

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC AND NUTRITION SERVICES

# MEDICAL DOCUMENTATION - HEALTH CARE PROVIDER AUTHORIZATION FOR SPECIAL FORMULAS AND WIC SUPPLEMENTAL FOOD

Important! Medical documentation is <u>federally</u> required to issue special formula(s) and some supplemental foods to WIC women, infants and children who have qualifying condition(s) that require(s) the use of special formula(s) listed on the back of this form.

A. PARTICIPANT INF	FORMATION							
PARTICIPANT'S NAM	IE:						DOB:	
PARENT/CAREGIVER	R'S NAME:							
The Missouri WIC Progra	am does <u>NOT</u> authorize issu	ance of specia	al formulas for					
	nptoms such as intolerance, fu ent intake or managing body w							
Medical Reason/DX:	Low Birth Weight (RF 141)		Disorders (RF 3 the disorder .			Immune Syste Describe the disorde	m Disorders (RF 360) er.	
(Qualifying Condition) RF = Missouri WIC Risk Factor	Prematurity (RF 142)	Severe Food Allergies (RF 353)  Describe the allergy.				Gastrointestinal Disorders (RF 342)  Describe the disorder.		
Other Indicate another specific life threatening			ng disorder/disease/me	dical condition	n that could a	dversely affect the pa	articipant's nutrition status.	
B. SPECIAL FORMU	LA							
FORMULA REQUEST (Refer to list on back of fo								
REQUIRED CALORIE	REQUIRED CALORIE/FLUID OUNCE CONCENTRATION DAILY AMOUNT REQUESTED REQUESTED APPROVAL LENGTH: (Ends							
☐ Mix according to la			Max All			day of the Month	) □ 4 Months	
	al/fl oz 🔲 Other :		ounces, cans/da	•		2 Months	☐ 5 Months	
Mixing Instructions:			* Per federal re	•		3 Months	☐ 6 Months	
C. WIC SUPPLEMENT	TAL FOOD			9				
Full provision of age/categorical appropriate WIC food will be provided unless otherwise indicated below:  No WIC foods; provide formula only.  Issue a modified food package OMITTING the WIC food checked below:  WIC Food for Infants (6-11								
<ul> <li>special formula. Issuance of whole milk for personal preference is <u>NOT</u> allowed.</li> <li>Does this participant need whole milk?  Yes  No</li> <li>If yes, describe medical condition(s):</li></ul>								
[SOYMILK] Issuing soymilk to children requires medical documentation. Personal preference is NOT allowed.  • Does this child need soymilk? ☐ Yes ☐ No  • If yes, select medical condition(s): ☐ Milk Allergy (RF353) ☐ Lactose Intolerance (RF355) ☐ Vegan Diet (RF425 children) (RF427 women)								
<ul><li>Does this participa</li><li>If yes, does this pa</li></ul>	eese to children requires n nt need more than one po rticipant have lactose intol	und of chees erance (RF 3	se? 🗆 55)?	Yes Yes	☐ No☐ No			
D. HEALTH CARE PR	ROVIDER INFORMATION	(COMPLET	ED BY PRESCR	IPTIVE A	UTHORIT	Y LICENSED E	BY THE STATE)	
NAME (PRINT):				PHONE:		DATE:		
SIGNATURE: Signature stamps NOT allo					☐ MD ☐	□DO □PA □	□NP □CNS □CNM	
E. WIC USE ONLY	<u> </u>	on in its enti	rety)					
☐ APPROVED					STATE WIC ID:			
☐ DISAPPROVED If disapproved, did you contact HCP? ☐ Yes ☐ No  SIGNATURE: ☐ RD ☐ NUTRITIONIST ☐ CPA DATE:								
AGENCY NAME:		<u> </u>		TIONIO1 L		AGENCY NUMBE		
ACCINOTINATE.						, SENOT NONDE	-131	

MO 580-2913 (01-14) WIC-27

#### I. WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

#### A. Contract Infant Formulas (Rebate)

 Enfamil Premium Infant

Enfamil ProSobee

- 1. Contract infant formulas will be given unless a health care provider diagnoses a medical condition that warrants a specialty formula.
- Enfamil Gentlease

  2. A medical documentation form (WIC 27) must be completed for prescribing infant formula for children (12-59 months) with qualifying medical condition(s). (Max. Approval Length: 6 months)
  - 3. The WIC 27 form must be completed when dilution of formula is different from the instructions on the product label.

