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.

A. PARTICIPANT INFORMATION

PARTICIPANT'S NAME: | DOB:

PARENT/CAREGIVER'S NAME:

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;
- enhancing nutrient intake or managing body weight without an underlying medical condition.

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

☐ Low Birth Weight (RF 141)	☐ Metabolic Disorders (RF 351) *Describe the disorder .*	☐ Immune System Disorders (RF 360) *Describe the disorder.*
☐ Prematurity (RF 142)	☐ 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.		

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

C. WIC SUPPLEMENTAL FOOD

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

☐ No WIC foods; provide formula only.

☐ Issue a modified food package **OMITTING** the WIC food checked below:

WIC Food for Infants (6-11 months)

☐ Infant Cereal

☐ Infant Fruits & Vegetables

WIC Food For Children (1-4 y/o) and Women

☐ Cow's Milk ☐ Peanut Butter ☐ Legumes ☐ Breakfast Cereals

☐ Whole Grains ☐ Juice ☐ Fruits & Vegetables ☐ Eggs ☐ Cheese

[WHOLE MILK] Issuing whole milk to children greater than or equal to 24 months of age 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
- If yes, describe medical condition(s): _____

[SOYMILK] Issuing soymilk to children requires medical documentation. Personal preference is **NOT** allowed.

- Does this child need soymilk? ☐ Yes ☐ No
- If yes, select medical condition(s): ☐ Milk Allergy (RF353) ☐ Lactose Intolerance (RF355) ☐ Vegan Diet (RF425 children) (RF427 women)

[CHEESE] Issuing cheese to children requires medical documentation. Personal preference is **NOT** allowed.

- Does this participant need more than one pound of cheese? ☐ Yes ☐ No
- If yes, does this participant have lactose intolerance (RF 355)? ☐ Yes ☐ No

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

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 _____

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

STATE WIC ID:

SIGNATURE: ☐ RD ☐ NUTRITIONIST ☐ CPA | DATE:

AGENCY NAME: | AGENCY NUMBER:

I. WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

A. Contract Infant Formulas (Rebate)

- Enfamil Premium Infant
- Enfamil Gentlease
- Enfamil ProSobee

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 infant formula 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.

B. Special Formulas - Infants

Enfamil A.R*	PurAmino (Formerly Nutramigen AA)
Elecare For Infant DHA/ARA	Nutramigen W/ Enflora LGG (Powder)
EnfaCare	Pregestimil
Enfamil Human Milk Fortifier	RCF (Ross Carbohydrate Free – Metabolic)
Enfaport LIPIL	Similac Expert Care Alimentum
NeoCate Infant Formula DHA/ARA	Similac Expert Care NeoSure
Nutramigen (Conc. R-T-U)	Similac PM 60/40

* Enfamil A.R. is a contract formula; however, it requires a completed WIC 27 form.

Formulas in Nursettes (2 fl oz container)

Enfamil LIPIL w/ Iron Non-premature (24 cal)
Enfamil Premature Iron Fortified (20 cal)
Enfamil Premature Iron Fortified (24 cal)
Enfamil Premature High Protein (24 cal)
Pregestimil (24 cal)
Similac Special Care W/ Iron (24 cal)
Similac Special Care W/ Iron (30 cal)

C. Special Formulas – Children

Boost Kid Essentials	E028 Splash	Nutren Jr. W/ Fiber	Pepdite Jr.
Boost Kid Essentials 1.5 Cal	Elecare Jr.	Pediasure	Peptamen Jr.
Boost Kid Essentials W/ Fiber 1.5 Cal	Isosource 1.5 W/ Fiber	Pediasure W/ Fiber	Peptamen Jr. 1.5
Boost Breeze	Glucerna Shake	Pediasure 1.5	Peptamen Jr. W/ Fiber
Bright Beginnings Soy Pediatric Drink	Ketocal 3:1	Pediasure 1.5 W/ Fiber	Peptamen Jr. W/ Prebio
Compleat Pediatric	Ketocal 4:1	Pediasure Enteral Formula 1.0 Cal	Portagen
Compleat Pediatric Reduced Calorie	Monogen	Pediasure Enteral Formula 1.0 Cal W/ Fiber	Suplena
Enfagrow Toddler Transitions Gentlease	NeoCate Jr. W/ Prebiotics	PediaSure Peptide 1.0 Cal	Super Soluble Duocal
Enfagrow Toddler Transitions	NeoCate Jr.	PediaSure Peptide 1.5 Cal	Vivonex T.E.N.
Enfagrow Toddler Transitions Soy	Nutren Jr.	PediaSure Sidekicks (Retail) 6-pack only	

D. Special Formulas - Women

Boost Original	Ensure	Glucerna Shake	Peptamen 1.5	Portagen	Tolerex
Boost Breeze	Isosource 1.5 W/ Fiber	Peptamen	Peptamen W/ Prebio	Suplena	Vivonex T.E.N.

E. METABOLIC FORMULAS, FORMULAS AND/OR MEDICAL FOODS NOT LISTED IN THIS PAGE

1. Information About Metabolic Formulas: Visit the Missouri Metabolic Formula program website: http://health.mo.gov/living/families/genetics/metabolicformula/
2. Missouri WIC program does not approve any formulas that are not listed in this page.

II. Maximum Monthly Allowances (Reconstituted Amount/Month)

Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
Non-Breastfeeding Infant	Reconstituted Liquid Concentrate	806 fl oz	806 fl oz	884 fl oz	624 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	896 fl oz	640 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Partially Breastfeeding	Contact the local WIC provider for the maximum monthly allowance if the infant is partially breastfed.				

Category	Powder (Reconstituted Yield)	Liquid Concentrate (Reconstituted Yield)	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month
Women with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month

III. Milk, Soymilk, Cheese and Medical Documentation (WIC 27)

Food Item	Without Medical Documentation	With Medical Documentation
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	• Fully Breastfeeding Women (2 lbs.) • All Other Women (1 lb.) • Children (1 lb.)	• Fully Breastfeeding Women 3 - 8 lbs. • Pregnant & Partially BF Women 2 - 7 lbs. • Postpartum Women 2 - 5 lbs. • Children 2 - 5 lbs.
Soy Milk 1 qt. milk = 1 qt. soy milk	• Fully Breastfeeding Women (24 qts.) • Pregnant & Partially BF Women (22 qts.) • Postpartum Women (16 qts.)	• Children 1 - 16 qts.