Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form- effective March 1, 2016

State of Alaska Department of Health & Social Services/Public Assistance

Please Fax to _____

Prescription must be completed by Health Care Provider (must be eligible to write prescriptions in AK)

Client Name _____ DOB _____

Parent's/Caregivers Name_____ Address:_____Phone_____

Medicaid Eligible? □ No □ Yes Medicaid # _____ End date _____

Current Measurements (if available): Medical date _____ Ht =_____ in/cm Wt= _____ lbs/kg

Formulas Requiring Medical Documentation

- ☐ **Similac Sensitive** (19 cal/oz)
- ☐ **Similac for Spit Up** (19 cal/oz)
- ☐ **Similac Total Comfort** (19 cal/oz)

For these formulas, **only this box needs to be completed**: Reason for prescribing formula:

☐ Malabsorption ☐Formula intolerance ☐Inappropriate Growth ☐Other_____

Length of time the formula is requested for:_____

Health Care Provider Name:_____Signature:_____

Provider Phone Number: _____

For Therapeutic Formulas and Medical Foods (Listed on the back of this form) complete the information below:

Infant

FORMULA_____

Prescribed amount of formula**:**

☐ Maximum allowable **OR** ☐_____ **OUNCES**

(RD can calculate, based on current weight)

Was another Formula Tried ☐ **Yes** ☐ **No**

Formula Tried_____

Infants 6-11 months

***Check foods to avoid*:**

- ☐ Infant Cereal
- ☐ Infant Fruits/Vegetables
- ☐ Provide no infant foods, and increase formula amount

***DURATION*: 12 MONTHS OR** _____**MONTHS**

Child/ Woman

FORMULA_____

Prescribed amount of formula**:**

☐ Maximum allowable **OR** ☐ ____ **OUNCES**

☐ Milk in addition to formula

SPECIFY ☐ Whole ☐ 2% ☐ 1% or skim

Food Prescription (check one)

- ☐ Allow age appropriate WIC foods.

Exceptions specify:

_____

- ☐ No solid foods: medical formula only
- ☐ Infant cereal
- ☐ Infant fruits and vegetables
- ☐ Allow WIC Registered Dietitian to prescribe supplemental WIC foods

***DURATION*: 12 MONTHS OR** _____**MONTHS**

Please fill in Medical Diagnosis and ICD-10 Code Both must be completed in order to process the request for therapeutic formulas (some conditions may not qualify for special formula through WIC).

MedicalDiagnosis:_____

ICD-10 Code:_____

Signature:_____ Date:_____ Medical Provider Address & Phone

Medical Provider Name_____

Provider Medicaid ID #_____

WIC REGISTERED DIETITIAN OR LICENSED NUTRITIONIST & MEDICAID USE ONLY

Formula average daily calorie needs for _____ months = _____

Date _____ RD approved _____ Denied_____ Date Range approved: _____

Pharmacy use only Product _____ Size _____ Cans/day _____ Date _____

Pharmacist signature _____ *XEROX use only* □ Authorized □ Denied

State of Alaska WIC Program

Directions: Please complete the Enteral Nutrition Prescription Request (ENPR) form so that WIC can provide a Non Contract formula for your patient. This form can be provided to the WIC client or faxed to the WIC office. If measurements were completed during the medical exam please document the most current information. The prescription must be completed by a Health Care Provider eligible to write prescriptions in Alaska. Please include your Alaska License number or Medicaid Provider number. If the ENPR form is approved by the Local Agency Registered Dietitian, WIC will provide the Non Contract formula. If your client is currently participating in the State of Alaska Medicaid or Denali Kid Care program, WIC will apply to Medicaid for the Non Contract Formula. The Local Agency will assist the WIC family in the application process. If Medicaid approves the prescription, the formula will be shipped directly to your patient's home. This process may take more than a month for completion, during which time WIC will provide the Non Contract formula for your patient.

Important: Medical documentation is federally required in order to issue special formula and some supplemental food to WIC women, infants and children who have qualifying condition(s) that require the use of the special formulas listed below. The program does NOT authorize issuance of **therapeutic** 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.

WIC is a supplemental Food Program. Infants who are not breastfed may require more formula than WIC is able to provide.

ALASKA WIC STANDARD CONTRACT FORMULAS:

The following contract formulas **DO NOT REQUIRE MEDICAL DOCUMENTATION** for infants younger than 12 months, except when an increased formula amount is requested for infants 6-11 months:

Similac Advance (milk based) 20 Cal/oz
Gerber Good Start Soy (soy based) 20 Cal/oz

THERAPEUTIC FORMULAS AND MEDICAL FOODS THAT MAY BE PROVIDED WITH MEDICAL DOCUMENTATION

Hydrolyzed Protein	**Amino Acid Based**	**WIC-eligible Nutritionals for Children/Women**
Similac Expert Care Alimentum	Neocate Infant	Pediasure and Pediasure with Fiber
Nutramigen with Enflora	Neocate Jr.	Ensure
Premature Infant Post Discharge	Elecare	
Enfacare		**Soy for Children**
Neosure		Gerber Graduates Soy

ESTIMATED ENERGY AND PROTEIN REQUIREMENTS

	Age in Years	RDA Energy (kcals/kg)	Protein (g/kg/day)
Infants	**Premature**	**120**	**2.2**
	0-6months	**108**	**2.2**
	6-12 months	**98**	**1.6**
Children	**1-3 years**	**102**	**1.2**
	4-6 years	**90**	**1.1**

***Females* Velocity of Weight Gain**	**gm/day**	***Males* Velocity of Weight Gain**	**gm/day**
Birth-3 month	24	Birth-3 month	28
3-6 months	19	3-6 months	21
6-9 months	14	6-9 months	15
9-12 months	11	9-12 months	11
12-18 months	8	12-18 months	8
18-36 months	5	18-36 months	5
3-4 years	5	3-4 years	5
4-5 years	6	4-5 years	6

Full Provisions of WIC Formula and Food for a month

Infants

- 0-3 months of age: 26 ounces of formula/day
- 4-5 months of age: 29 ounces formula/day
- 6-11 months of age: 20 ounces formula/day*
  - 24 ounces infant cereal
  - 32 four ounce containers baby food fruit/vegetables

*Infants unable to consume baby foods may be eligible for up to 29 ounces formula per day.

Children and Women

Eggs 1 dozen
Fruits/Vegetables $8 or $11
Cereal 36 ounces
Cheese 1 lb
Milk up to 4 gallons (children 13-17ounces/day)
Juice 1 gallon (children approx. 4oz/day)
Whole grains 1-2 pounds
Beans 1 pound
Peanut Butter 18 ounces (children have a choice of beans or peanut butter)
Exclusively Breastfeeding Women receive additional WIC foods
Formula for Children and Women is approximately 29 ounces/day