

Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form effective September 1-30, 2015

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: _____

Medicaid Eligible? No Yes Medicaid # _____ End date _____

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

<p align="center"><u>Infant</u></p> <p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES (RD can calculate, based on current weight)</p> <p>Was another Formula Tried <input type="checkbox"/> Yes <input type="checkbox"/> No Formula Tried _____</p> <p align="center"><u>INFANTS 6-11 MONTHS</u></p> <p>Check foods to avoid:</p> <p><input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits/Vegetables</p> <p><input type="checkbox"/> PROVIDE NO INFANT FOODS, AND INCREASE FORMULA AMOUNT</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>	<p align="center"><u>CHILD/ WOMEN</u></p> <p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES <input type="checkbox"/> MILK IN ADDITION TO FORMULA SPECIFY <input type="checkbox"/> Whole <input type="checkbox"/> 2% <input type="checkbox"/> 1% or skim</p> <p>FOOD PRESCRIPTION (check one)</p> <p><input type="checkbox"/> Allow Age appropriate WIC foods. Exceptions specify: _____</p> <p><input type="checkbox"/> No solid foods: offering solids is contraindicated at this time, provide medical formula only.</p> <p><input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits and vegetables <input type="checkbox"/> Allow WIC registered dietitian to prescribe supplemental WIC foods</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>
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CHOOSE AT LEAST ONE DIAGNOSIS OR WRITE IN SPACE PROVIDED

(QUALIFYING CONDITION – MEDICAL DIAGNOSIS WITH ICD-9 CODE **FOR TIME THROUGH SEPT 30, 2015**)

Growth issues	Medical issues	Development issues	
Failure to Thrive (783.41)	Severe gastrointestinal issue (536.9)	Developmental sensory/motor delays (783.4)	
Inadequate growth (783.40)	Malabsorption syndromes (579.9)	Fetal Alcohol Spectrum (760.71)	
Prematurity (765.10)	Genetic-congenital disorders (740-759)	Pregnancy issues	
Low birth weight (765.10)	Metabolic disorders/Inborn errors of amino acid metabolism (277.9)	Low maternal weight gain (646.8)	
	Food allergies (693.1)	Maternal weight loss during pregnancy (783.2)	
Blood issues	Celiac disease (579.0)	Multifetal gestation (783.2)	
Anemia (281.9)	Heart/circulatory/respiratory diseases (390-519)	Vegan diet	
	Persistent dermatological condition (692.9)	Vegan Diet	

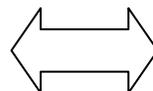
Other medical diagnosis _____ ICD 9 Code _____

(some conditions may not qualify for special formula through WIC)

For time in this prescription after October 1, 2015, please fill in a diagnosis and ICD-10 Code:

Cannot be processed without both the ICD-9 and ICD-10 codes

Signature _____ Date _____



Medical Provider Address & Phone

Medical Provider Name _____ Provider Medicaid ID # _____

WIC REGISTERED DIETITIAN/LICENSED DIETITIAN (RD/LD) & MEDICAID USE ONLY

Formula average daily calorie needs for _____ months = _____
 Date _____ RD approved _____ CPA 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 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.

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)**
- Enfamil Prosobee (soy based)**

NON CONTRACT FORMULAS: MEDICAL FORMULAS THAT MAY BE PROVIDED BY A PHYSICIAN REQUEST

Other Infant Formula	Amino Acid Based	WIC-eligible Nutritional for Children/Women
Gerber Good Start Gentle	Neocate Infant	Pediasure
Gerber Good Start Soy	Neocate Jr.	Pediasure with Fiber
Hydrolyzed Protein	Elecare	Ensure all Flavors
Similac Expert Care Alimentum	Premature Infant Post Discharge	
Nutramigen with Enflora	Enfacare	Soy for Children
Lactose Reduced	Neosure	Enfagrow Toddler Transitions Soy
Gentlease	Added Starch	
	Enfamil AR	

ESTIMATED ENERGY AND PROTEIN REQUIREMENTS FOR INFANTS

	Age in Years	RDA Energy (kcal/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