



Maine CDC WIC Nutrition Program/MaineCare
Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals

Healthcare Provider:	Return form to:
Address:	
Phone:	
Fax:	
Provider DEA:	
Patient's Name:	Date of Birth: / /
MaineCare ID#:	Parent/Guardian:
Pharmacy Name:	Pharmacy Address:
Pharmacy Fax:	Pharmacy NABP/NPI #:
<p>Please specify the underlying qualifying medical diagnosis(es): Please note that non-specific conditions such as rash, intolerance, underweight, fussiness, colic, spitting up, vomiting, gas, or constipation, or requests strictly for management of body weight will <u>not</u> be considered indications for a medical formula.</p> <p><input type="checkbox"/> Prematurity (<37 weeks gestation) <input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Food Allergies (specify): _____</p> <p><input type="checkbox"/> GI Disorder/Malabsorption Syndrome (specify): _____</p> <p><input type="checkbox"/> Failure to Thrive (specify underlying medical condition): _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	
<p>The Maine CDC WIC Nutrition Program issues only contract infant formula for partially breastfed or non-breastfed infants who are using standard cow's milk or soy formulas. The current contract formulas include: Similac Advance (20 kcal/oz), Similac Isomil (20kcal/oz), Similac Sensitive (19kcal/oz), Similac Total Comfort (19 kcal/oz) and Similac for Spit-Up (19 kcal/oz). The 19kcal/oz formulas require medical documentation prior to issuance.</p> <p>All prescriptions for medical formulas are subject to WIC approval and provision based on program policies. Please refer to the Maine CDC WIC Nutrition Program formulary for more information: http://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml#F</p>	
<p>Formula Prescribed: _____ Prescribed ounces or cc/day _____</p> <p>Tube feeding <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special instructions for preparation, dilution or tube feeding (if applicable):</p> <p>Duration: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Until first birthday <input type="checkbox"/> Discontinue prescribed formula</p>	
<p>Foods to be omitted in patient's diet: <input type="checkbox"/> None <input type="checkbox"/> Omit: _____</p> <p><input type="checkbox"/> WIC Registered Dietitian may assess for and provide appropriate WIC foods (such as provision of infant solids at 6 months of age, transition to whole milk at 12 months, and discontinuation of prescribed formula after 12 months) to my patient receiving a prescribed formula. If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.</p> <p><input type="checkbox"/> Whole Milk for child \geq 24 months or woman (must also be prescribed medical formula for qualifying medical condition)</p>	
HEALTH CARE PROVIDER SIGNATURE (MD, DO, PA, NP):	Date:
Printed Name (Health Care Provider):	