

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 <input type="checkbox"/> Similac Neosure <input type="checkbox"/> Similac Alimentum <input type="checkbox"/> Nutricia Neocate Infant <input type="checkbox"/> Enfamil Nutramigen <input type="checkbox"/> Elecare <input type="checkbox"/> Enfamil Enfacare Prescribed amount of formula: <input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ ounces Duration: <input type="checkbox"/> up to age 1 OR <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 OR <input type="checkbox"/> _____ months
<p>Infants 6-11 months who are not developmentally able to begin foods may receive more formula</p> <p>Check foods to avoid:</p> <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 # _____

Some conditions may not qualify for special formula through WIC

The program does NOT authorize issuance of therapeutic formulas for:

- ❖ Nonspecific symptoms such as intolerance, fussiness, gas, spitting up, constipation or colic OR
- ❖ 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 = _____

Date _____ RD approved _____ Denied _____ Date Range approved: _____