



MAINE WIC NUTRITION PROGRAM

MEDICAL DOCUMENTATION FOR WIC MEDICAL FORMULA OR MEDICAL FOOD/MAINECARE PRIOR AUTHORIZATION FORM FOR FORMULA

Healthcare Provider:	Return Form to:
Address:	
Phone: Fax:	
Provider DEA:	

1. Patient's Name: _____ Date of Birth (DOB): ___/___/___
 MaineCare ID #: _____ Parent/Guardian: _____

2. Pharmacy Name: _____ Rx Address: _____
 Rx Fax: _____ Pharmacy NABP/NPI Number: _____

The Maine WIC Nutrition Program issues only contract infant formulas for partially breastfed or non-breastfed infants drinking a standard cow's milk or soy based formula.

Milk based: Enfamil Newborn, Enfamil Premium Infant, Enfamil Gentlease
Soy based: Enfamil Prosobee

3. Please check qualifying medical condition(s)/ICD-9 code(s)

<input type="checkbox"/> Allergic Colitis 558.3 <input type="checkbox"/> Protein Hydrolysate <input type="checkbox"/> Elemental Formula <input type="checkbox"/> Allergic Vomiting 535.40 <input type="checkbox"/> Protein Hydrolysate <input type="checkbox"/> Elemental Formula <input type="checkbox"/> Allergy, Food V15.02 (milk) or 995.3 (unspecified) <input type="checkbox"/> Protein Hydrolysate <input type="checkbox"/> Elemental Formula <input type="checkbox"/> Intestinal malabsorption 579 <input type="checkbox"/> Protein Hydrolysate <input type="checkbox"/> Elemental Formula <input type="checkbox"/> Dermatitis due to food 693.1 <input type="checkbox"/> Protein Hydrolysate <input type="checkbox"/> Elemental Formula <input type="checkbox"/> Failure to Thrive/Inadequate Growth 783.41 <input type="checkbox"/> 24 calorie/oz infant formula (infants <12 months) <input type="checkbox"/> Nutrition supplement (Children >12 months or women) <input type="checkbox"/> Neuromuscular Disorder 358.9 <input type="checkbox"/> delay introduction of solid foods (infant 6-12 months) <input type="checkbox"/> unable to consume foods (children >12 months) <input type="checkbox"/> Cerebral Palsy 343.9 <input type="checkbox"/> delay introduction of solid foods (infant 6-12 months) <input type="checkbox"/> unable to consume foods (children >12 months)	<input type="checkbox"/> Developmental Delay 783.40 <input type="checkbox"/> delay introduction of solid foods (infant 6-12 months) <input type="checkbox"/> unable to consume foods (children >12 months) <input type="checkbox"/> Galactosemia 271.1 <input type="checkbox"/> Soy formula (infants) <input type="checkbox"/> Fortified soy beverage (children >12 months) <input type="checkbox"/> Immunodeficiency 279.3 <input type="checkbox"/> Ready to feed formula needed <input type="checkbox"/> Lactose Intolerance 271.3 <input type="checkbox"/> Prematurity 765.20 <input type="checkbox"/> 22 calorie/ounce transition formula <input type="checkbox"/> 24 calorie/ounce premature formula <input type="checkbox"/> Phenylketonuria (PKU) 270.1 <input type="checkbox"/> PKU formula _____ <input type="checkbox"/> Gastroesophageal Reflux 530.81 <input type="checkbox"/> Thickened feeds <input type="checkbox"/> Rice starch added formula <input type="checkbox"/> Other (include ICD-9 code:): _____
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4. Special Infant Formula/Medical Food Request (Note: Maximum of 6 months duration for all formula prescriptions)

Formula name : _____ Calories/oz _____ Prescribed ounces per day: _____

Other Prescription Foods (only for children 1-4 years and women):

Fortified Soy Beverage Calcium-set Tofu Lactose-free milk
 Whole milk (child >24 months or woman—must include prescription for a medical formula)

Intended length of use: <1 month 1 month 2 months 3 months 6 months

5. WIC Supplemental Foods Available—Indicate foods to be excluded due to special health needs
 Note: If a patient is unable to tolerate certain foods (i.e., G-tube, liquid only feedings, food allergies), please check the appropriate box to exclude foods not allowed (i.e., no wheat products for child with gluten enteropathy, no corn for child with corn allergy, or no solids for exclusive G-tube fed child).

