



MASSACHUSETTS WIC NUTRITION PROGRAM REQUEST FOR SPECIAL FORMULA AND FOOD

Participant's Name: _____ Date of Birth: ____/____/____
Guardian's Name: _____ Weeks Gestation (for premature infants): _____ Breastfeeding? Yes / No

FORMULA OPTIONS – Must complete either **Option A** or **Option B** below:

Option A – Alternate WIC Contract Formulas (*Similac Sensitive, Similac Total Comfort, and Similac For Spit-Up*):

REQUIRED I acknowledge that the caloric density of these formulas is 19 kcal/oz.

Please check the alternate contract formula being requested:

Similac Sensitive Similac Total Comfort

Similac For Spit-Up. For Similac For Spit-Up, must specify an appropriate medical condition/ICD code: _____

Option B – Special/Metabolic Formulas: *To request special/metabolic formula OR to request standard infant formula for a child older than 12 months, please provide the following information:*

Formula or medical food requested: _____

Prescribed amount: _____ 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergy, Food (K52.2): _____ | <input type="checkbox"/> Dysphagia (R13.1) | <input type="checkbox"/> Prematurity (P07.3) |
| <input type="checkbox"/> Delay, Developmental (R62) | <input type="checkbox"/> Gastroesophageal Reflux (K21.9) | <input type="checkbox"/> FTT/Inadequate Growth (R62.51) |
| <input type="checkbox"/> Diseases of the Digestive System (K00-K95),
specify: _____ | <input type="checkbox"/> Pregnancy, Low weight gain/loss (030) | <input type="checkbox"/> 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.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Eggs | <input type="checkbox"/> Cereal | <input type="checkbox"/> Fruits/vegetables | <input type="checkbox"/> Infant fruits/vegetables
(after 6 months) |
| <input type="checkbox"/> Soy Milk/Tofu | <input type="checkbox"/> Legumes (beans/peas) | <input type="checkbox"/> Whole wheat bread/whole grains | <input type="checkbox"/> Juice | <input type="checkbox"/> Infant cereal (after 6 months) |
| <input type="checkbox"/> Cheese/Yogurt | <input type="checkbox"/> Peanut butter | <input type="checkbox"/> Canned fish (for fully breastfeeding women) | | |

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 standard contract formulas are Similac Advance and Similac Soy Isomil. Similac Total Comfort, Sensitive, and For Spit-Up can also be provided with a *Request for Special Formula and Food* form per USDA's requirement of medical documentation for any formula that is not 20 kcals/oz.
- ***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.** Similac Total Comfort, Sensitive, and For Spit-Up are not required to be provided through MassHealth; WIC will issue these formulas.
- 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 formula other than WIC contract formula will require documentation of medical need which warrants its issuance. 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: _____



Massachusetts WIC Program Request for Special Formula and Foods Form (RSFF)

Instructions for completion

1. Write patient's complete name and date of birth. Indicate patient's breastfeeding status, as applicable.
2. To request alternate contract formula, check the box to acknowledge the 19 kcal/oz caloric density
3. To request special/metabolic formula or to request standard infant formula for a child older than 12 months, indicate the special formula requested, instructions for preparation for the formula and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. Prescription renewal is required at each certification (generally annually) but may be requested more frequently based on medical condition.
4. Indicate form of formula requested. WIC routinely provides powder or concentrate forms. Ready-to-Feed (RTF) formula may be authorized when the product is only available in Ready-to-Feed, when WIC nutrition staff determines that there is an unsanitary or restricted water supply or poor refrigeration, when there is an ingredient in one form of a formula that is a known allergen for the participant, when the RTF form of the formula is better suited to the health condition of a participant (e.g., dysphagia), or when the participant may have difficulty in correctly preparing the concentrated liquid or powdered formula.
5. Document one or more qualifying medical condition(s) or ICD code(s) which warrant the request for special formula. Health care providers must document a diagnosis, not symptoms.
6. WIC participants who carry MassHealth insurance will receive special and metabolic formulas through MassHealth upon prior authorization. For these participants, note whether the Prior Authorization process has been initiated and specify the patient's DME, if known.
7. WIC participants receiving special formula and foods are able to receive a full complement of WIC supplemental foods appropriate to their participant category. Check any supplemental foods not allowed by the patient's medical diagnosis. For women and children with milk protein allergy/intolerance or for those who follow a strict vegan diet, calcium-set (fortified) tofu or soy beverage can be substituted for fluid milk. Soy products can be issued at the discretion of the WIC Nutritionist; consultation with the medical provider may be appropriate but the RSFF form is not required.
8. Ensure that a Physician's, Physician Assistant's, Nurse Practitioner's, or Certified Nurse Midwife's signature is provided. By signing this form, the clinician verifies that the patient has been evaluated to have a medical condition warranting the use of a special formula and foods. Print or stamp the clinician's name, medical office, phone number and address. Give the completed form to the parent/guardian or fax the form to their local WIC program.

Please be advised:

The request for a special formula is subject to WIC approval prior to issuance. 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 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. WIC can provide reduced-fat milk to children 12-23 months for whom overweight or obesity is a concern. A RSFF is not required but consultation with a medical provider may be appropriate.

For more information or additional copies of this form please visit our website at <http://www.mass.gov/wic> or contact us at 1-800-WIC-1007.

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