



WIC Program Infant Formula Request

Dear Healthcare Professional:

WIC encourages breastfeeding for the first year of life. Enfamil PREMIUM Infant, Enfamil Prosobee, Enfamil Gentlease, 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 diagnosis. Two of the 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 diagnosis.)

Infant Name _____

Medicaid No. _____

Date of Birth _____ **Birth Weight** _____

Current Weight _____ **Current Length** _____

Measurement date _____

Mother's Name _____

Medicaid No. _____

Which of the standard WIC bid formulas have been tried?

- Enfamil/Similac Advance Yes No
- Enfamil Soy (Prosobee)/Similac Soy Isomil Yes No
- Enfamil AR/Similac Sensitive Spit Up Yes No
- Gentlease/Similac Sensitive Yes No

- Return to Standard Formula**
- Enfamil PREMIUM Infant
 - Enfamil Prosobee
 - Enfamil Gentlease
 - Enfamil A.R.

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 Enfacare
- Neosure

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

- Protein Hydrolysate Alimentum
- Nutramigen
- Pregestimil
- Participants with food allergies, sensitivity to intact protein, fat malabsorption, etc.

- 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

Other Medical 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.

Supplemental foods ALLOWED:

- Infant Vegetable
- Infant Fruit
- Infant Cereal

No supplemental foods; provide only formula 6-11 months.

Physician's Name _____

Physician's Signature _____

Phone _____ **Date** _____

If altered, this formula request form will not be accepted. WIC is an equal opportunity provider and employer.

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. 8oz.) to ≤ 2,500 grams (5lbs. 5oz.): 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: Alimentum (contains sucrose, lactose free, MCT oil) Nutramigen (sucrose and lactose free, long chain fatty acids) Pregestimil (sucrose free, MCT oil)	Malabsorption, milk and soy allergy sensitivity to intact protein, severe eczema, severe intractable diarrhea, gastrointestinal problems
Low electrolytes/renal solute load: Similac PM 60/40	Renal dysfunction
Amino Acid Based: Alfamino Neocate Puramino Elecare	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: Enfamil 24 RTF Pregestimil 24 RTF	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.

**SPECIAL FORMULA PRESCRIPTION
FORM No. 972**

PURPOSE

To be used for documentation of type and reason for non-standard formula for participants on the WIC program.

INSTRUCTIONS

This form is to be completed by health care providers requesting non-standard formula for WIC participants.

All information must be completed.

1. Name: Enter name of participant who will receive the formula.
2. Date of birth: Enter participant's date of birth.
3. Current Weight: Enter the participant's most current weight.
4. Current length: Enter the participant's most current length.
5. Measurement Date: Enter the date the current weight and current length was obtained.
6. If premature, weeks gestation at birth: If the infant was born before 38 weeks gestation, please write the number of weeks the infant was born at.
7. Which of the standard WIC bid formulas have been tried: Please check the following boxes either "Yes" or "No" to reflect if the infant has been tried on the formulas.
8. Return to Standard Formula: If the provider wishes to have the infant placed on a standard formula, place a \checkmark in the appropriate box.
9. Dates of challenge: Write the dates a formula challenge was performed on the participant.
10. Duration of challenge: Write the time frame (number of days) the formula challenge lasted.
11. Outcome of challenge: Describe if the challenge was successful or not. If the challenge was not successful, document some reasons why.
12. If no challenge, why: If the provider does not desire to have the infant complete a formula challenge, medical documentation to support this must be documented here.

13. Diagnosis: Enter the medical diagnosis that necessitates the use of special formula. Check the appropriate diagnosis box if applicable to the participant and the formula requested.
14. Other Non-Standard Formula: The physician may use this space to request another formula not listed.
15. Duration requested: Enter duration of time for which formula will be needed.
16. Physician's Name: Enter printed name of prescribing physician.
17. Physician's signature: Enter signature of prescribing physician.
18. Phone: Enter phone number of prescribing physician.
19. Date: Enter the date that the form was completed by the prescribing physician.

OFFICE AND MECHANICS OF FILING

This prescription must be placed in the participant's record.

RETENTION PERIOD

To be retained according to agency policy.