Infants (6-12 months): Please check foods which are to be excluded:

Exclude all WIC solid foods No WIC solid foods excluded Infant cereal Pureed fruits and vegetables

Children (1-4 years) and Women (Pregnant, Breastfeeding, ≤6 months Postpartum): Please check any foods which are to be excluded or restricted:

<input type="checkbox"/> <u>No foods excluded</u>	<input type="checkbox"/> Milk	<input type="checkbox"/> Legumes
<input type="checkbox"/> <u>Exclude all WIC foods</u>	<input type="checkbox"/> Cheese	<input type="checkbox"/> Breakfast cereals
	<input type="checkbox"/> Vegetables and fruits	<input type="checkbox"/> Whole wheat bread or tortillas
	<input type="checkbox"/> Juice	<input type="checkbox"/> Brown rice
	<input type="checkbox"/> Peanut butter	<input type="checkbox"/> Corn tortillas
	<input type="checkbox"/> Eggs	

6. HEALTH CARE PROVIDER SIGNATURE (required) **Date:** _____

(MD, PA, NP)

Printed Name (Health Care Provider): _____

WIC Office Use: Participant ID # _____ Family ID # _____ Clinic # _____

Staff Signature: _____ Date: _____

Instructions for Medical Providers:

This form is used as both the Maine WIC Nutrition Program formula prescription form as well as the MaineCare Prior Authorization form for formula prescriptions for women or for children under 5 years of age. Send this form to the local WIC office in your area, or fax to 207-287-3993. WIC staff members will determine WIC eligibility and forward the information to Good Health Services (GHS) for MaineCare prior authorization.

- Item #1:** Write patient's complete name and date of birth (DOB), MaineCare member ID number, and parent/guardian name.
- Item #2:** Write pharmacy name, address and fax number.
- Item #3:** From the list of most common nutrition related ICD-9 medical diagnoses, document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnoses that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.
- Item #4:** The Maine WIC Nutrition Program endorses breastfeeding as the optimal way to feed infants. If infants are not breastfed, WIC supports the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. In accordance with this recommendation, the Maine WIC Nutrition Program has a sole source contract with Mead Johnson® formulas to provide standard iron-fortified milk- and soy-based formulas: **Enfamil Newborn, Enfamil Premium Infant, Enfamil Gentlease, or Enfamil Prosoabee** for healthy infants from birth to twelve months of age whose mothers partially breastfeed or choose not to breastfeed. **WIC or will no longer provide milk- or soy-based standard infant formulas that are not part of the WIC contract. MaineCare will not provide milk- or soy-based standard infant formulas for children under five (5).** The Maine WIC Program will continue to provide medical infant formulas such as protein hydrolysates (hypoallergenic), added rice starch, hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition-related ICD-9 code for all infants not enrolled in the MaineCare Program. **MaineCare will provide medical formulas for all participants enrolled in the MaineCare Program. When a new medical formula prescription with qualifying medical condition is written, WIC will provide the first month of product and fax the MaineCare Prior Authorization form to Good Health Services (GHS) for MaineCare authorization.**
- Infants (age 0-11 months):** Indicate the special medical formula, caloric density (if other than 20 calories/oz) and number of ounces per day. WIC routinely provides powdered or concentrated formulas, according to parent's choice. Ready-to-feed (RTF) formula may be authorized when the WIC staff nutritionist determines there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant has difficulty correctly mixing the concentrated liquid or powdered formula or the product is only available in RTF. **(Note: Babies with special needs [premature or sick infants] may be issued RTF if that form better accommodates the patient's condition, or if it improves the patient's compliance in consuming the prescribed formula.)**
- Indicate intended length of use and prescribed ounces per day. Maximum prescription duration is 6 months.**
- Children 1-4 years and women:** Indicate milk alternatives (fortified soy beverage, calcium-set tofu, or lactose-free milk) or medical formula/product required because of qualifying medical condition.
- Indicate intended length of use. Maximum prescription duration is 6 months.**
- Item #5** Check **WIC supplemental foods to be excluded because of the patient's medical condition** (such as wheat exclusion for gluten intolerance, or pureed infant food exclusion for developmentally delayed 6-11 month old infant).
- Item #6** A Health Care Provider's **original signature** is required. Include your name, medical office, phone number and address at the top of the form. By signing this form, you are verifying you have evaluated the patient's nutrition and feeding problem(s) and determined he/she has a qualifying medical condition. Give the completed form to the parent or guardian to take to their local WIC program or fax to the WIC clinic serving the patient.

For more information or additional copies of this form please visit our website at www.wicforme.com