MASSACHUSETTS WIC NUTRITION PROGRAM
REQUEST FOR SPECIAL FORMULA AND FOOD

Participant's Name: _____ **Date of Birth (DOB):** ____ /____ /_____

Guardian's Name: _____ Weeks Gestation (for premature infants): _____ Breastfeeding? Yes / No

Formula/medical food requested (list all appropriate brands; check box below to include store brand hypoallergenic):

_____

Please check this box to allow for store brand/private label hypoallergenic formula (made by Perrigo) ☐

Prescribed oz per day: _____ ad lib or _____ oz per day ☐ Powder ☐ Concentrate ☐ RTF (restrictions apply)

Intended length of use: _____ months

Caloric density (if applicable): _____ Comments/Instructions: _____

MUST check qualifying medical condition(s) or ICD code(s):

☐ Allergy, Food (K52.2 or Z91.01): _____
☐ Delay, Developmental (R62)
☐ Diseases, Digestive (K00-K95): _____
☐ Dysphagia (R13.1)
☐ Gastroesophageal Reflux (K21.9)
☐ Pregnancy, Low weight gain/loss (026.1)
☐ Prematurity (P07.3)
☐ FTT/Inadequate Growth (R62.51)
☐ Other, specify condition: _____

For participants with MassHealth*:

Prior Authorization started? Yes / No Specify DME if known: _____ Comments: _____

WIC FOOD RESTRICTIONS – Please check foods that are **NOT ALLOWED** based on medical diagnosis, if applicable.

☐ Milk
☐ Soy Milk/Tofu
☐ Cheese/Yogurt
☐ Eggs
☐ Legumes (beans/peas)
☐ Peanut butter
☐ Cereal
☐ Whole wheat bread/whole grains
☐ Canned fish (for fully breastfeeding women)
☐ Fruits/vegetables
☐ Juice
☐ Infant fruits/vegetables (after 6 months)
☐ Infant cereal (after 6 months)

PROVIDER INFORMATION / DATE – REQUIRED

Provider Signature (MD, DO, PA, CNM, NP): _____ **Date:** _____

Provider Printed Name: _____ Provider Stamp/Address:

Phone: _____-_____-_____ Fax: _____-_____-_____

- Massachusetts WIC strongly endorses breastfeeding as the optimal way to feed most infants. For infants that consume formula, MA WIC contract formulas available without the Request for Special Food and Formula are Similac Advance, Similac Soy Isomil, Similac Total Comfort, and Similac Sensitive. Standard formulas from other manufacturers are not available.
- WIC policy limits the issuance of ready-to-use formula to the following four situations: inability to prepare formula correctly, concerns regarding water supply, homelessness or other inadequate living situation, and issues with known allergens present in powdered formulas.
- ***WIC participants who carry MassHealth insurance** will receive special formulas through MassHealth upon prior authorization. To obtain authorization, contact MassHealth or the member's Managed Care Organization. To assist families, WIC will provide **2 months** of benefits in order to allow for the MassHealth Prior Approval process and will act as a safety net for families should the process take longer. Enfamil AR is not required to be provided through MassHealth; WIC will issue this formula.
- WIC does not provide whole cow's milk for infants. **Whole milk is ONLY provided to women and children over the age of 2 who have a documented medical condition that warrants the use of a high-calorie special formula or supplement.**
- By signing this form, the provider authorizes the WIC nutritionist to make future decisions about any supplemental foods that are not checked as "not allowed" under the "WIC Food Restrictions" for this participant.
- **The request for special formula will require thorough documentation of a medical condition which warrants its issuance; documentation of symptoms may not be sufficient.** The request for a special formula is subject to WIC approval. A WIC Nutritionist will complete a thorough dietary assessment to verify the need for the requested formula. Significant findings will be communicated to you with the participant's permission. **It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis.**

WIC Use Only: Date Received:_____ ID#_____ Site:_____

MH contacted?_____ MH approved? _____ Contacted MD? _____

Comments:_____

Nutritionist's Initials:_____ Date:_____

MA WIC forms and formula list can be downloaded from our website at www.mass.gov/wic.
For more information, please call WIC at **1-800-WIC-1007**.

Revised WIC Form #67, 04/23
This institution is an equal opportunity provider.