Member Name: _____ Member ID: _____ Member DOB: _____

Drug Name: _____ Strength: _____ Directions: _____

Physician Name: _____ Physician Phone #: _____ Specialty: _____

Physician Fax #: _____ Pharmacy Name: _____Pharmacy Phone: _____

Horizon NJ Health

Infant Formulas – Medical Necessity Request

Women, Infants and Children Program (WIC) Information

Please complete this section for all initial (new) requests and for subsequent (renewal) requests if the number of cans needed has increased.

1. Does the member qualify for the WIC (Women, Infants, and Children) program*? **Yes or No**
   - **a.** Has the member tried to obtain the medication through WIC? **Yes or No**

2. Does the member have a WIC medical necessity denial letter? **Yes or No**

3. Does WIC offer a viable alternative to the product being requested? **Yes or No**
   - a. If yes, can the physician prescribe the WIC-covered alternative? **Yes or No**
     - i. If no, why not? **_____**

4. Is the request in excess of the number of cans that WIC allows? **Yes or No**
   - a. If yes, how many additional cans are being requested per month? _____
   - b. Are the additional cans medically necessary? **Yes or No**

*** Please note that the member needs to try to obtain the medication through WIC first. If denied by WIC, a WIC medical necessity denial letter must be obtained and faxed to HNJH at 609-538-0847.**

Clinical Information

Please complete this section for all requests (initial and subsequent).

1. Does the member have a medically based or dietary risk? **Yes or No**
   - a. Please describe the member's medically based or dietary risk:
     _____
     _____

2. Will this product be administered via a feeding tube (e.g., G-tube, NG-tube)? **Yes or No**

3. What is the member's current weight? _____ lbs Date taken:_____
   _____kg

4. What is the member's current height/length? _____ inches Date taken:_____
   _____cm

Physician office's signature*_____ Print Name_____

***Form must be completed and signed by physician or licensed representative from the physician's office**.