



New Hampshire WIC Nutrition and Medicaid Program Request for Special Formula and Authorization for WIC Supplemental Foods

Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of special formula and that WIC foods are precluded, restricted, or inadequate to meet their special nutritional needs. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining he/she has a serious medical condition.

Instructions: Complete sections A and D for all patients.

- ♦ To request special formula and supplemental foods, also complete section B.
 - ♦ To request soy beverage, tofu or additional cheese, also complete section C.
- Fax form to WIC agency or have WIC participant return form to clinic.

WIC agency:
WIC fax #:
Attention:

A. Patient information

Patient's Name: (Last, First, MI):	DOB:
Parent/Caregiver's Name:	Medicaid #:
Medical Reason/Diagnosis with ICD9 code, see back:	
Please explain: Provide information to support the medical need for the formula requested. (For Medicaid this form will serve as letter of medical necessity; a prescription is also required.)	
Time needed: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

B. Special formula and WIC supplemental foods

Formula requested (see approved list on back):		
Prescribed amount: <input type="checkbox"/> maximum allowable by WIC -OR- <input type="checkbox"/> _____ oz/day		
Special instructions/comments:		
Supplemental foods: The NH WIC Program will issue the full provision of age-appropriate supplemental foods for the participant's category. If there are contraindications to the provision of supplemental foods please identify here and complete the following section if needed. <ul style="list-style-type: none"> <input type="checkbox"/> No WIC supplemental foods; <u>provide formula only</u>. <input type="checkbox"/> Issue a modified food package <u>omitting the WIC foods checked below</u>. 		
WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
Infants 6 to 12 months	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
Children 1 to 5 years and Women	<input type="checkbox"/> Milk* <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	
<input type="checkbox"/> *Issue whole milk: WIC provides low fat milk for women and children \geq 2 years of age. Only patients receiving special formula who require additional calories qualify to receive whole milk.		

C. Soy beverage, tofu or additional cheese Check the boxes below to prescribe:

<input type="checkbox"/> Soy beverage for children (2 to 5 years) <input type="checkbox"/> Up to 4 lbs tofu for children <input type="checkbox"/> additional cheese for women or children Diagnosis (required): <input type="checkbox"/> Milk allergy <input type="checkbox"/> Severe lactose maldigestion <input type="checkbox"/> Vegan diet <input type="checkbox"/> Other (specify) _____ (personal preference is not an allowed reason)
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D. Healthcare provider information

Signature of healthcare provider:		
Provider's name: (please print)	<input type="checkbox"/> MD	<input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA
Medical office/clinic:		
Phone #:	Fax#:	Date:

WIC USE ONLY	Approved by:	Date:
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New Hampshire WIC PROGRAM APPROVED FORMULAS

Standard Contract Infant Formulas	Common qualifying ICD-9 Code(s):	ICD-9 Codes that <u>WILL NOT BE ACCEPTED</u> :
<p>The New Hampshire WIC Program provides Mead Johnson Enfamil Infant as the standard iron-fortified milk-based formulas and Enfamil Prosobee as the standard soy-based formula for an infant's first year.</p> <p>Mead Johnson Enfamil Newborn (0-3 months) and Gentlease are alternate milk-based formulas that may also be provided. Medical documentation is not needed for infants on these standard formulas. Special formulas are provided through WIC or Medicaid. Special formulas that are provided through WIC/Medicaid will require a prescription, documentation of medical diagnosis with ICD9 code(s), and a complete explanation and justification to support the formula prescribed. This form may serve as the letter of medical necessity for Medicaid.</p> <p>Mead Johnson Enfamil Infant Mead Johnson Enfamil Prosobee (soy-based) <u>ALTERNATE formulas per choice:</u> Mead Johnson Enfamil Newborn (0-3 months) Mead Johnson Enfamil Gentlease</p>	<p>477.9 Allergy, Food 281.9 Anemia 770.7 Chronic Respiratory Disease, perinatal 746.9 Congenital Heart Disease 748.9 Congenital Anomaly, Respiratory 751.9 Congenital Anomaly, GI 749.0 Cleft Palate 749.1 Cleft Lip 783.40 Developmental Delay 783.41 Failure to Thrive/Inadequate Growth 530.81 Gastroesophageal Reflux Disease 271.3 Lactose Intolerance 579.9 Malabsorption 765.1 Prematurity</p>	<p>789.0 Abdominal pain-Colic 564.00 Constipation, unspecified 787.91 Diarrhea 779.3 Feeding problems in newborn 783.3 Feeding difficulties and mismanagement 787.3 Flatulence, eructation, and gas pain</p>

Special Formulas

Medical documentation is required for issuance of these formulas for infants, adults and children. This form is valid for up to six (6) months. Reasons such as "intolerance," "colic," "spitting up," "fussy," "gas," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Abbott Nutrition	Alimentum Expert Care Calcilo-XD EleCare Infant EleCare Jr. Ensure Ensure Plus Similac NeoSure Expert Care Similac PM 60/40 Similac Special Care Advance PediaSure PediaSure with Fiber	Mead Johnson	Enfagrow Toddler Transitions Enfagrow Toddler Transitions Soy* * For children age 12 to 24 months requiring soymilk, Mead Johnson Enfagrow Toddler Transitions Soy will be provided. Soymilk does not meet the nutritional needs of this age group.
Bright Beginnings	Bright Beginnings Pediatric Soy Drink	Nestle Health Care Nutrition, Inc.	Boost High Protein Boost Kid Essentials Boost Plus Nutren Junior Nutren Junior with Fiber Peptamen Junior Peptamen Junior with Prebio Resource Breeze
Mead Johnson	Enfamil AR Enfamil EnfaCare Enfamil 24 Enfamil Premature 20 or 24 Nutramigen Nutramigen with Enflora LGG PurAmino Pregestimil Pregestimil 20 or 24	Nutricia NA	E028 Splash KetoCal Neocate Infant with DHA & ARA Neocate Junior with prebiotics

Parent/Guardian's Permission:

I, _____ hereby authorize _____
Print Parent or Guardian's name Healthcare Provider

to release and/or discuss medical information regarding this request for formula for myself, my infant or child with the NH WIC Program staff. I understand that I may change my mind and cancel this permission at any time with my written request to my healthcare provider.

Authorized Signature: _____ Date: _____