Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Maine CDC WIC Nutrition Program/MaineCare
Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals

Healthcare Provider:	**Return form to:**
Address:	
Phone: **Fax:**	
Provider DEA:	

Patient's Name:	Date of Birth: / /
MaineCare ID#:	Parent/Guardian:
Pharmacy Name:	Pharmacy Address:
Pharmacy Fax:	Pharmacy NABP/NPI #:

Please specify the underlying qualifying medical diagnosis(es): Please note that non-specific conditions such as rash, intolerance, underweight, fussiness, colic, spitting up, vomiting, gas, or constipation, or requests strictly for management of body weight will not be considered indications for a medical formula.

- ☐ Prematurity (<37 weeks gestation)
- ☐ Developmental Delay
- ☐ Food Allergies (specify): _____
- ☐ GI Disorder/Malabsorption Syndrome (specify): _____
- ☐ Failure to Thrive (specify underlying medical condition): _____
- ☐ Other (specify): _____

The Maine CDC WIC Nutrition Program issues only contract infant formula for partially breastfed or nonbreastfed infants who are using standard cow's milk or soy formulas. The current contract formulas include: **Similac Advance (20 kcal/oz), Similac Isomil (20kcal/oz), Similac Sensitive (19kcal/oz), Similac Total Comfort (19 kcal/oz)** and **Similac for Spit-Up (19 kcal/oz).**
The 19kcal/oz formulas require WIC staff to obtain medical documentation prior to issuance.
All prescriptions for medical formulas are subject to WIC approval and provision based on program policies. Please refer to the Maine CDC WIC Nutrition Program formulary for more information: http://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml#F

Formula Prescribed: Nutramigen with Enflora LGG Prescribed ounces or cc/day _____

Tube feeding ☐ Yes ☐ No

Special instructions for preparation, dilution or tube feeding (if applicable):

Duration of prescription: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 6 months

Foods to be omitted in patient's diet:
☐ None ☐ Omit: _____

☐ **WIC Registered Dietitian may assess for and provide appropriate WIC foods** (such as lactose free milk, provision of infant solids at 6 months of age and whole milk at 12 months) to my participant receiving a medical formula. If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.

☐ **Whole Milk for child ≥ 24 months or woman** (must also be prescribed medical formula for qualifying medical condition)

HEALTH CARE PROVIDER SIGNATURE (MD, DO, PA, NP)**:** **Date:**

Printed Name (Health Care Provider):

WIC Office Use: Part ID#: _____ HH ID#: _____ Clinic: _____