



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 Missouri WIC Program does NOT authorize issuance of special formulas for:

- non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation, or colic; **OR**
- enhancing nutrient intake or managing body weight without an underlying medical condition.

A. PARTICIPANT INFORMATION

PARTICIPANT'S NAME	DOB
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PARENT/CAREGIVER'S NAME

B. SPECIAL FORMULA

FORMULA REQUESTED (REFER TO LIST ON BACK OF FORM)

REQUIRED CALORIE/FLUID OUNCE CONCENTRATION <input type="checkbox"/> Mix according to label instructions <input type="checkbox"/> 22 cal/fl oz <input type="checkbox"/> 24 cal/fl oz <input type="checkbox"/> Other: _____ Mixing instructions: _____	DAILY AMOUNT REQUESTED _____ Max Allowed* _____ ounces/day _____ cans/day *per federal regulation	REQUESTED APPROVAL LENGTH (ENDS LAST DAY OF MONTH) <input type="checkbox"/> 1 Month <input type="checkbox"/> 4 Months <input type="checkbox"/> 2 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months
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Medical Reason/DX: (Qualifying Condition) RF = Missouri WIC Risk Factor	<input type="checkbox"/> Low Birth Weight (RF 141) (<24 months)	<input type="checkbox"/> Metabolic Disorders (RF 351) <i>Describe the disorder:</i>	<input type="checkbox"/> Immune System Disorders (RF 360) <i>Describe the disorder:</i>
	<input type="checkbox"/> Prematurity (RF 142) (<24 months)	<input type="checkbox"/> Severe Food Allergies (RF 353) <i>Describe the allergy:</i>	<input type="checkbox"/> Gastrointestinal Disorders (RF 342) <i>Describe the disorder:</i>
	<input type="checkbox"/> Other (Disorder/disease/medical condition that could adversely affect the participant's nutrition status.)		

WHEN PRESCRIBING A FORMULA IN READY-TO-USE (RTU) FORM, COMPLETE SECTION B AND CHECK THE APPROPRIATE REASON BELOW.

- Accommodates the participant's condition better. Improves the participant's compliance in consuming the prescribed WIC formula.

ISSUING WHOLE MILK

- Issuing whole milk to women and children 24 months of age or older requires medical documentation and issuance of special formula.
- Issuance of whole milk for personal preference is NOT allowed.

DOES THIS PARTICIPANT NEED WHOLE MILK?

- Yes No

C. WIC SUPPLEMENTAL FOOD

Full provision of age/categorical appropriate WIC food will be provided unless otherwise indicated below:

WIC Food for Infants (6-11 months) 1. CAN THE INFANT (6-11 MONTHS) CONSUME WIC INFANT FOODS? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. IF NOT, DOES THIS INFANT NEED ADDITIONAL CANS OF FORMULA? <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC Food For Children (1-4 years) and Women 1. DOES THE CHILD OR WOMAN NEED INFANT FOOD? <input type="checkbox"/> No <input type="checkbox"/> Yes, Infant Cereal <input type="checkbox"/> Yes, Infant Fruits/Vegetables 2. PLEASE CHECK ANY FOODS TO BE OMITTED FOR CHILD/WOMAN FROM LIST BELOW <input type="checkbox"/> Omit all WIC foods (or individual foods as checked below): <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Soy Milk <input type="checkbox"/> Juice <input type="checkbox"/> Yogurt <input type="checkbox"/> Tofu <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Beans <input type="checkbox"/> Cereals <input type="checkbox"/> Fruits and Vegetables <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Whole Grains (bread, tortillas, rice, or pasta)
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D. HEALTH CARE PROVIDER INFORMATION (COMPLETED BY PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE.)

NAME (PRINT)	PHONE	DATE
SIGNATURE (SIGNATURE STAMPS NOT ALLOWED)		
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> CNM		

E. WIC USE ONLY (MUST COMPLETE SECTION IN ITS ENTIRETY)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC 27 END DATE	STATE WIC ID
NAME (PRINT)	SIGNATURE	DATE
<input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPA		
AGENCY NAME	AGENCY NUMBER	

MISSOURI WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING - EFFECTIVE OCTOBER 1, 2018

CONTRACT INFANT FORMULAS

Infant formulas below will be given unless a health care provider diagnoses a medical condition that warrants a special formula.

