Request for Medically Necessary Nutritional Formulas from the WIC Program

The WIC Program issues contract formulas – Similac Advancd, Similac Isomil Advancd and Similac Sensitive. Other formulas/medical nutritional products may be issued for a **valid medical reason**. Also, federal regulations limit the amount of formula WIC can provide. An infant/child who is Medicaid-eligible may be able to obtain additional formula/product through that program. **Ready to use products may be issued only if the caregiver is physically or mentally incapable of preparing formula, there is an unsafe water supply, or the formula is not available in any other form.**

Please provide the following information when requesting a non-contract formula. If requesting a formula not on the list or a formula for a different medical condition than what is listed, please indicate that on the back of this form. **Complete information will be appreciated and may save repeating measurements and/or contacting your office for clarification.**

Patient's Name _____ DOB: _____

Parent or Guardian's Name _____

Birth Weight _____ Weeks Gestation _____ **Age 9 months and older:** **Hct or Hgb _____ Date Hct/Hgb Measured _____**

Current Weight _____ Current Length (or Height) _____ **(Within 7 days for infant or 30 days for child/adult)** **Date of Measurements _____**

Diagnoses _____

Formulas Tried and Dates_____

Additional Comments _____

Check if applicable:

_____ Previous request for _____ may be discontinued, and a WIC contract formula may be issued.

_____ _____
Signature (MD, DO, NP, PA) Date

Physician's Name Printed _____ Phone Number _____

Note: Federal regulations limit the amount of formula WIC can provide to any one participant. An infant, child, or pregnant or postpartum woman who is Medicaid-eligible may be able to obtain additional formula/medical nutritional product through that program, if needed.

	Infant	Child/Woman
Ready-to-Use	806 fl. Oz.	910 fl. Oz.
Powder	8 lbs.	9 lbs.
Liquid Concentrate	403 fl oz.	455 fl oz.

Infant Formula (please circle)	**Medical Reason** (please circle and/or specify)	**Amount per Day**	**Length of Request**
Good Start Supreme Good Start Supreme DHA/ARA Good Start Supreme Soy DHA/ARA Good Start 2 Supreme DHA/ARA Enfamil LIPIL Enfamil Prosobee LIPIL Enfamil Lactofree LIPIL Gentlease LIPIL	Allergy or intolerance to Similac Advance, Similac Isomil Advance Similac Sensitive, and. WIC policy requires that participants on non-contract milk or soy-based infant formulas be challenged every 2-3 months with contract formula. If this is medically contraindicated, please explain: _____ _____ _____		
Nutramigen LIPIL	Milk and/or soy allergy.		
Alimentum Advance Pregestimil	Allergy or sensitivity to milk or soy, with malabsorption; Malabsorption		
Enfamil AR LIPIL Similac Sensitive RS	Gastroesophageal reflux disease (GERD); not to be issued for uncomplicated GER (benign spitting up)		
Isomil DF	Diarrhea due to gastrointestinal virus/infection or antibiotic use. **May be issued up to 10 days.** Enfamil LIPIL with Iron, Enfamil Lacto-free LIPIL or Enfamil Prosobee LIPIL will be issued following the requested time period, unless otherwise specified. If another formula is required, please also mark in the section where that formula is listed.		

EnfaCare LIPIL, NeoSure Advance	Low Birth Weight infants issued to chronological age of: 1 month only for premature infant over 5 lb 8 oz (> 2500 g) 6 months – when birth wt is 4 lbs. to 5 lbs. 8oz. (1801-2500 g) 9 months – when birth wt is 3 lbs. 5oz. to < 4 lbs. (1501-1800 g) 1 year – when birth wt is < 3 lbs. 5oz. (<1500g) If needed longer or for other medical reason, we will need to consult with state office staff		
Similac PM 60/40 Low Iron	Renal or cardiac condition requiring lower minerals		
Neocate Elecare	Allergy to intact protein and casein hydrolysates; malabsorption. **Note: Nutramigen, Alimentum, or Pregestimil needs to have been tried prior to issuing.**		

Pediatric & Adult Formulas / Products (please circle)	**Medical Reason** (please circle and/or specify)	**Amount per Day**	**Length of Request**
Similac Go & Grow Similac Go & Grow Soy Next Step LIPIL Next Step Prosobee LIPIL	Milk allergy in a child over one year old		
Pediasure Enteral, Pediasure Enteral with Fiber, Kindercal TF with Fiber, Kindercal TF, Compleat Pediatric	Tube feeding; oral motor feeding disorders; medical condition that increases calorie needs beyond what is expected for age (please specify) _____ _____		
Pediasure, Pediasure with Fiber, Kindercal, Kindercal with Fiber, Nutren Junior, Resource Just For Kids Bright Beginnings Pediatric Drink, Bright Beginnings Pediatric Drink with Fiber Bright Beginnings Soy Pediatric Drink	Oral motor feeding disorders; medical condition that increases calorie requirements beyond what is expected for age; FTT from underlying medical condition – please specify condition: _____ _____ _____ **Note: A supplement may be issued for 1 month as a diagnostic tool to rule out FTT from inadequate calorie intake.**		
Neocate Junior, Neocate One +, Pepdite Jr. Peptamen Junior, Elecare, Vivonex Pediatric,	Malabsorptive conditions; short bowel syndrome; medical condition requiring an elemental diet – please specify: _____ _____		
Other Formula or Product:	Please provide diagnosis. If requesting a formula listed above for a different medical condition than what is listed, please indicate that condition: _____ _____ _____		

WIC Staff Use Only

Level of Formula ____ Name of Local or State Agency Staff Approving _____
%'ile wt / lg (ht) _____ %'ile lg (ht) / age _____ %'ile wt / age _____ Plotted for adjusted age _____
Completed diet recall _____ Interviewed caregiver _____ (premature inf/ch up to 2 yrs chron. age)
Instruction sheet for concentrating formula to 22 / 24 / 27 / 30 kcals/oz given and explained (attach copy) _____
Formula code _____ Food package _____ Problem Number _____
If 999, volume per month _____, formula name _____, price _____
_____
_____
Approval expiration date _____ Staff initials _____ Date _____

Diet recall for Children and Adult Only(if additional space is needed, please use comments on health hx)