



**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: _____

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 the 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 Indicate another specific life threatening 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:	
<u>WIC Food for Infants (6-11 months)</u>	<u>WIC Food For Children (1-4 years) and Women</u>
1. Can the infant (6-11 months) consume WIC infant food? <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	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 circle/check any food <u>to be omitted</u> 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"/> Cereal <input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Whole Grains (bread, tortillas, rice or pasta)

D.
NAME (PRINT): _____ PHONE: _____ DATE: _____

SIGNATURE: (Signature stamps NOT allowed) _____
☐ MD ☐ DO ☐ PA ☐ NP ☐ CNS ☐ CNM

E. WIC USE ONLY (Must complete section in its entirety)

<input type="checkbox"/> APPROVED WIC 27 End Date _____	STATE WIC ID: _____
<input type="checkbox"/> DISAPPROVED If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME (PRINT) _____	SIGNATURE: _____	<input type="checkbox"/> RD <input type="checkbox"/> NUTRITIONIST <input type="checkbox"/> CPA	DATE: _____
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AGENCY NAME: _____	AGENCY NUMBER: _____
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WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

A. Contract Infant Formulas (Rebate)

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| <ul style="list-style-type: none"> • Enfamil Infant • Enfamil Gentlease • Enfamil ProSobee • Enfamil Reguline • Enfamil A.R. | <ol style="list-style-type: none"> 1. Contract infant formulas will be given unless a health care provider diagnoses a medical condition that warrants a specialty formula. 2. A medical documentation form (WIC 27) must be completed for prescribing these formulas 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. 4. Issuing Enfamil AR (powder) to infants does not require a medical documentation form (WIC 27). |
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B. Special (Exempt) Formulas - Infants *(requires a completed WIC 27 form.)*

		Formulas in Nursettes (2 fl oz container)
Calcilo XD	Pregestimil	Enfamil 24 (Non-premature) (24 cal)
Elecare For Infant DHA/ARA	3232 A	Enfamil Premature w/ Iron Nursette (20 cal & 24 cal)
EnfaCare	PurAmino	Enfamil Premature High Protein (24 cal)
Enfamil Human Milk Fortifier	RCF (Ross Carbohydrate Free – Metabolic)	Enfamil Premature (30 cal)
Enfaport (30 cal)	Similac Alimentum	Pregestimil (20 cal & 24 cal)
Neocate Infant Formula DHA/ARA	Similac NeoSure	Similac Special Care w/ Iron (20 cal)
Nutramigen (Conc. R-T-U)	Similac PM 60/40	Similac Special Care w/ Iron (24 cal)
Nutramigen W/ Enflora LGG		Similac Special Care w/ Iron (30 cal)

C. Special Formulas (WIC Eligible Nutritionals) – Children *(requires a completed WIC 27 form.)*

Boost Kid Essentials	Isosource 1.5 w/ Fiber	Nutramigen w/ Enflora LGG Toddler	Peptamen Jr.
Boost Kid Essentials 1.5 Cal	Glucerna Shake	PediaSure	Peptamen Jr. 1.5
Boost Kid Essentials w/ Fiber 1.5 Cal	Ketocal 3:1	PediaSure w/ Fiber	Peptamen Jr. w/ Fiber
Boost Breeze	Ketocal 4:1	PediaSure 1.5	Peptamen Jr. w/ Prebio
Bright Beginnings Soy Pediatric Drink	Monogen	PediaSure 1.5 w/ Fiber	Portagen
Compleat Pediatric	Neocate Jr. w/ Prebiotics	PediaSure Enteral Formula 1.0 Cal	3232 A
Compleat Pediatric Reduced Calorie	Neocate Jr.	PediaSure Enteral Formula 1.0 Cal w/ Fiber	Suplena
Enfagrow Toddler Transitions Gentlease	Neocate Splash (E028 Splash)	PediaSure Peptide 1.0 Cal	Super Soluble Duocal
Enfagrow Premium Toddler Transitions	Nutren Jr.	PediaSure Peptide 1.5 Cal	Vivonex Pediatric
Enfagrow Toddler Transitions Soy	Nutren Jr. w/ Fiber	PediaSure Sidekicks (Retail) 6-pack	
Elecare Jr.	Nutren 2.0	Pepdite Jr.	

D. Special Formulas (WIC Eligible Nutritionals) - Women *(requires a completed WIC 27 form.)*

Boost Original	Isosource 1.5 w/ Fiber	Peptamen	Portagen	Tolerex
Boost Breeze	Glucerna Shake	Peptamen 1.5	Suplena	Vivonex T.E.N
Ensure	Monogen	Peptamen w/ Prebio	Super Soluble Duocal	

E. Metabolic Formulas, Formulas and/or Medical Foods Not Listed on this Page

- Information about metabolic formulas: Visit the Missouri Metabolic Formula Program website: <http://health.mo.gov/living/families/genetics/metabolicformula/>
- Missouri WIC Program does not approve any formulas that are not listed on this page.