Texas WIC Medical Request for Formula & Food

Directions for filling out form

To request a formula that requires medical documentation, fill out the prescription form on the reverse side completely and sign. Fax this completed form to the WIC clinic or have your patient return it to their WIC clinic.

WIC Program Information

Federal regulations require all WIC programs obtain formula rebate contracts to help contain costs. Starting October 1, 2017, Abbott Nutrition will have the formula contract for both milk-based and soy-based formulas. Please review the table below:

Contract Formulas (20 cal/oz): No prescription required for infants < 12 months of age	**Contract Formulas (19 cal/oz):** Prescription always required
Similac Advance Similac Soy Isomil	Similac Sensitive Similac for Spit-Up Similac Total Comfort

All formulas for children (> 12 months of age) and women require medical documentation. All formulas other than those listed and described above require medical documentation. WIC is a supplemental food program. Infants who are not receiving breastmilk may require more formula than WIC is able to provide.

Breastfeeding Support Resources

ALL Texans may seek **FREE** lactation support and advice from our four lactation support centers or the 24/7 Texas Lactation Support Hotline at 855-550-6667. Health-care providers are also encouraged to utilize these resources.

Texas Lactation Support Centers	
Austin Mom's Place 8701-B Research Blvd. 512-972-6700 www.momsplace.org	**Houston** The Lactation Foundation 2636 S Loop W Freeway, Suite 135 713-500-2800, option 1 www.lactationfoundation.org
Dallas Lactation Care Center of Dallas 2600 North Stemmons Freeway, Suite 190 214-670-7222 www.lactationcarecenterdallas.com	**McAllen** The Lactation Care Center RGV 3001 N 23 St, Suite 2 956-292-7711 www.co.hidalgo.tx.us/LCCRGV

The American Academy of Pediatrics and Centers for Disease Control and Prevention recommend breastfeeding until one year of age and beyond. WIC offers access to nutritious foods, Registered Dietitians, and breastfeeding help and support through peer counselors, and International Board Certified Lactation Consultants.

WIC can help your patient with:

- Feeding positions and latch troubles
- Painful breasts or sore nipples
- Breastfeeding premature or special needs babies
- Perceived and/or actual low milk supply

Additional Texas WIC Online Resources:

Please visit http://www.texaswic.org. Here you will find:

- Texas WIC Medical Request for Formula/Food form
- Texas WIC Metabolic Request for Formula/Food form
- Texas WIC Formulary

Texas WIC Medical Request for Formula & Food Form

All requests are subject to WIC approval and provision based on policy and procedure.
Please fax this completed form to the WIC clinic or have your patient return it to their WIC clinic.

REQUIRED **1. Patient Information**

Patient's Full Name:_____

DOB:_____

Parent/Guardian's Name:_____

Phone: ( )_____

OPTIONAL **2. Patient Data**

Date of Measurements:_____

Length/Height: _____ Weight:_____

If Premature, Birth Weight: _____

Weeks Gestation:_____

REQUIRED **3. Formula Options** – Please complete either Option A or Option B below.

Option A – Alternate Contract Formulas:

- ❑ Similac Sensitive (lactose sensitivity or colic)
- ❑ Similac for Spit-Up (excess spit-up or reflux)
- ❑ Similac Total Comfort (digestive issues or colic)

Requested Length of Issuance:
_____month(s)
Formula will be issued up to 12 months of age unless otherwise indicated.

Formula Amount:
_____oz. per day
Maximum allowed may be provided unless a lesser amount is indicated.

If none of the formulas in Option A are appropriate for this patient, select a qualifying condition from Option B below.

Option B – Other Formulas:

REQUIRED Qualifying Condition/Diagnosis – Please check all that apply.

Name of Formula:
_____

Requested Length of Issuance:
_____month(s)

Formula Amount:
_____oz. per day
Maximum allowed may be provided unless a lesser amount is indicated.

- ❑ cardiovascular condition
- ❑ developmental delays (sensory and motor)
- ❑ food allergies (cow's milk, soy, or intact protein)/FPIES
- ❑ FTT
- ❑ GER/GERD
- ❑ GI impairment
- ❑ inadequate growth
- ❑ low maternal weight gain/loss
- ❑ malabsorption syndrome
- ❑ neurological condition
- ❑ oral motor feeding issues/aversions
- ❑ prematurity/LBW
- ❑ renal disease/low mineral condition
- ❑ respiratory condition
- ❑ seizure disorder requiring ketogenic diet
- ❑ tube feeding
- ❑ other medical condition:

_____

_____

Colic, constipation, spitting up or gas are not qualifying conditions and will not be accepted.

OPTIONAL **4. WIC Supplemental Foods:** *WIC RD/Nutritionist will determine food unless denoted otherwise below.*

Infants 6 to 11 months of age:
Check foods to **remove** from food package
- ❑ infant cereal
- ❑ baby foods

Check if desired:
- ❑ formula only, no foods (due to inability or delay in consuming solids)

Children 12 months of age and older and women:
Check foods to **remove** from food package
❑ milk ❑ yogurt ❑ eggs ❑ juice ❑ peanut butter ❑ cheese
❑ whole grains ❑ cereal ❑ beans ❑ fruits and vegetables

Check if desired:
- ❑ provide baby foods and infant cereal
- ❑ formula only, no foods

REQUIRED **5. Prescriptive Authority Information (MD, DO, PA-C, NP)**

Signature/Stamp:_____ Date: _____

Provider's Name (please print):_____Facility Name:_____

Phone: ( )_____ Fax: ( )_____

For WIC use only

WIC Clinic:_____ Phone: ( )_____ Fax: ( )_____

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