

Medical Documentation for WIC Nutritionals and Approved WIC Foods Infants 0 – 11 months old

Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of WIC-eligible formula/nutritional and/or changes to their supplemental food package.

A. Patient Information (Complete All)				
Child's Name:	Date of Birth:			
Parent/Guardian Name:				
 Medical Diagnosis/Qualifying Condition(s):				
Please Note:				
The following non-specific terms are NOT acceptable as qualifying conditions: gas, colic, fussiness, constipation, spitting up, feeding difficulty, non-specific intolerance. Formula requests received with these terms will not be approved.				
➤ A trial of Similac Sensitive, Similac Total Comfort, or Similac Advance is required at six months of age or within three months of prescribing Similac Alimentum, Enfamil Nutramigen, Nutricia Pepticate, Gerber Good Start Extensive HA and/or Parent's Choice Hypoallergenic.				
➤ <u>If a retrial is medically contraindicated, please state reason</u> :				
B. WIC-Eligible Formula/Nutritionals				
Name of formula/nutritional requested:				
Prescribed amount: oz per day:				
Requested length of issuance (please circle): 1 2 3 4 5	6 Months			
Required Calories/Fluid ounce concentration:				
☐ Mix according to standard dilution per label instructions				
☐ Mix according to these instructions:				
C. WIC Food Restrictions/Requests Infants older than six months old (Please check all that apply)	D. Complete this section only if a healthcare provider (MD, DO, APRN, or PA) is not deferring to WIC Nutrition professional			
☐ No food restrictions	Do not issue the WIC foods below:			
☐ Issue formula only (no foods and increased amount of formula past six	□ Infant cereal			
months of age due to inability or delay in consuming solids)	☐ Baby food fruit and vegetable			
or				
☐ Healthcare provider (MD, DO, APRN, or PA) will determine food restrictions (Complete section D)				
E. Healthcare Provider Information				
Provider's Name (please print):				
Signature of healthcare provider:				
Address:				
Phone: Fax:	Date:			

Rhode Island WIC Program Formula Issuance Guide for Infants

Participant	Infants	Infants	Infants	Women and
Age/Category	0-3 months	4-5 months	6-11 months	Children
Monthly Formula Amount (Reconstituted)	Up to 806 fl oz	Up to 884 fl oz	Up to 806 fl oz	Up to 806 fl oz

Standard Contract Infant Formulas (20 calories/ounce):

- Similac Advance • Similac Soy Isomil
 - These formulas will be provided unless there is a diagnosed medical condition that warrants a Rhode Island WICapproved medical formula or nutritional.
 - Issuance of these formulas does not require a prescription.
 - A trial of at least **two** contract formulas must be completed before prescribing a non-contract formula such as Nutramigen, Alimentum, Nutricia Pepticate, Gerber Good Start Extensive HA and/or Parent's Choice Hypoallergenic.

Contract Infant Formulas (20 calories/ounce):

• Similac Sensitive • Similac Total Comfort

These formulas can be provided if there is a tolerance issue with Similac Advance or Soy Isomil

Medical Formula and Nutritionals

A healthcare provider (MD, DO, APRN, or PA) must complete the RI WIC Medical Documentation for WIC Nutritionals and Approved WIC Foods (WIC-23A) in order for Rhode Island WIC to issue medical formula and nutritionals.

Some of the available infant medical formulas include:

- Similac Expert Care Neosure
- Enfamil EnfaCare
- EleCare for Infants
- PurAmino

- Similac Expert Care Alimentum
- Nutramigen with Enflora LGG
 Neocate Infant DHA/ARA
- Pregestimil

Enfamil AR

• Nutricia Pepticate

For a complete list of approved medical formulas and nutritionals, please contact the local WIC agency or the Health Information Line at 401-222-5960.

Ready-to-Feed Formula

Ready-to-feed formula can only be issued for the following reasons:

- Unsanitary, contaminated, or restricted water supply;
- Homeless family with no access to refrigeration, clean water, etc.;
- Special formula ordered by a healthcare provider is available only as a ready-to-feed formula;
- For tube feedings or other medical conditions; and/or
- The infant's care provider may have difficulty preparing liquid concentrate or powder formula

Non-Contract Standard Formulas

These formulas are not allowed for any reason:

- Any standard Mead Johnson product (Enfamil, ProSobee, Gentlease & Reguline)
- Any standard Gerber Good Start product
- Any standard store brand formula (ex. Parent's Choice)