Enfamil Infant (Powder, Conc., and RTU)	Enfamil ProSobee (Powder, Conc., and RTU)	Enfamil A.R. (Powder and RTU)
Enfamil Gentlease (Powder)	Enfamil Reguline (Powder)	[Note] RTU= Ready To Use; CONC. = Concentrate

SPECIAL FORMULAS

Complete a Medical Documentation form (WIC-27) when prescribing the formulas below or when formula mixing instructions are different from those on the product label. (Max. approval length: 6 months)

INFANTS

3232A (Powder)	PurAmino (Powder)
Calcilo XD (Powder)	RCF - Ross Carbohydrate Free (Conc.)
EleCare for Infants DHA/ARA (Powder)	Similac Alimentum (Powder and RTU)
EnfaCare (RTU)	Similac NeoSure (Powder and RTU)
EnfaCare NeuroPro (Powder)	Similac PM 60/40 (Powder)
Enfamil Human Milk Fortifier (Powder)	Formulas in Nursettes (2 fl. oz. container)
Enfaport (RTU)	Enfamil Premature (20 cal., 24 cal., and 30 cal.)
Neocate Infant Formula DHA/ARA (Powder)	Enfamil Premature High Protein (24 cal.)
Nutramigen (Conc. and RTU)	Pregestimil (20 cal. and 24 cal.)
Nutramigen with Enflora LGG (Powder)	Similac Special Care (20 cal., 24 cal., and 30 cal.)
Pregestimil (Powder)	

CHILDREN

3232A (Powder)	PediaSure (RTU)
Boost Kid Essentials (RTU)	PediaSure with Fiber (RTU)
Boost Kid Essentials 1.5 cal. (RTU)	PediaSure 1.5 cal. (RTU)
Boost Kid Essentials with Fiber 1.5 cal. (RTU)	PediaSure 1.5 cal. with Fiber (RTU)
Bright Beginnings Soy Pediatric Drink (RTU)	PediaSure Enteral Formula 1.0 cal. (RTU)
Compleat Pediatric (RTU)	PediaSure Enteral Formula 1.0 cal. with Fiber (RTU)
Compleat Pediatric Reduced Calorie (RTU)	PediaSure Peptide (1.0 cal. and 1.5 cal.) (RTU)
EleCare Jr. (Powder)	PediaSure SideKicks (RTU)
Glucerna Shake (RTU)	Peptide Jr. (RTU)
Isosource 1.5 cal. with Fiber (RTU)	Peptamen Jr. 1.5 cal. (RTU)
Ketocal 3:1 and 4:1 (Powder)	Peptamen Jr. with Fiber (RTU)
Monogen (Powder)	Peptamen Jr. with Prebio (RTU)
Neocate Jr. with Prebiotics (Powder)	Portagen (Powder)
Neocate Splash (RTU)	Super Soluble Duocal (Powder)
Nutren Jr. (RTU)	Suplena with Carb Steady (RTU)
Nutren Jr. with Fiber (RTU)	

WOMEN

Boost (RTU)	Isosource 1.5 cal. with Fiber (RTU)	Super Soluble Duocal (Powder)	Vivonex T.E.N. (Powder)
Ensure (RTU)	Monogen (Powder)	Suplena (RTU)	
Glucerna Shake (RTU)	Portagen (Powder)	Tolerex (Powder)	

METABOLIC FORMULAS

• Formulas listed below are in powder form. (Max. approval length: 2 months)

• For information about medical eligibility for the DHSS Metabolic Formula program: <http://health.mo.gov/living/families/genetics/metabolicformula/>

BCAD 1	I-Valex-1	MSUD ANAMIX Early Years	PKU Periflex Early Years	Phenyl-Free 1	XPhe Maxamum
GA	Ketonex 1	MSUD Maxamum	PFD Toddler	TYROS 1	
HCY 1	Ketonex 2	OA 1	Phenex-1	WND 1	
HCY 2	LMD	OA 2	Phenex-2	WND 2	