



**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

- ☐ Mix according to label instructions
☐ 22 cal/fl oz ☐ 24 cal/fl oz ☐ Other: _____
Mixing Instructions: _____

DAILY AMOUNT REQUESTED

_____ Max allowed*
_____ ounces/day
_____ cans/day
* Per federal regulation.

REQUESTED APPROVAL LENGTH:
(Ends last day of the month)

- ☐ 1 Month ☐ 4 Months
☐ 2 Months ☐ 5 Months
☐ 3 Months ☐ 6 Months

Medical Reason/DX:
(Qualifying Condition)
RF = Missouri WIC
Risk Factor

☐ Low Birth Weight (RF 141)
(< 24 months)

☐ Metabolic Disorders (RF 351)
Describe the disorder.

☐ Immune System Disorders (RF 360)
Describe the disorder.

☐ Prematurity (RF 142)
(< 24 months)

☐ Severe Food Allergies (RF 353)
Describe the allergy.

☐ Gastrointestinal Disorders (RF 342)
Describe the disorder.

☐ 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:

WIC Food for Infants (6-11 months)

1. Can the infant (6-11 months) consume WIC infant food? ☐ Yes ☐ No
2. If not, does this infant need additional cans of formula? ☐ Yes ☐ No

WIC Food For Children (1-4 years) and Women

1. Does the child or woman need infant food? ☐ No
☐ Yes, Infant Cereal ☐ Yes, Infant Fruits/Vegetables
2. Please circle/check any food to be omitted for child/woman from list below :
☐ Omit all WIC foods (or individual foods as checked below):
☐ Cow's Milk ☐ Soy Milk ☐ Juice ☐ Yogurt ☐ Tofu
☐ Peanut Butter ☐ Beans ☐ Cereal ☐ Fruits & Vegetables
☐ Eggs ☐ Cheese ☐ 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)

☐ APPROVED WIC 27 End Date _____

STATE WIC ID: _____

☐ DISAPPROVED If disapproved, did you contact HCP? ☐ Yes ☐ No

NAME (PRINT)

SIGNATURE:

☐ RD ☐ NUTRITIONIST ☐ CPA

DATE:

AGENCY NAME:

AGENCY NUMBER:

WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

A. Contract Infant Formulas (Rebate)

- | | |
|---|---|
| <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). |
|---|---|

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.