

**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:**

<u>Infant</u>	<u>Child/ Woman</u>
<p><b>FORMULA</b> _____</p> <p>Prescribed amount of formula:  <input type="checkbox"/> Maximum allowable <b>OR</b> <input type="checkbox"/> _____ OUNCES                      (RD can calculate, based on current weight)</p> <p><b>Was another Formula Tried</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Formula Tried</b> _____</p> <p align="center"><b><u>Infants 6-11 months</u></b></p> <p><b>Check foods to avoid:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant Cereal</li> <li><input type="checkbox"/> Infant Fruits/Vegetables</li> <li><input type="checkbox"/> Provide no infant foods, and increase formula amount</li> </ul> <p><b>DURATION:</b> <u>12 MONTHS</u> <b>OR</b> _____ MONTHS</p>	<p><b>FORMULA</b> _____</p> <p>Prescribed amount of formula:  <input type="checkbox"/> Maximum allowable <b>OR</b> <input type="checkbox"/> _____ OUNCES  <input type="checkbox"/> Milk in addition to formula  <b>SPECIFY</b> <input type="checkbox"/> Whole <input type="checkbox"/> 2% <input type="checkbox"/> 1% or skim</p> <p><b>Food Prescription (check one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allow age appropriate WIC foods.                      Exceptions specify: _____</li> <li><input type="checkbox"/> No solid foods: medical formula only</li> <li><input type="checkbox"/> Infant cereal</li> <li><input type="checkbox"/> Infant fruits and vegetables</li> <li><input type="checkbox"/> Allow WIC Registered Dietitian to prescribe supplemental WIC foods</li> </ul> <p><b>DURATION:</b> <u>12 MONTHS</u> <b>OR</b> _____ MONTHS</p>

**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).

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

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 Nutritional for Children/Women
Similac Expert Care Alimentum	Neocate Infant	Pediasure and Pediasure with Fiber
Nutramigen with Enflora	Neocate Jr.	Ensure
<b>Premature Infant Post Discharge</b>	Elecare	
Enfacare		<b>Soy for Children</b>
Neosure		Gerber Graduates Soy

#### ESTIMATED ENERGY AND PROTEIN REQUIREMENTS

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

<i>Females Velocity of Weight Gain</i>	<i>gm/day</i>	<i>Males Velocity of Weight Gain</i>	<i>gm/day</i>
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	Children and Women
<ul style="list-style-type: none"> <li>● 0-3 months of age: 26 ounces of formula/day</li> <li>● 4-5 months of age: 29 ounces formula/day</li> <li>● 6-11 months of age: 20 ounces formula/day*                             <ul style="list-style-type: none"> <li>▪ 24 ounces infant cereal</li> <li>▪ 32 four ounce containers baby food fruit/vegetables</li> </ul> </li> </ul> <p>*Infants unable to consume baby foods may be eligible for up to 29 ounces formula per day.</p>	Eggs 1 dozen Fruits/Vegetables \$8 or \$11 Cereal 36 ounces Cheese 1 lb Milk up to 4 gallons (children 13-17ounces/day) Exclusively Breastfeeding Women receive additional WIC foods <b>Formula for Children and Women is approximately 29 ounces/day</b>
	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)