



# WIC Program Infant Formula Request

Dear Healthcare Professional:

WIC encourages breastfeeding for the first year of life. Enfamil Infant, Enfamil Prosobee, Enfamil Gentlease, Enfamil Reguline, and Enfamil A.R. (all iron-fortified) are the standard WIC formulas available for non-breastfed infants. Other formulas are available with an appropriate medical diagnoses. Two of these standard formulas must be tried prior to use of other formula unless medically contraindicated (i.e. bloody diarrhea, anaphylactic shock, etc.). If contraindicated, documentation is required.

## IF INCOMPLETE, THIS FORM WILL NOT BE ACCEPTED.

**Diagnosis** \_\_\_\_\_  
*(Will not accept formula intolerance, colic, gas, constipation or spitting up as medical diagnoses.)*

**Infant Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Birth Weight:** \_\_\_\_\_

**Current Weight:** \_\_\_\_\_ **Current Length:** \_\_\_\_\_

**Measurement Date:** \_\_\_\_\_

**Name of Clinic:** \_\_\_\_\_

**Which of the standard WIC bid formulas have been tried?**

- Enfamil Infant  Yes  No
- Enfamil Prosobee (soy)  Yes  No
- Enfamil AR  Yes  No
- Enfamil Gentlease  Yes  No
- Enfamil Reguline  Yes  No

- Return to Standard Formula  Enfamil Infant  
 Enfamil Prosobee (soy)  
 Enfamil Gentlease  
 Enfamil A.R.  
 Enfamil Reguline

**Formula challenge is required at 7–9 months of age for all medical formulas unless medically contraindicated:**

**Dates of challenge:** \_\_\_\_\_

**Duration of challenge:** \_\_\_\_\_

**Outcome of challenge:** \_\_\_\_\_

**If no challenge, why:** \_\_\_\_\_

- Premature Infant Formula .....  Enficare  
.....  Neosure

- Neonates needing extra calories, protein and mineralization due to prematurity
- See back of form for guidelines

- Protein Hydrolysate .....  Alimentum

- Participants with food allergies, sensitivity to intact protein, fat malabsorption, etc.  Nutramigen
- Pregestimil
- Extensive HA

- High Calorie Formula.....  Enfamil 24 calorie

- .....  Pregestimil 24 calorie
- Participants with renal, cardiac, or neurological diagnosis or tube-fed patient requiring increased calories without increased volume
- Request required every two months

**Alternative Formula** \_\_\_\_\_

**Duration requested** \_\_\_\_\_  
*(Approval limited to 1-3 months)*

WIC provides supplemental foods beginning at 6 months of age. Please assist us in determining if additional foods are appropriate for this infant by completing the box below.

<p><b>Supplemental foods ALLOWED:</b></p> <input type="checkbox"/> <b>Infant Vegetable</b> <input type="checkbox"/> <b>Infant Fruit</b> <input type="checkbox"/> <b>Infant Cereal</b>
<p><input type="checkbox"/> <b>No supplemental foods; provide only formula 6-11 months.</b></p>

**Physician's Name:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If altered, this formula request form will not be accepted. This institution is an equal opportunity provider.

# Mississippi WIC Guidelines for Non-Standard Formula Issuance

## Premature Infant Formula

Enfacare and Neosure are provided through WIC for premature infants based on the guidelines below. When either of these formulas are requested beyond these time frames, the health care provider should document information about the infant that necessitates the continued need for it. Exceptions to these recommendations are made on a case-by-case basis.

- Birth weight > 2,000 grams (4lbs. 6oz.) to ≤ 2,500 grams (5lbs. 8oz.): may issue up to **4 months corrected gestational age**. (Can offer standard term formula until one year of age unless indicated otherwise by a physician or if noted to have slow weight gain or poor intake on evaluation.)
- Birth weight > 1,500 grams (3lbs. 5oz.) to ≤ 2,000 grams (4lbs. 6oz.): may issue up to **9 months corrected gestational age**.
- Birth weight ≤ 1,500 grams (3lbs. 5oz.): Issue up to **12 months corrected gestational age**.

