



**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 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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<b>Medical Reason/DX:</b> (Qualifying Condition) RF = Missouri WIC Risk Factor	<input type="checkbox"/> Low Birth Weight (RF 141) (< 24months)	<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) (< 24months)	<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:**

<b>WIC Food for Infants (6-11 months)</b>  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	<b>WIC Food For Children (1-4 years) and Women</b>  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 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 & 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	WIC 27 End Date ____ If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE WIC ID:
NAME (PRINT)	SIGNATURE:	DATE:
AGENCY NAME:		AGENCY NUMBER:

# Missouri WIC Approved Formulas and Medical Food Listing

Effective May 1, 2018

Missouri WIC Program does not approve formulas that are not listed on this page.

**CONTRACT INFANT FORMULAS** - Contract infant formulas below will be given unless a health care provider diagnoses a medical condition that warrants a special formula.

Enfamil Infant      Enfamil Gentlease      Enfamil ProSobee      Enfamil Reguline      Enfamil A.R.

**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

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

## Children

3232 A	Ketocal 4:1 (Powder)	PediaSure Enteral Formula 1.0 cal. with Fiber
Boost Kid Essentials	Monogen	PediaSure Peptide 1.0 cal.
Boost Kid Essentials 1.5 cal.	Neocate Jr. with Prebiotics	PediaSure Peptide 1.5 cal.
Boost Kid Essentials with Fiber 1.5 cal.	Neocate Splash	PediaSure Sidekicks (Retail) 6-pack
Bright Beginnings Soy Pediatric Drink	Nutren Jr.	Pepdite Jr.
Compleat Pediatric	Nutren Jr. with Fiber	Peptamen Jr. 1.5
Compleat Pediatric Reduced Calorie	PediaSure	Peptamen Jr. with Fiber
EleCare Jr.	PediaSure with Fiber	Peptamen Jr. with Prebio
Isosource 1.5 with Fiber	PediaSure 1.5	Portagen
Glucerna Shake	PediaSure 1.5 with Fiber	Suplena
Ketocal 3:1	PediaSure Enteral Formula 1.0 cal.	Super Soluble Duocal

## Women

Boost Original	Isosource 1.5 with Fiber	Monogen	Suplena	Tolerex
Ensure	Glucerna Shake	Portagen	Super Soluble Duocal	Vivonex T.E.N

## Metabolic Formulas

Information about metabolic formulas: <http://health.mo.gov/living/families/genetics/metabolicformula/>