

State of Alaska Department of Health & Social Services/Public Assistance  
Please Fax to \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ WIC HH# \_\_\_\_\_  
 Parent's/Caregivers Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Medicaid Eligible?  No  Yes Medicaid # \_\_\_\_\_ End date \_\_\_\_\_  
 Current Measurements (if available): Medical date \_\_\_\_\_ Ht = \_\_\_\_\_ in/cm Wt= \_\_\_\_\_ lbs/kg

**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**
- Similac Soy Isomil (soy based) 20 Cal/oz**
- Similac Sensitive (milk based) 20 Cal/oz**
- Similac Total Comfort (milk based) 20 kcal/oz**

**Note:** WIC cannot provide Similac Pro or Similac Sensitive Pro

**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 the ENPR form is approved by the Local Agency Registered Dietitian, WIC will provide the Non-Contract formula.

Infant	Child/ Woman
Formula: <input type="checkbox"/> Similac for Spit Up <span style="margin-left: 150px;"><input type="checkbox"/> Similac Neosure</span> <input type="checkbox"/> Similac Alimentum <input type="checkbox"/> Enfamil Nutramigen <span style="margin-left: 100px;"><input type="checkbox"/> Nutricia Neocate Infant</span> <input type="checkbox"/> Enfamil Enfacare <span style="margin-left: 100px;"><input type="checkbox"/> Elecare</span> Prescribed amount of formula: <input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ ounces Duration: <input type="checkbox"/> up to age 1 <b>OR</b> <input type="checkbox"/> _____ months	Formula: <input type="checkbox"/> _____ <input type="checkbox"/> Pediasure <input type="checkbox"/> Ensure <input type="checkbox"/> Neocate Jr. Prescribed amount of formula: <input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ ounces Milk in addition to formula for children and women Specify: <input type="checkbox"/> Whole <input type="checkbox"/> 2% <input type="checkbox"/> 1% or skim Food Prescription (check one) <input type="checkbox"/> Infant cereal for children or women <input type="checkbox"/> Infant fruits and vegetables for children or women Duration: <input type="checkbox"/> 12 months <b>or</b> <input type="checkbox"/> _____ months
<p><b>Infants 6-11 months who are not developmentally able to begin foods may receive more formula</b></p> Check foods to avoid: <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits/Vegetables <input type="checkbox"/> Provide no infant foods, and increase formula amount	

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.

**Please fill in Medical Diagnosis and ICD-10 Code**

*(Both must be completed in order to process the request for therapeutic formulas )*

Medical Diagnosis: \_\_\_\_\_

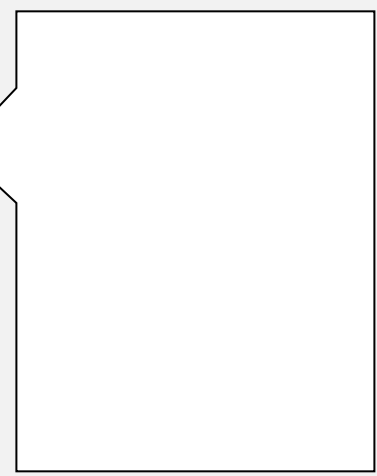
ICD-10 Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider Phone \_\_\_\_\_

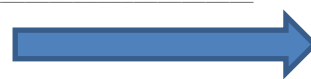
Medical Provider Name \_\_\_\_\_

Provider Medicaid ID # \_\_\_\_\_



**WIC REGISTERED DIETITIAN OR LICENSED NUTRITIONIST & MEDICAID USE ONLY**

Date \_\_\_\_\_ RD approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Range approved: \_\_\_\_\_  
 Formula average daily calorie needs for \_\_\_\_\_ months = \_\_\_\_\_



# Cheat Sheet for ENPRs

## Therapeutic Formulas and Medical Foods that May be Provided with Medical Documentation

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

### Hydrolyzed Protein

Similac Expert Care Alimentum  
Nutramigen with Enflora

### Amino Acid Based

Neocate Infant  
Elecare

### WIC-eligible Nutritionals for Children/Women

Pediasure and Pediasure with Fiber  
Ensure or Ensure with Fiber  
Neocate Jr.

### Premature Infant Post Discharge

Enfamil Enfacare  
Similac Neosure

	Age in Years	RDA Energy (kcal/kg)	Protein (g/kg/day)		Velocity of Weight Gain (gm/day)	
					Females	Male
Infants	Premature	120	2.2	Birth-3 month	24	28
	0-6months	108	2.2	3-6 months	19	21
	6-12 months	98	1.6	6-9 months	14	15
				9-12 months	11	11
Children	1-3 years	102	1.2	12-18 months	8	8
	4-6 years	90	1.1	18-36 months	5	5
				3-4 years	5	5
				4-5 years	6	6