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 federally 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. The use of conventional foods may be precluded, restricted, or inadequate to address their special nutritional needs. The Missouri WIC Program does NOT authorize issuance of special formulas for:
1) Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation, or colic; OR
2) Enhancing nutrient intake or managing body weight without an underlying medical condition.

Important!
Fax form to the WIC clinic.
or
Have WIC participant return form to the WIC clinic.

A. PATIENT INFORMATION (COMPLETED BY PHYSICIAN OFFICE STAFF)

PATIENT'S NAME: (LAST, FIRST, MI): | DOB:

PARENT/CAREGIVER'S NAME: | HEIGHT: | WEIGHT: | HGB:

Medical Reason/DX: (Qualifying Condition) RF = Missouri WIC Risk Factor	☐ Prematurity (RF 142)	☐ Low Birth Weight (RF 141)	☐ Failure to Thrive (RF 134)	☐ Metabolic Disorders (RF 351)
	☐ Gastrointestinal Disorders (RF 342)	☐ Immune System Disorders (RF 360)	☐ Severe Food Allergies (RF 353)	☐ Other

Describe the disorder/allergy checked above **or** indicate another specific life threatening disorder/disease/medical condition that could adversely affect the participant's nutrition status.

B. SPECIAL FORMULA & WIC SUPPLEMENTAL FOOD (COMPLETED BY PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)

FORMULA REQUESTED (See the list on the back):

REQUIRED CALORIE/FLUID OUNCE CONCENTRATION:
☐ 22 cal/fl oz ☐ 24 cal/fl oz ☐ Other :

SPECIAL/MIXING INSTRUCTIONS FOR FORMULA REQUESTED:

PRESCRIBED AMOUNT: ☐ Max. Allowable ____________________ oz/day ____________________cans/day

APPROVAL LENGTH: ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ 4 Months ☐ 5 Months ☐ 6 Months (Max)

SUPPLEMENTAL FOOD:
☐ Provide full provision of supplemental food.
☐ No WIC supplemental foods. Provide formula only.
☐ Modify food package.*

***Check supplemental food items to be omitted.**

Infants (6-11 mos)
☐ Infant Cereal
☐ Infant Fruits & Vegetables

Children (1-4 y/o) and Women
☐ Milk[1] ☐ Cheese ☐ Legumes ☐ Juice
☐ Eggs ☐ Peanut Butter ☐ Breakfast Cereals
☐ Fruits & Vegetables ☐ Whole Grains ☐ Canned Fish[2]

1. WIC provides milk (Skim-2%) for children (≥ 2 y/o) and women, and whole milk for only children (1 y/o). Whole milk can be issued to participants (children 2-4 y/o and women) receiving special formula due to qualifying condition(s) if prescribed by the physician.
2. Canned fish will be issued to fully breastfeeding women, pregnant women with multiple fetuses and women partially breastfeeding multiple infants.

SPECIAL INSTRUCTIONS FOR SUPPLEMENTAL FOOD:

C. SOY BEVERAGE, TOFU OR ADDITIONAL CHEESE (COMPLETED BY PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)

☐ Soymilk or Tofu for Children
☐ >4 lbs Tofu for Women (Prenatal, & Partially or Non-Breastfeeding)
☐ >1 lb Cheese for Women or Children
☐ >6 lbs Tofu (Fully Breastfeeding Women)

[NOTE] The quantity of Cheese, Tofu & Soymilk will be deducted from the maximum monthly allowance for milk.

DIAGNOSIS (REQUIRED): Personal Preference is **NOT** an allowed reason.
☐ Milk Allergy (RF353) ☐ Severe Lactose Mal-digestion (RF 355) ☐ Vegan Diet (RF 425 Children only & RF427 Women only)

D. HEALTH CARE PROVIDER INFORMATION (COMPLETED BY PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)

PROVIDER'S NAME (PRINT): ☐ MD ☐ DO ☐ PA ☐ NP | PHONE:

SIGNATURE OF HEALTH CARE PROVIDER (Signature stamps NOT allowed): | DATE:

WIC USE ONLY – (MUST COMPLETE SECTION IN ITS ENTIRETY)

☐ **APPROVED** ☐ **DISAPPROVED** | Date Approved: | STATE WIC ID:

Check month(s) of approval :	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

If disapproved, was the Health Care Provider (HCP) contacted? ☐ Yes ☐ No | Did the HCP agree to the suggested changes? ☐ Yes ☐ No

