete the "To Be Completed By Parents" portion of the form.
- Ask your baby's pediatrician to complete the "To Be Completed By Physician" portion of the form.
- Provide a copy of insurance card (front and back) and provide complete insurance information on the "To Be Completed By Parents" portion of the form.

3. Submit the completed documentation.

- Send the completed form pages along with copies of your insurance card to the email address or fax number provided by the Enfamil Consumer Resource Center.
- Our support staff will contact you to discuss the reimbursement process once the form has been received.*

* While we can't guarantee insurance reimbursement, our dedicated staff will help you navigate the reimbursement process. Please keep in mind that reimbursement is based on the terms of your insurance contract.



Call 1-800-BABY123 (1-800-222-9123) if you have questions about the form.

Our team can also help answer questions about your baby's nutrition.

Monday - Friday 8 a.m. to 8 p.m. Eastern Time
and Saturday 9 a.m. to 5:30 p.m. Eastern Time

PURAMINO™ IS AVAILABLE IN FOUR CONVENIENT WAYS:



HOME DELIVERY

Buy PurAmino on the
Enfamil® Shop or call
1-800-BABY123



LOCAL PHARMACIES (Including Walgreens)

You may need to provide the
below numbers to your
pharmacist to order:

PurAmino™ Infant
Item #179101
UPC 30087-51048-04

PurAmino™ Jr - Vanilla
Item #178801
UPC 30087-51224-40

PurAmino™ Jr - Unflavored
Item #178701
UPC 30087-51224-64



SELECT RETAILERS AND ONLINE

amazon

buybuyBABY†

Enfamil
Shop

H-E-B

meijer

TARGET†

Walgreens

Walmart*

Walmart.com†



TALK TO YOUR MEAD JOHNSON SALES REPRESENTATIVE ABOUT HOME CARE OR PHARMACY PROVIDERS:

Coram
Lincare
Option Care Health
Shield Health Care
And more!

For non-reimbursement questions – including feeding and nutrition – call 1-800-BABY123.

TO BE COMPLETED BY PARENTS

Patient Name

Date of Birth

Gender: Male or Female

Parent Contact Information

First Name

Last Name

Mobile Phone Number

Secondary Phone Number

Home Address

City

State

Zip Code

Email Address

Insurance Information

Primary Medical Insurance

Patient Name

Policy Number

Group Number

Insurance Phone Number

Primary Prescription Insurance

Policy Number

Group Number

Card Bin

Prescription Benefit Phone Number

Have you tried getting insurance reimbursement through your provider in the past?

Yes No

In accordance with HIPAA compliance, I authorize access to my personal medical and insurance coverage information and understand that the information I provide will be held in strict confidence and only be used to conduct this verification and explore potential reimbursement.

I have completed the above insurance section completely, and I'm providing a copy (front and back) of my insurance card.

Parent Signature



TO BE COMPLETED BY THE PHYSICIAN

Physician Name: _____

I am requesting insurance coverage and reimbursement for my patient, _____.

My patient's current weight is ____ (kg) and height is ____ (cm). He/She will require ____ kcal per day or ____ fl oz per day* of PurAmino™.

Oral Tube feeding

Diagnosis	ICD-10 Code		Z Code
<input type="checkbox"/> Allergic and dietetic gastroenteritis and colitis	K52.2 (add "z" code signifying allergen)	Allergy to peanuts Allergy to milk products Allergy to eggs Allergy to seafood Other food allergies	Z91.010 Z91.011 Z91.012 Z91.013 Z91.018
<input type="checkbox"/> Allergic rhinitis due to food allergy	J30.5		
<input type="checkbox"/> Atopic dermatitis due to food allergy	L27.2		
<input type="checkbox"/> Bloody stools (newborn)	P54.1		
<input type="checkbox"/> Bloody stools (non-newborn)/Melena	K92.1		
<input type="checkbox"/> Eosinophilic colitis	K52.82		
<input type="checkbox"/> Eosinophilic esophagitis	K20.0		
<input type="checkbox"/> Eosinophilic gastritis and gastroenteritis	K52.81		
<input type="checkbox"/> Failure to thrive (>28 days old)	R62.50		
<input type="checkbox"/> Failure to thrive (child)	R62.51		
<input type="checkbox"/> Failure to thrive (newborn <28 days old)	P92.6		
<input type="checkbox"/> Feeding difficulties	R63.3		
<input type="checkbox"/> Food allergy	T78.40XA		
<input type="checkbox"/> Food protein-induced enterocolitis syndrome	K52.21		
<input type="checkbox"/> Gastroesophageal reflux disease	K21.9		
<input type="checkbox"/> Intestinal malabsorption	K90.9		
<input type="checkbox"/> Malabsorption due to intolerance	K90.4		
<input type="checkbox"/> Other allergic and dietetic gastroenteritis and colitis	K52.29		
<input type="checkbox"/> Other diseases of stomach and duodenum	K31.89		
<input type="checkbox"/> Short bowel syndrome	K91.2		
<input type="checkbox"/> Underweight	R63.6 (add "z" code for weight percentile)	< 5th percentile 5th percentile to < 85th percentile 85th percentile to < 95th percentile > 95th percentile	Z68.51 Z68.52 Z68.53 Z68.54
<input type="checkbox"/> Other diagnosis			

Product and Reimbursement Information for PurAmino™ Infant and PurAmino™ Jr Formula

Product Name	Item Number	Packaging	NDC Format Code		HCPCS Code
PurAmino Infant Formula	179101	14.1 oz Powder Can (4 cans per case)	Case	00087-5104-81	B4161
			Unit	00087-5104-80	
PurAmino Jr Formula: Unflavored	178701	14.1 oz Powder Can (4 cans per case)	Case	00087-5122-47	B4161
			Unit	00087-5122-46	
PurAmino Jr Formula: Vanilla	178801	14.1 oz Powder Can (4 cans per case)	Case	00087-5122-45	B4161
			Unit	00087-5122-44	

I have prescribed the use of PurAmino (a product of Mead Johnson & Company, LLC). Please, no substitutions and no generic formulas.

To date, my patient has failed to tolerate cow's milk and soy-based and/or protein hydrolysate infant formulas. PurAmino is medically necessary for my patient and will promote weight gain, growth and normal development while providing proper medical nutrition management. **The FDA classifies PurAmino Infant as an "exempt infant formula" and PurAmino Jr as a "medical food" that should be used under medical supervision.** Without the use of this hypoallergenic, amino acid-based formula, my patient may experience more complications, which can result in hospitalizations and/or costly parenteral nutrition.

Physician's Signature _____ Physician's Printed Name _____ Date _____

Center/Hospital/Institution/Practice _____ NPI# _____

City _____ State _____

Primary Care Physician's Zip Code _____ Primary Care Physician's Phone Number _____

* This amount may be adjusted as his/her nutritional needs change. PurAmino Infant (0-24 months) and PurAmino Jr (1 year and up) are designed to meet the nutritional needs of infants and children with severe cow's milk protein allergy or multiple food protein allergies who are unable to ingest a normal diet or other hypoallergenic formulas.