



OREGON

Women, Infants and Children (WIC) Medical Documentation Form

Local WIC Clinic:

Phone #:

Fax #:

Contact Name:

- This request is subject to WIC approval per policy and procedure.
- Please fax or return the completed form to your local WIC clinic.
- Patient must be under the medical supervision of the provider signing this form.
- Medicaid is the primary payor for medical formulas. WIC can provide this until OHP issuance is established.

A. Patient information

Patient's name (Last, First, MI):

DOB:

OHP#

Parent/Caregiver's name (Last, First, MI):

Phone #:

- ☐ Provide WIC Dietitian consult ☐ Patient on tube feeding (provide name of formula, enteral company in section C)

B. Medical formula - Check all that are acceptable

1 ► Medical diagnosis or qualifying condition:**2** ► Length of issuance: ☐ 3 months ☐ 6 months ☐ until 12 months of age ☐ other: _____ (not to exceed 12 months)**3** ► Prescribed amount: ☐ _____ per day **OR** ☐ maximum allowable

INFANTS/CHILDREN		CHILDREN	
Prematurity:	<input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure	Similac infant:	<input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
Extensively Hydrolyzed:	<input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil	Milk-based, lactose free:	<input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr.
	<input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum		<input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
	<input type="checkbox"/> Allow store brand Alimentum	Extensively Hydrolyzed:	<input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
Added rice starch:	<input type="checkbox"/> Enfamil AR	ADULTS ONLY	
	<input type="checkbox"/> Allow store brand Enfamil AR	<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein	
<input type="checkbox"/> OTHER (<u>ONLY</u> formulas listed on page 2 can be issued): _____			

C. WIC Supplemental foods

☐ Check here to request WIC Nutritionist determine supplemental foods.

Infants 7-12 months
Omit:
☐ Infant cereal
☐ Infant jarred fruits/vegetables

Children older than 12 months and adults: Omit: ☐ Milk ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Other _____

Include: ☐ Infant cereal in place of breakfast cereal ☐ Jarred infant fruit and vegetable in place of cash produce benefit

☐ Plant-based alternatives (beans, nut, seed butters) for eggs ☐ Plant-based milk alternative

Changes to milk-fat:

☐ Low/nonfat milk and yogurt for children 12-23 months

☐ Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)

Additional

Instructions:

D. Health care provider information

Signature of health care provider:

Date:

Provider's name (please print):

☐ MD ☐ DO ☐ NP ☐ PA ☐ ND ☐ CNM

Medical office/clinic:

Clinical RD name:

Phone #:

Fax #:

Email:

WIC USE ONLY

Date form received:

Exp. Date:

RDN review (signature & review date):

☐ FW order

WIC ID:

Oregon WIC Approved Contract and Non-Contract Formulas

The Oregon WIC Nutrition Program is federally required to obtain a contract for standard infant formulas for cost containment. The current contract is with Abbott Nutrition for milk-based and soy-based formulas until 2025.

Infant Formulas	Contract 20 kcal/oz formulas: Do not require medical documentation
Similac Advance	Milk-based, 100% lactose
Similac Soy Isomil	Soy-based, lactose free. Appropriate for vegetarian diet. Not indicated for premature infants
Similac Sensitive	Milk-based, 2% lactose. Similar to Gentlease
Similac Total Comfort	Milk-based, 100% whey protein, partially hydrolyzed, 2% lactose. Similar to Gentlease, Soothe

WIC participants with a qualifying medical condition are eligible to receive formulas listed below:

Noncontract Infant Formulas	Product characteristics/medical reason for request
EnfaCare, Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1-year corrected age
Nutramigen, Alimentum Pregestimil, Extensive HA	20kcal/oz. Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT (medium chain triglycerides), Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant, PurAmino, Alfamino, Neocate: Infant, Syneo, Nutra	20kcal/oz. Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis. Neocate Nutra: 22/kcal/scoop. Semi-solid, amino acid based first food.
Enfamil AR	20kcal/oz. Added rice starch. Uncomplicated GERD. Thickened formulas are not appropriate for premature infants <38 weeks. 20% whey, trace lactose.
EnfaPort	30 kcal/oz. Chylothorax or LCHAD deficiency 84% MCT
Similac PM 60/40	20kcal/oz. 60% whey, low in iron. Lowered mineral level. Renal conditions, neonatal hypocalcemia
Noncontract Adult & Child Formulas	Product characteristics/medical reason for request
Nutren Jr, PediaSure, Boost Kid Essentials (BKE) 1.0, 1.5	30kcal/oz. Milk-based. BKE 1.5 is 45kcal/oz. Chronic illness, oral motor dysfunction, conditions increasing caloric needs beyond what is expected for age with functional gut status.
PediaSure Peptide Peptamen Jr 1.0, 1.5	30kcal/oz. Extensively hydrolyzed whey protein. Peptamen Jr 1.5 is 45kcal/oz. Protein/multiple food allergies
Elecare Jr, Neocate Jr Syneo, Alfamino Jr, Neocate Splash	30kcal/oz. 100% free amino acid. Severe protein/multiple food allergy. Splash is lactose, whey, soy and milk protein free. Severe malabsorption, food allergies, multiple protein intolerance, GI impairment (EOE, short bowel syndrome and/or GERD)
Compleat Pediatric	30kcal/oz. Blenderized foods for tube feeding-refer patients to Medicaid. WIC to provide only temporarily until Medicaid coverage for the tube feeding is set up, same as all non-bid formulas administered by tube feeding.
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO, fat (35% MCT), no protein, sucrose, fructose or lactose. Not complete.
Monogen, Portagen	Monogen may be mixed to 22kcal/oz. Lactose free, 85-90% MCT oil. Chylothorax
Liquigen	Liquigen 50/50 MCT/Water, 4.5 kcal/ml. Fat malabsorption, ketogenic diet, chylothorax, short bowel syndrome
Ensure Clear	18 kcal/oz, milk-based, lactose and fat-free, clear liquid, nutritionally incomplete; not for tube feeding 8 g whey protein/10 oz. Malabsorption, GI impairment, increased calorie needs, oral motor feeding issues/aversions
Ensure, Ensure Plus, Boost: Plus, High Protein	Adults only. 30kcal/oz. Plus versions: 45 kcal/oz. Boost High Protein provides 15 grams protein per serving. Conditions requiring increased protein: illness, cancer, wounds, recovering from surgery
Glucerna	Adults only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Adults only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)