



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES

**MEDICAL DOCUMENTATION - HEALTH CARE PROVIDER AUTHORIZATION**

**Important!** Medical documentation is federally required for issuance of exempt infant formulas, WIC-eligible nutritionals, and supplemental foods or when contract infant formula mixing instructions are different than those on the label. A qualifying condition must be present for approval. Non-qualifying conditions include the following:

- non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation, or colic; OR
- enhancing nutrient intake or managing body weight without an underlying medical condition.

This form and a list of WIC-approved formulas and WIC-eligible nutritionals are available at <https://health.mo.gov/living/families/wic/wichcp/documents>

**A. PARTICIPANT INFORMATION**

PARTICIPANT'S NAME	DOB
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PARENT/CAREGIVER'S NAME

**B. EXEMPT INFANT FORMULAS or WIC-ELIGIBLE NUTRITIONALS**

FORMULA REQUESTED

REQUIRED CALORIE/FLUID OUNCE CONCENTRATION <input type="checkbox"/> Mix according to label instructions <input type="checkbox"/> 22 cal/fl oz <input type="checkbox"/> 24 cal/fl oz <input type="checkbox"/> Other: _____ Mixing instructions: _____	DAILY AMOUNT REQUESTED _____ Max allowed* _____ ounces/day _____ cans/day *per federal regulation	REQUESTED APPROVAL LENGTH (ENDS LAST DAY OF MONTH) <input type="checkbox"/> 1 month <input type="checkbox"/> 4 months <input type="checkbox"/> 2 months <input type="checkbox"/> 5 months <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months
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<b>Medical Reason/DX:</b> (Qualifying Condition) RF = Missouri WIC Risk Factor	<input type="checkbox"/> Low Birth Weight (RF 141) (<24 months)	<input type="checkbox"/> Metabolic Disorders (RF 351) <i>Describe the disorder:</i>	<input type="checkbox"/> Immune System Disorders (RF 360) <i>Describe the disorder:</i>
	<input type="checkbox"/> Prematurity (RF 142) (<24 months)	<input type="checkbox"/> Severe Food Allergies (RF 353) <i>Describe the allergy:</i>	<input type="checkbox"/> Gastrointestinal Disorders (RF 342) <i>Describe the disorder:</i>
	<input type="checkbox"/> Other (Disorder/disease/medical condition that could adversely affect the participant's nutrition status.)		

WHEN PRESCRIBING A FORMULA IN READY-TO-USE (RTU) FORM, COMPLETE SECTION B AND CHECK THE APPROPRIATE REASON BELOW.

Accommodates the participant's condition better.    Improves the participant's compliance in consuming the prescribed WIC formula.

**ISSUING WHOLE MILK**  
 • Issuing whole milk to women and children 24 months of age or older requires medical documentation and issuance of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional).  
 • Issuance of whole milk for personal preference is NOT allowed.

DOES THIS PARTICIPANT NEED WHOLE MILK?  
 Yes    No

**C. WIC SUPPLEMENTAL FOOD**

Full provision of age/categorical appropriate WIC food will be provided unless otherwise indicated below:

WIC Food for Infants (6-11 months)	WIC Food For Children (1-4 years) and Women
1. CAN THE INFANT (6-11 MONTHS) CONSUME WIC INFANT FOODS? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. DOES THE CHILD OR WOMAN NEED INFANT FOOD? <input type="checkbox"/> No <input type="checkbox"/> Yes, Infant Cereal <input type="checkbox"/> Yes, Infant Fruits and Vegetables
2. IF NOT, DOES THIS INFANT NEED ADDITIONAL CANS OF FORMULA? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. PLEASE CHECK ANY FOODS TO BE OMITTED FOR CHILD/WOMAN FROM LIST BELOW <input type="checkbox"/> Omit all WIC foods (or individual foods as checked below): <input type="checkbox"/> Cow's Milk <input type="checkbox"/> Soy Milk <input type="checkbox"/> Juice <input type="checkbox"/> Yogurt <input type="checkbox"/> Tofu <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Beans <input type="checkbox"/> Cereals <input type="checkbox"/> Fruits and Vegetables <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Whole Grains (bread, tortillas, rice, or pasta)

**D. HEALTH CARE PROVIDER INFORMATION (COMPLETED BY A PRESCRIPTIVE AUTHORITY LICENSED BY THE STATE)**

NAME (PRINT)	PHONE	DATE
SIGNATURE (SIGNATURE STAMPS NOT ALLOWED)		
<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> CNM		

**E. WIC USE ONLY (MUST COMPLETE SECTION IN ITS ENTIRETY)**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   If disapproved, did you contact HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC 27 END DATE	STATE WIC ID
NAME (PRINT)	SIGNATURE	DATE
<input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPA		AGENCY NUMBER
AGENCY NAME		AGENCY NUMBER

