



Physician Authorization Form

For Non-Contract Brand Infant Formulas,
Exempt Infant Formulas and WIC-Eligible Medical Foods

Similac with Iron, Isomil, or Similac Lactose Free Advance WILL BE GIVEN unless a physician diagnoses a medical condition that requires an exempt infant formula, such as Similac Alimentum Advance or Neocate Infant. **Symptoms listed as diagnoses such as “colic,” “spitting up,” “constipation,” or “intolerance to current formula” will not be accepted as a substitution for a medical diagnosis.**

Standard formula substitutions cost the taxpayers and the WIC Program over ten-times more than Similac, Isomil, or Similac Lactose Free Advance purchased through our bulk-purchasing contract with Ross Products. Colorado WIC serves over 25,000 additional women and children with savings from this contract.

How to request a non-contract infant formula, exempt infant formula, or WIC-eligible medical food
(refer to complete listing on the back of this form):

- ◆ Complete and return this form to the patient or send it to the address noted below. The WIC Registered Dietitian or Registered Nurse will determine if the prescription is accepted. By completing and signing this form you verify to the WIC Program that:
 - You have seen this infant or child and evaluated feeding and symptoms.
 - AND
 - This client has unsuccessfully tried one of the comparable contract formulas.
 - AND/OR
 - The medical condition precludes the use of any contract formulas.
- ◆ Formulas are provided for a maximum three-month duration. If a formula is to be continued, another prescription or *Physician Authorization Form* is required at the end of each three-month authorization period. If the prescription is not renewed in 3 months, the standard formula will be issued.
- ◆ We ask that you provide a starter supply of the product if it is needed immediately. This will allow time for WIC to order the product from a pharmacy when necessary.

For more information please call the Registered Dietitian or Registered Nurse at your patient’s WIC Program (listed below) or a Registered Dietitian Nutrition Consultant at the State WIC Office at (303) 692-2400.

Physician Authorization			
Patient’s Name: _____			
Product(s) Needed: _____			
Medical Reason/Diagnosis: _____			
Time Needed: Valid for maximum authorized time (see back of form) unless specified otherwise: <div style="text-align: center; margin-left: 100px;"> _____ 1 2 3 months </div>			
Instructions for preparation and use if not standard _____ _____ _____			
Physician’s Name (print)	Physician’s Signature	Telephone	Date
<u>Return to:</u> Local WIC Program Staff: _____ Telephone: _____ FAX: _____		For WIC Clinic Use New prescription needed: _____ RD/RN appointment scheduled: _____ WIC Program RD/RN Authorization / Date: _____	

COLORADO WIC PROGRAM INFANT FORMULA AND NUTRITIONAL PRODUCT LIST

PRODUCT	WIC AUTHORIZATION
<p>Primary Contract Infant Formulas</p> <p>Similac with Iron (<i>Advance is not allowed</i>) Isomil Similac Lactose Free Advance</p>	<ul style="list-style-type: none"> ◆ WIC participants will be issued contract formulas unless the physician indicates a medical reason or medical diagnosis requiring a special formula. ◆ No prescription is needed for contract formulas for infants. ◆ A prescription is needed for adults and children over one-year of age and is valid for three (3) months.
<p>Non-Contract Infant Formulas, Exempt Infant Formulas, and WIC-Eligible Medical Foods</p> <p>Alimentum Advance Boost High Protein EleCare Enfamil (<i>Lipil is not allowed</i>) Enfamil AR Lipil Enfamil EnfaCare Lipil Enfamil LactoFree Lipil Ensure Ensure Plus Good Start Supreme (<i>DHA & ARA are not allowed</i>) Good Start Supreme Soy DHA & ARA Isocal Isomil 2 Advance (only for children over 1 year of age) Kindercal Kindercal with Fiber Kindercal TF and Kindercal TF with Fiber Neocate Infant Neocate Junior Neocate One+ NeoSure Advance Nutramigen Lipil Nutren Junior and Nutren Junior/Prebio Fiber Nutren 1.0 and Nutren 1.0/Fiber Nutren 1.5 Nutren 2.0 Osmolite PediaSure and PediaSure/Fiber Pediatric E028 Peptamen Peptamen Junior Portagen Pregestimil Lipil ProSobee Lipil Resource Just for Kids 1.5 Cal/Fiber Similac PM 60/40 Tolerex Vivonex Pediatric Vivonex T.E.N.</p>	<ul style="list-style-type: none"> ◆ Formulas are only provided for a three-month duration. If a formula is to be continued, another authorization form is required at the end of each three-month authorization period (3 month maximum).
<p>Low Iron Formulas</p> <p>Enfamil Lipil Low Iron Similac Low Iron</p>	<ul style="list-style-type: none"> ◆ WIC can only issue for infants under 4-months of age unless diagnosed with specific medical condition. Use the <i>Physician's Authorization Form for Low-Iron Formula</i>.
<p>Formulas For Inherited Metabolic Diseases</p>	<ul style="list-style-type: none"> ◆ Contact a Registered Dietitian Nutrition Consultant at the State WIC Office at (303) 692-2400