## Guidelines for Non-Standard Formula Selection

Formula Type/Name	Indications for Use
Hypoallergenic, protein hydrolysate formulas: <b>Alimentum (contains sucrose, lactose free, MCT oil)</b> <b>Nutramigen (sucrose and lactose free, long chain fatty acids)</b> <b>Pregestimil (sucrose free, MCT oil)</b> <b>Extensive HA (100% whey protein extensively hydrolyzed, probiotic <i>B. lactis</i>, MCT, and a lactose-free and sucrose-free carbohydrate blend)</b>	Malabsorption, milk and soy allergy sensitivity to intact protein, severe eczema, severe intractable diarrhea, gastrointestinal problems
Low electrolytes/renal solute load: <b>Similac PM 60/40</b>	Renal dysfunction
Amino Acid Based: <b>Alfamino</b> <b>Neocate</b> <b>Puramino</b> <b>Elecare</b>	Severe cow's milk and protein allergy or multiple food protein allergies not effectively managed by an extensively hydrolyzed formula, malabsorption conditions
24 calorie formulas: Requires new request form every three months) <b>Enfamil 24 RTF</b> <b>Pregestimil 24 RTF</b>	Cardiac, renal, malabsorption or pulmonary conditions with fluid restrictions and increased caloric needs.

If you have questions, please call the WIC Central Office at 1-800-545-6747 or 601-991-6000.

## MISSISSIPPI STATE DEPARTMENT OF HEALTH FORM INSTRUCTIONS

### WIC PROGRAM INFANT FORMULA REQUEST

**FORM NUMBER:** F-972  
**REVISION DATE:** 10/29/2024  
**RETENTION PERIOD**

Retain for three (3) years if a hard copy is filed at the clinic. The scanned form will remain as a permanent part of the SPIRIT record for as long as the record exists.

**PURPOSE:** To be used by local WIC certifiers to document the medical need for WIC medical products for infants.

**INSTRUCTIONS:** This form should be completed by the medical provider of WIC infants requesting a medical product/formula from the MS WIC program. This form should be submitted to the WIC clinic for approval and scanned into the participant's SPIRIT record if the medical product is issued by WIC. The instructions that follow describe the proper completion of the Infant Formula Request (form 972).

**Diagnosis:** Provider must document the medical diagnosis that justifies the need for the medical product/formula.

**Infant Name:** Provider must document the first and last name of the WIC infant.

**Date of Birth:** Provider must document the month, day and year of birth of the WIC infant.

**Birth Weight:** Provider must document the birth weight of the WIC infant.

**Current Weight:** Provider must document the current weight of the WIC infant.

**Current Length:** Provider must document the most current length of the WIC infant.

**Measurement Date:** Provider must document the date the current weight and length measurements were collected.

**Which of the standard WIC bid formulas have been tried:** Check the applicable boxes of all WIC standard formula(s) the infant has already tried.

**Return to Standard Formula:** If applicable, check the appropriate standard formula requested for the infant.

**Dates of challenge:** If infant has been challenged with a standard formula, the dates of the challenge should be documented.

**Duration of challenge:** If infant has been challenged with a standard formula, the duration of the challenge should be documented.

**Outcome of challenge:** If infant has been challenged with a standard formula, the outcome/results of the challenge should be documented.

**If no challenge, why:** If applicable, provider should document why a challenge was not completed for infants 7-9 months of age.

**Premature Infant Formula:** Provider must check the appropriate box if one of these formulas is requested for the infant.

**Protein Hydrolysate:** Provider must check the appropriate box if one of these formulas is requested for the infant.

**High Calorie Formula:** Provider must check the appropriate box if one of these formulas is requested for the infant.

**Alternative Formula:** Provider must write the name of the medical product/formula that is being requested for the WIC infant if the name is not currently printed as a selection on this form.

**Duration Requested:** Provider should document the number of months (1 to 3 months) the medical product is being requested through the WIC program.

**Supplemental Foods Allowed box:** Provider must check the applicable boxes.

**Printed Name of Physician:** Provider must print their full name to include professional designations.

**Name of Clinic:** Print the name of the medical clinic of the person completing this form.

**Signature of Physician:** Provider must sign their full name to include professional designations.

**Date:** Print the month, day, and year, this form is completed.

**Phone Number:** Print the phone number of the physician's clinic.

#### **OFFICE MECHANICS AND FILING**

This form should be scanned into the WIC participant's SPIRIT record. The original, completed form can be filed at the WIC clinic if desired by the clinic staff.