

WIC ELIGIBLE FORMULA AND NUTRITIONALS FOOD LISTING

❖ **Non-Contract Formulas/Nutritionals** will only be provided with the diagnoses of a medical condition from a health care provider that warrants the requested formula/nutritional.

❖ **A Medical Documentation form** must be completed for prescribing formula/nutritionals with a qualifying medical condition(s). WIC Eligible Formulas or Nutritionals **cannot** not be issued by WIC solely for the purpose of enhancing nutrient intake or managing body weight. Maximum approval length is six months.

❖ **Ready-to-feed (RTF)** products may only be issued in cases where there is an unsanitary/restricted water supply, poor refrigeration, when the patient’s caregiver has difficulty diluting concentrated or powdered formula, or when ready-to-feed is the only available product form.

Wyoming WIC Contract Infant Formulas - No Prescription Required

Similac Advance

Gerber Good Start Soy

Non-Contract INFANT Formulas – Prescription Required

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| <ul style="list-style-type: none"> • Calcilo XD • EleCare Infant • Enfacare • Gerber Graduates Soy • Enfamil Premature 20 Cal with Iron • Enfamil Premature 24 Cal with Iron • Enfamil Premature High Protein 24 Cal • Enfamil Premature 30 Cal | <ul style="list-style-type: none"> • Enfaport DHA/ARA • Human Milk Fortifier • Neocate Infant DHA/ARA • Nutramigen w/Enflora LGG • Periflex Infant • Pregestimil DHA & ARA • PurAmino • RCF | <ul style="list-style-type: none"> • Similac Expert Care Alimentum • Similac Expert Care NeoSure • Similac for Spit-Up (19 Cal) • Similac PM 60/40 • Similac Sensitive (19 Cal) • Similac Special Care 24 • Similac Special Care 30 • Similac Total Comfort (19 Cal) |
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Non-Contract Nutritionals for CHILDREN and WOMEN – Prescription Required

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| <ul style="list-style-type: none"> • Boost Breeze • Boost Kid Essentials • Boost Kid Essentials 1.5 • Boost Kid Essentials w/Fiber 1.5 • Boost Original • Bright Beginnings Soy Pediatric Drink • Compleat Pediatric • Compleat Pediatric Reduced Calorie • E028 Splash • EleCare Junior • Gerber Graduates Soy • Ensure • KetoCal 3:1 • KetoCal 4:1 | <ul style="list-style-type: none"> • MCT Oil • Microlipids • Neocate Junior • Nutren Junior • Nutren Junior Fiber • PediaSure • PediaSure with Fiber • PediaSure 1.5 • PediaSure 1.5 with Fiber • PediaSure Enteral Formula 1.0 Cal • PediaSure Enteral Formula 1.0 Cal with Fiber • PediaSure Peptide 1.0 Cal • PediaSure Peptide 1.5 Cal | <ul style="list-style-type: none"> • Peptamen • Peptamen 1.5 • Peptamen Junior • Peptamen Junior 1.5 • Peptamen Junior with Fiber • Peptamen Junior with Prebio • Peptamen with Prebio • Periflex Junior • PhenylAde 40 • Portagen • Scandishake • Suplena • Vivonex Pediatric • Xlys, XTrp Maxamaid |
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Wyoming WIC Program Medical Documentation Prescription subject to WIC approval based on program policy and procedure. This is the only Medical Documentation form accepted by the Wyoming WIC Program.	WIC Agency: WIC Fax Number: WIC ID:
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Patient's Name:	Birth Date (MM/DD/YY):
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Parent/Guardian's Name:

QUALIFYING MEDICAL CONDITION(S)
ICD-10 code is required, as well as, the underlying condition.

Personal Preference, Formula Intolerance, Fussiness, Gas, Constipation, Spitting Up, or Colic are not acceptable diagnoses.
 Regardless of diagnosis, non-contract standard formulas cannot be issued to WIC participants in place of the WY WIC contract formulas.

v	ICD-10	Description
	D50	Iron deficiency anemia
	D80	Immunodeficiency with pred. antibody defects
	E08-E13	Diabetes Mellitus
	E70.0	Phenylketonuria (PKU)
	E73.9	Lactose Intolerance, unspecified
	E74.21	Galactosemia
	E849	Cystic Fibrosis
	G71.0	Muscular dystrophy
	G80	Cerebral Palsy
	K50	Crohn's disease
	K90.0	Celiac disease
	P05.0	Newborn light for gestational age
	P05.1	Newborn small for gestational age

v	ICD-10	Description
	P07.0	Extremely low birth weight newborn
	P07.2	Extreme immaturity of newborn
	P07.3	Preterm (premature) newborn
	P77	Necrotizing enterocolitis
	P78.83	Newborn esophageal reflux
	P92.6	Failure to thrive in newborn
	Q35	Cleft palate
	Q36	Cleft lip
	R62.51	Failure to thrive (child)
	T78.0	Anaphylactic reaction due to food: <i>specify food</i>
	Z91.011	Milk allergy

Other Medical Diagnosis (please specify):

NON-CONTRACT FORMULA/NUTRITIONALS

Formula Requested:	Flavor if Applicable:	With Fiber: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Physical Form: <input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> RTF: _____ <small>(The use of RTF products requires additional justification unless RTF is the only available form)</small>

Daily Amount Requested: _____ Maximum Allowed (per Federal Regulation) _____ Ounces/Day _____ Cans/Day	Requested Approval Length (six months will be issued if nothing is marked): <input type="checkbox"/> 1 Month <input type="checkbox"/> 4 Months <input type="checkbox"/> 2 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months
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DIET RESTRICTIONS

<input type="checkbox"/> No WIC foods; provide formula only.
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Check foods to be omitted (all benefits will be provided if nothing is marked):	
WIC food for infants (6 to 12 months): <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits & Vegetables	WIC food for children (1 to 5 years of age) and women: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Legumes <input type="checkbox"/> Breakfast Cereals <input type="checkbox"/> Eggs <input type="checkbox"/> Fruits and Vegetables <input type="checkbox"/> Whole Grains <input type="checkbox"/> Juice <input type="checkbox"/> Canned Fish (For Women Only)

FOOD SUBSTITUTIONS

(Allowed only with appropriate medical condition. Issuance for personal preference is NOT allowed.)

<input type="checkbox"/> Whole Milk: Issue whole milk for a child over 2 or a woman. Only participants receiving non-contract formula/nutritionals with a qualifying medical condition can be issued whole milk.
<input type="checkbox"/> Infant Fruits & Vegetables: Issue infant fruits and vegetables, in place of fresh produce, for a child over 12 months of age, or a woman.

HEALTH CARE PROVIDER INFORMATION

Provider's Signature:	Date:
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Provider's Name:	Medical Office Name and Address:
Phone:	
Fax:	