SIGNATURE: ☐ RD ☐ NUTRITIONIST ☐ RN

AGENCY NAME: | AGENCY NUMBER:

STATE NUTRITONIST'S NAME: | ☐ APPROVAL LETTER IN MOWINS

MISSOURI WIC PROGRAM
APPROVED FORMULAS AND MEDICAL FOOD LISTING

A. CONTRACT INFANT FORMULAS (REBATE)

Enfamil Premium	**Enfamil ProSobee**
Enfamil Gentlease	**Enfamil A.R.** (Requires Medical Documentation – WIC 27)

NOTE:

1. Contract formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.
2. A medical documentation form (WIC 27) must be completed for prescribing infant formula for children (12-59 months) with qualifying medical condition(s). The maximum length of approval is 6 months.
3. A Medical Documentation form (WIC 27**)** must be completed when dilution of formula is different from the instructions on the label of the product.
4. Please visit the website: **http://www.dhss.mo.gov/`]j ]b[ #Ua ]`]Yg#k]WcccXdUW U[Yg#bZcZcf\ Wd"d\ d** for more information.

B. SPECIAL (EXEMPT INFANT) FORMULAS - INFANTS Med [The Medical Documentation (WIC 27) must be completed.]

Elecare (unflavored)	Nutramigen (Conc. R-T-U)	Formulas in nursettes (2 fl oz container)
Elecare DHA/ARA (unflavored)	Nutramigen AA	EnfaCare
EnfaCare	Nutramigen with Enflora LGG	Enfamil LIPIL w/ Iron Non-premature (24 cal)
Enfamil Human Milk Fortifier	Pregestimil	Enfamil Premium Non-premature (20 cal)
Enfaport LIPIL	Similac Expert Care Alimentum	Enfamil Gentlease (20 cal)
NeoCate Infant Formula	Similac Expert Care NeoSure	Enfamil Premature Iron Fortified (20 cal)
NeoCate Infant Formula DHA/ARA	Similac PM 60/40	Enfamil Premature Iron Fortified (24 cal)
		Pregestimil (20 cal); Pregestimil (24 cal)
		Similac Special Care with Iron (24 cal)
		Similac Special Care with Iron (30 cal)

C. SPECIAL FORMULAS (MEDICAL FOODS) – CHILDREN [The Medical Documentation (WIC 27) must be completed.]

Boost Kid Essentials- All flavors	Ketocal 3:1	Pediasure Enteral
Boost Kid Essentials 1.0 cal- All flavors	Ketocal 4:1	Resource Breeze
Boost Kid Essentials 1.5 cal- All flavors	Monogen	Peptamen Jr.
Boost Kid Essentials with Fiber 1.5 cal – (Vanilla)	NeoCate Junior with Prebiotics (Unflavored)	Peptamen Jr. 1.5
Bright Beginnings Soy Pediatric Drink	NeoCate Junior (Un flavored)	Peptamen Jr. Powder (Vanilla)
Compleat Pediatric	NeoCate One + Powder**	Peptamen Jr. with Fiber
Enfagrow Gentlease*	Nutren Junior-(Vanilla)	Peptamen Jr. with Prebio
Enfagrow Premium - Toddler*	Nutren Junior with Fiber-(Vanilla)	Portagen
Enfagrow Soy *	Pediasure-All Flavors	Suplena
E028 Splash – All flavors	Pediasure with Fiber-(Vanilla)	Vital Jr. - All flavors
Elecare – Vanilla/Unflavored	Pediasure 1.5 (Vanilla)	
Elecare DHA/ARA - Unflavored	Pediasure 1.5 with Fiber-(Vanilla)	

* Enfagrow formulas are contract formulas.

** NeoCate One + will be discontinued in MOWINS on February 1, 2011.

D. SPECIAL FORMULAS (MEDICAL FOODS) - WOMEN [The Medical Documentation (WIC 27) must be completed.]

Al Soy	Peptamen-All Flavors	Resource Breeze
Boost-All Flavors	Peptamen with Prebio	Suplena
Ensure-All Flavors	Peptamen 1.5-All Flavors	Tolerex
Ensure -(Vanilla)	Portagen	Vivonex T.E.N.

Important Note: Local WIC provider must scan front page of this form in MOWINS.

This institution is an equal opportunity provider.