



# Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form for Therapeutic Formulas and Medical Foods

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

Please Fax to: 907-249-8080



Client Name \_\_\_\_\_ DOB \_\_\_\_\_

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 Cal/oz**

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

**Directions:** Please complete the Enteral Nutrition Prescription Request (ENPR) form so WIC can provide a Non Contract formula for your patient. This form can be provided to the WIC client or may be 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"/> Enfamil AR <input type="checkbox"/> Similac Alimentum <input type="checkbox"/> Nutramigen with Enflora <input type="checkbox"/> Enfamil Enfacare <input type="checkbox"/> Enfamil Gentlease  <input type="checkbox"/> Similac Neosure <input type="checkbox"/> Nutricia Neocate Infant <input type="checkbox"/> Elecare <input type="checkbox"/> Gerber Extensive HA <input type="checkbox"/> Parent's Choice Hypoallergenic	Formula: <input type="checkbox"/> Pediasure <input type="checkbox"/> Ensure <input type="checkbox"/> Neocare Jr  Prescribed amount of formula: <input type="checkbox"/> Maximum allowable <b>OR</b> <input type="checkbox"/> _____ ounces
Prescribed amount of formula: <input type="checkbox"/> Maximum allowable <b>OR</b> <input type="checkbox"/> _____ ounces  Was another Formula Tried <input type="checkbox"/> Yes <input type="checkbox"/> No Formula Tried _____  Duration: <input type="checkbox"/> up to age 1 <b>OR</b> : <input type="checkbox"/> _____ months	Milk in addition to formula Specify: <input type="checkbox"/> Whole <input type="checkbox"/> 2% <input type="checkbox"/> 1% or skim  Food Prescription <input type="checkbox"/> No solid foods; medical formula only <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits and vegetables  Duration: <input type="checkbox"/> 12 months <b>OR</b> <input type="checkbox"/> _____ months
<b>Infants 6-11 months who are not developmentally able to begin foods may receive more formula</b> <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits/Vegetables <input type="checkbox"/> <b>Provide no infant foods, and increase formula amount</b>	

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 # \_\_\_\_\_

### Some conditions may not qualify for special formula through WIC

The program does NOT authorize issuance of therapeutic formulas for:

- 1). Nonspecific 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 REGISTERED DIETITIAN OR LICENSED NUTRITIONIST & MEDICAID USE ONLY

Date \_\_\_\_\_ RD approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Range approved: \_\_\_\_\_



# 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

Formula average daily calorie needs for \_\_\_\_\_ months = \_\_\_\_\_