## Missouri WIC Approved Formulas and WIC-Eligible Nutritionals

The **WIC-27 Medical Documentation form** is available at <https://health.mo.gov/living/families/wic/wichcp/documents/>

<b>INFANTS: Contract Formulas</b> - Complete a WIC-27 for formulas below when mixing instructions are different from the product label.					
Similac Advance (Powder, Conc., and RTF)		Similac Soy Isomil (Powder, Conc., and RTF)		Similac for Spit-Up (Powder)	
Similac Sensitive (Powder and RTF)		Similac Total Comfort (Powder)		<b>[Note]</b> RTF= Ready-To-Feed; RTU= Ready-To-Use; Conc. = Concentrate	
<b>[Note]</b> Formulas above will be issued unless a health care provider diagnoses a qualifying condition that warrants an exempt formula.					
<b>INFANTS: Exempt Formulas</b> - Complete a WIC-27 for formulas below. Maximum approval length is 6 months.					
3232A (Powder)		Pregestimil (Powder)			
Alfamino Infant (Powder)		PurAmino Infant (Powder)			
Calcilo XD (Powder)		RCF - Ross Carbohydrate Free (Conc.)			
EleCare for Infants DHA/ARA (Powder)		Similac Alimentum (Powder and RTF)			
EnfaCare NeuroPro (Powder)		Similac NeoSure (Powder and RTF)			
Enfaport (RTU)		Similac PM 60/40 (Powder)			
Neocate Infant Formula DHA/ARA (Powder)		<b>Nursettes (RTU, 2 fl oz container)</b>			
Nutramigen (RTU)		Enfamil Premature with Iron (24 cal)			
Nutramigen with Probiotic LGG (Powder)		Pregestimil (20 cal and 24 cal)			
Nutramigen (Conc.)		Similac Special Care with Iron (24 cal)			
<b>CHILDREN: WIC-Eligible Nutritionals</b> - Complete a WIC-27 for formulas below. Maximum approval length is 6 months.					
3232A (Powder)		Nutren Jr. (RTU)			
Alfamino Jr. (Powder)		Nutren Jr. with Fiber (RTU)			
Boost Kid Essentials (RTU)		PediaSure Grow and Gain (RTU)			
Boost Kid Essentials 1.5 cal (RTU)		PediaSure Grow and Gain with Fiber (RTU)			
Boost Kid Essentials 1.5 cal with Fiber (RTU)		PediaSure 1.5 cal (RTU)			
Bright Beginnings Soy Pediatric Drink (RTU)		PediaSure 1.5 cal with Fiber (RTU)			
Compleat Pediatric (RTU)		PediaSure Enteral Formula 1.0 cal (RTU)			
Compleat Pediatric Reduced Calorie (RTU)		PediaSure Enteral Formula 1.0 cal with Fiber (RTU)			
EleCare Jr. (Powder)		PediaSure Peptide (1.0 cal and 1.5 cal) (RTU)			
Glucerna Shake ((RTU)		PediaSure SideKicks (RTU)			
Isosource 1.5 cal with Fiber (RTU)		Peptamen Jr. (RTU)			
Ketocal 3:1 and 4:1 (Powder)		Peptamen Jr. with Fiber (RTU)			
Monogen (Powder)		Peptamen Jr. 1.5 cal (RTU)			
Neocate Jr. with Prebiotics (Powder)		Portagen (Powder)			
Neocate Jr. without Prebiotics (Powder)		Super Soluble Duocal (Powder)			
Neocate Splash (RTU)		Suplena with Carb Steady (RTU)			
<b>WOMEN: WIC-Eligible Nutritionals</b> - Complete a WIC-27 for formulas below. Maximum approval length is 6 months.					
Boost (RTU)		Isosource 1.5 cal with Fiber (RTU)		Super Soluble Duocal (Powder)	
Ensure (RTU)		Monogen (Powder)		Suplena with Carb Steady (RTU)	
Glucerna Shake (RTU)		Portagen (Powder)		Tolerex (Powder)	
<b>METABOLIC FORMULAS: (Powder Only)</b> - Complete a WIC-27 for formulas below. Maximum approval length is 2 months.					
<b>[Note]</b> For information about medical eligibility for the DHSS Metabolic Formula program, visit <a href="http://health.mo.gov/living/families/genetics/metabolicformula/">http://health.mo.gov/living/families/genetics/metabolicformula/</a>					
BCAD 1	I-Valex-1	MSUD ANAMIX Early Years	PKU Periflex Early Years	Phenyl-Free 1	XPhe Maxamum
GA	Ketonex 1	MSUD Maxamum	PFD Toddler	TYROS 1	
HCY 1	Ketonex 2	OA 1	Phenex-1	WND 1	
HCY 2	LMD	OA 2	Phenex-2	WND 2	