



**MEDICAL DOCUMENTATION – Health Care Provider Authorization  
For Special Formulas and WIC Supplemental Food**

**Reset Form**

**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)

<b>REQUIRED CALORIE/FLUID OUNCE CONCENTRATION</b> <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: _____	<b>DAILY AMOUNT REQUESTED</b> _____ Max Allowed* _____ ounces/day _____ cans/day * Per federal regulation.	<b>REQUESTED APPROVAL LENGTH:</b> (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)	<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)	<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.		

**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:**

No WIC foods; provide formula only.

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

<b>WIC Food for Infants (6-11 months)</b> <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits & Vegetables	<b>WIC Food For Children (1-4 y/o) and Women</b> <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Soy Milk <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Legumes <input type="checkbox"/> Breakfast Cereals <input type="checkbox"/> Juice <input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Whole Grains (bread & tortillas)
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**D. HEALTHCARE PROVIDER INFORMATION (COMPLETED BY PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)**

NAME (PRINT):	PHONE:	DATE:
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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 _____ <input type="checkbox"/> DISAPPROVED If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE WIC ID:
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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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**I. WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING**

**A. Contract Infant Formulas (Rebate)**

- Enfamil 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 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.

**B. Special Formulas - Infants**

		Formulas in Nursettes (2 fl oz container)
Calcilo XD	Nutramigen (Conc. R-T-U)	Enfamil LIPIL w/ Iron Non-premature (24 cal)
Enfamil A.R*	PurAmino (Formerly Nutramigen AA)	Enfamil Premature W/ Iron Fortified (20 cal)
Elecare For Infant DHA/ARA	Nutramigen W/ Enfiora LGG (Powder)	Enfamil Premature W/ Iron Fortified (24 cal)
EnfaCare	Pregestimil	Enfamil Premature High Protein (24 cal)
Enfamil Human Milk Fortifier	RCF (Ross Carbohydrate Free – Metabolic)	Enfamil Premature 30 cal
Enfaport LIPIL	Similac Expert Care Alimentum	Pregestimil (24 cal)
Monogen	Similac Expert Care NeoSure	Similac Special Care W/ Iron (20 cal)
NeoCate Infant Formula DHA/ARA	Similac PM 60/40	Similac Special Care W/ Iron (24 cal) Lutein, DHA
* Enfamil A.R. is a contract formula; however, it requires a completed WIC 27 form.		Similac Special Care W/ Iron (30 cal)

**C. Special Formulas – Children**

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

**D. Special Formulas - Women**

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

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

**II. MAXIMUM MONTHLY ALLOWANCE (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 Conc.	823 fl oz	823 fl oz	896 fl oz	630 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	913 fl oz	643 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Mostly Breastfeeding Infant	Reconstituted Liquid Conc.	N/A	≤ 388 fl oz	≤ 460 fl oz	≤ 315 fl oz
	Ready-To-Use/Feed	N/A	≤ 384 fl oz	≤ 474 fl oz	≤ 338 fl oz
	Reconstituted Powder	N/A	≤ 435 fl oz	≤ 522 fl oz	≤ 384 fl oz
Some Breastfeeding Infant	Reconstituted Liquid Conc.	104 fl oz – 823 fl oz	388 fl oz – 823 fl oz	460 fl oz – 896 fl oz	315 fl oz – 630 fl oz
	Ready-To-Use/Feed	104 fl oz – 832 fl oz	384 fl oz – 832 fl oz	474 fl oz – 913 fl oz	338 fl oz – 643 fl oz
	Reconstituted Powder	104 fl oz – 870 fl oz	435 fl oz – 870 fl oz	522 fl oz – 960 fl oz	384 fl oz – 696 fl oz
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	