#### **B. Special Formulas - Infants**

Enfamil A.R\* PurAmino (Formerly Nutramigen AA)
Elecare For Infant DHA/ARA Nutramigen W/ Enflora LGG (Powder)

EnfaCare Pregestimil

Enfamil Human Milk Fortifier RCF (Ross Carbohydrate Free – Metabolic)

Enfaport LIPIL Similac Expert Care Alimentum NeoCate Infant Formula DHA/ARA Similac Expert Care NeoSure

Nutramigen (Conc. R-T-U) Similac PM 60/40

\* Enfamil A.R. is a contract formula; however, it requires a completed WIC 27 form.

#### Formulas in Nursettes (2 fl oz container)

Enfamil LIPIL w/ Iron Non-premature (24 cal) Enfamil Premature Iron Fortified (20 cal) Enfamil Premature Iron Fortified (24 cal) Enfamil Premature High Protein (24 cal)

Pregestimil (24 cal)

Similac Special Care W/ Iron (24 cal) Similac Special Care W/ Iron (30 cal)

#### C. Special Formulas - Children

**Boost Kid Essentials** E028 Splash Nutren Jr. W/ Fiber Pepdite Jr. Boost Kid Essentials 1.5 Cal Peptamen Jr. Elecare Jr. Pediasure Boost Kid Essentials W/ Fiber 1.5 Cal Isosource 1.5 W/ Fiber Pediasure W/ Fiber Peptamen Jr. 1.5 Glucerna Shake **Boost Breeze** Pediasure 1.5 Peptamen Jr. W/ Fiber Bright Beginnings Soy Pediatric Drink Ketocal 3:1 Pediasure 1.5 W/ Fiber Peptamen Jr. W/ Prebio Compleat Pediatric Ketocal 4:1 Pediasure Enteral Formula 1.0 Cal Portagen Compleat Pediatric Reduced Calorie Suplena Monogen Pediasure Enteral Formula 1.0 Cal W/ Fiber Enfagrow Toddler Transitions Gentlease NeoCate Jr. W/ Prebiotics Super Soluble Duocal PediaSure Peptide 1.0 Cal **Enfagrow Toddler Transitions** PediaSure Peptide 1.5 Cal Vivonex T.E.N. NeoCate Jr.

Enfagrow Toddler Transitions Soy Nutren Jr. PediaSure Sidekicks (Retail) 6-pack only

## D. Special Formulas - Women

Boost Original Ensure Glucerna Shake Peptamen 1.5 Portagen Tolerex
Boost Breeze Isosource 1.5 W/ Fiber Peptamen Peptamen W/ Prebio Suplena Vivonex T.E.N.

#### E. METABOLIC FORMULAS, FORMULAS AND/OR MEDICAL FOODS NOT LISTED IN THIS PAGE

- 1. Information About Metabolic Formulas: Visit the Missouri Metabolic Formula program website: <a href="http://health.mo.gov/living/families/genetics/metabolicformula/">http://health.mo.gov/living/families/genetics/metabolicformula/</a>
- 2. Missouri WIC program does not approve any formulas that are not listed in this page.

II. Maximum Monthly Allowances (Reconstituted Amount/Month)					
Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
	Reconstituted Liquid Concentrate	806 fl oz	806 fl oz	884 fl oz	624 fl oz
Non-Breastfeeding Infant	Ready-To-Use/Feed	832 fl oz	832 fl oz	896 fl oz	640 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz

Partially Breastfeeding Contact the local WIC provider for the maximum monthly allowance if the infant is partially breastfed.

		• • •	
Category	Powder (Reconstituted Yield)	Liquid Concentrate (Reconstituted Yield)	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month
Women with Qualifying Condition(s)	910 fl oz / month	910 floz/month	910 fl oz / month

### III. Milk, Soymilk, Cheese and Medical Documentation (WIC 27)

Food Item	Without Medical Documentation	With Medical Documentation
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	<ul><li>Fully Breastfeeding Women (2 lbs.)</li><li>All Other Women (1 lb.)</li><li>Children (1 lb.)</li></ul>	<ul> <li>Fully Breastfeeding Women 3 - 8 lbs.</li> <li>Pregnant &amp; Partially BF Women 2 - 7 lbs.</li> <li>Postpartum Women 2 - 5 lbs.</li> <li>Children 2 - 5 lbs.</li> </ul>
Soy Milk 1 qt. milk = 1 qt. soy milk	<ul> <li>Fully Breastfeeding Women (24 qts.)</li> <li>Pregnant &amp; Partially BF Women (22 qts.)</li> <li>Postpartum Women (16 qts.)</li> </ul>	Children 1 - 16 qts.