



**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 use of conventional foods may be precluded, restricted, or inadequate to address their special nutritional needs. The Missouri WIC Program does **NOT** authorize issuance of special formulas for:

- 1) Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation, or colic; OR
- 2) Enhancing nutrient intake or managing body weight without an underlying medical condition.

**Important!**

**Fax form to the WIC clinic.  
or have WIC participant  
return form to the WIC clinic.**

**A. PARTICIPANT INFORMATION**

<b>PARTICIPANT'S NAME:</b>		DOB:	
<b>PARENT/CAREGIVER'S NAME:</b>		HEIGHT:	WEIGHT:
		HGB:	
<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 in box below.</i>	<input type="checkbox"/> Immune System Disorders (RF 360) <i>Describe the disorder in box below.</i>
	<input type="checkbox"/> Prematurity (RF 142)	<input type="checkbox"/> Severe Food Allergies (RF 353) <i>Describe the allergy in box below.</i>	<input type="checkbox"/> <b>Other</b> Indicate another specific life threatening disorder/disease/medical condition that could adversely affect the participant's nutrition status in box below.
	<input type="checkbox"/> Failure to Thrive (RF 134)	<input type="checkbox"/> Gastrointestinal Disorders (RF 342) <i>Describe the disorder in box below.</i>	

Describe the disorder/allergy/medical condition checked above.

**B. SPECIAL FORMULA**

<b>FORMULA REQUESTED:</b> (Refer to list on back of form)			
<b>REQUIRED CALORIE/FLUID OUNCE CONCENTRATION</b>	<b>DAILY AMOUNT REQUESTED</b>	<b>REQUESTED APPROVAL LENGTH:</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 : _____	_____ Max Allowed _____ ounces/day _____ cans/day	<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 (Max)	

**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    Soymilk    Peanut Butter    Legumes    Breakfast Cereals
- Whole Grains    Juice    Fruits & Vegetables    Eggs    Cheese

**[WHOLE MILK]** WIC provides only **whole milk** for children (1 y/o) and **milk (skim thru 2%)** for children ( $\geq 2$  y/o) and women. Whole milk can be issued to children ( $\geq 2$  y/o) & women receiving special formula with qualifying condition(s), if prescribed.

- 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 more than one pound of cheese as a milk substitute to children and women requires medical documentation.

- 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. SPECIAL INSTRUCTIONS FOR FORMULA AND/OR SUPPLEMENTAL FOOD**

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

NAME (PRINT):	PHONE:	DATE (MMDDYY):
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

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

<input type="checkbox"/> APPROVED	WIC 27 Valid: Start Date (MMDDYY) _____ End Date (MMDDYY) _____	STATE WIC ID:
<input type="checkbox"/> DISAPPROVED	If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE:	<input type="checkbox"/> RD <input type="checkbox"/> NUTRITIONIST <input type="checkbox"/> CPA	DATE (MMDDYY):
AGENCY NAME:	AGENCY NUMBER:	

## I. WIC APPROVED FORMULAS AND MEDICAL FOOD LISTING

### A. Contract Infant Formulas (Rebate)

- Contract infant formulas will be given unless a health care provider diagnoses a medical condition that warrants a specialty formula.
- 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)
- The WIC 27 form must be completed when dilution of formula is different from the instructions on the product label.
- For more information about WIC approved formulas and/or medical foods not listed on this form, please contact the WIC State office at 1-800-392-8209.

### B. Special Formulas - Infants

Enfamil A.R.*	Nutramigen AA/PurAmino
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

### Formulas in Nurseries (2 fl oz container)

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

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

### C. Special Formulas – Children

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

### D. Special Formulas - Women

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

## 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, Lactose Free Milk, Cheese and Medical Documentation (WIC 27)

Food Items	Children		<ul style="list-style-type: none"> <li>Pregnant Women</li> <li>Non Breastfeeding Women</li> </ul>	<ul style="list-style-type: none"> <li>Fully breastfeeding women</li> <li>Partially breastfeeding women with multiple infants</li> <li>Pregnant women carrying multiples</li> <li>Pregnant women who are still breastfeeding.</li> </ul>
	1 y/o	2 – 4 y/o		
Whole milk	**	*	*	*
Soymilk	*	*	**	**
> 1 lb. of cheese as a milk substitute	*	*	*	*

\* Requires medical documentation (WIC 27)    \*\* Allowed without medical documentation