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 twelve 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 (Prescription NOT Required)

- Similac Advance
- Similac Sensitive
- Similac Total Comfort
- Similac Soy Isomil

Wyoming WIC Non-Contract INFANT Formulas

(Prescription Required)

- Alfamino Infant
- Calcilo XD
- Comforts Hypoallergenic
- EleCare
- Enfamil AR
- Enfamil Enfacare NeuroPro
- Enfamil Premature 20 Cal with Iron
- Enfamil Premature 24 Cal with Iron
- Enfamil Premature High Protein 24 Cal

- Enfamil Premature 30 Cal
- Enfaport DHA/ARA
- Gerber Good Start Extensive HA
- Human Milk Fortifier
- Neocate Infant DHA/ARA
- Nutramigen Probiotic LGG
- Parent's Choice Hypoallergenic
- Periflex Early Years
- Pregestimil DHA & ARA

- Puramino
- RCF
- Similac Alimentum
- Similac NeoSure
- Similac PM 60/40
- Similac Special Care 24
- Similac Special Care 30
- Tippy Toes Hypoallergenic
- Wyoming WIC Non-Contract Nutritionals for **CHILDREN** & **WOMEN** (Prescription Required)
- Alfamino Junior
- Boost Breeze
- Boost High Protein
- Boost Kid Essentials 1.0
- Boost Kid Essentials 1.5
- Boost Kid Essentials w/Fiber 1.5
- Boost Original
- Bright Beginnings Soy Pediatric Drink
- Compleat Pediatric Original 1.0
- Compleat Pediatric Peptide 1.5
- Compleat Pediatric Plant Based 1.4
- EleCare Junior
- Enfagrow Premium Toddler
- Enfagrow Premium Gentlease Toddler
- Ensure

- KetoCal 3:1
- KetoCal 4:1
- KetoVie 4:1
- MCT Oil
- Neocate Junior
- Neocate Splash
- Nutren Junior
- Nutren Junior Fiber
- PediaSure
- PediaSure with Fiber
- PediaSure 1.5
- PediaSure 1.5 with Fiber
- PediaSure Enteral Formula 1.0
- PediaSure Enteral Formula 1.0 w/ Fbr
- Pediasure Peptide 1.0
- Pediasure Peptide 1.5

- Pediatric Standard 1.2
- Peptamen 1.5
- Peptamen Jr.
- Peptamen Jr. 1.5
- Peptamen Junior with Fiber
- Peptamen Junior PHGG
- Peptamen with Prebio
- PKU Periflex Jr. Plus
- Periflex Junior
- PhenylAde 40
- Portagen
- Puramino Junior
- Scandishake
- Similac Go & Grow
- Suplena
- Vivonex Pediatric

Wyoming WIC Program Medical Documentation							WIC Agency:		
Prescription subject to WIC approval based on program policy and proced							WIC Fax Number	:	
This is the only Medical Documentation form accepted by the Wyoming WIC Progra						Program.	WIC ID:		
Patient's Name:							Birth Date (MM/D	DD/YY):	
Parent/Guardian's Name:									
QUALIFIYING MEDICAL CONDITION(S) ICD-10 or underlying condition.									
Personal Preference, Formula Intolerance, Fussiness, Gas, Constipation, Spitting Up, or Colic are NOT acceptable diagnoses.									
Re						•	of the WY WIC contract formulas.		
٧.	ICD-10	Description			V	ICD-10	Description		
	D50 Iron deficiency anemia				-	P07.0	Extremely low birth weight newborn		
	D80 Immunodeficiency with pred. antibody defects					P07.2	Extreme immaturity of newborn		
	E08-E13 Diabetes Mellitus					P07.3	Preterm (premature) newborn		
	E70.0 Phenylketonuria (PKU)					P77	Necrotizing enterocolitis		
	E73.9 Lactose Intolerance, unspecified					P78.83	Newborn esophageal reflux		
	E74.21 Galactosemia					P92.6	Failure to thrive in newborn		
	E849 Cystic Fibrosis					Q35	Cleft palate		
	G71.0 Muscular dystrophy					Q36	Cleft lip		
	G80 Cerebral Palsy					R62.51	Failure to thrive (child)		
	K50	· · · · · · · · · · · · · · · · · · ·				T78.0	Anaphylactic reaction due to food (specify food):		
	K90.0	K90.0 Celiac disease				Z91.011	Milk allergy		
	P05.0					021.1	Hyperemesis gravidarum with metabolic disturbance		
	P05.1								
		Other Medical Diagnosis (please specify):							
NON-CONTRACT FORMULA/NUTRITIONALS									
Formula Requested: Flavor if Applicable: With Fiber: \square Yes \square No \square N/A									
Physical Form: Powder Concentrate RTF:									
(The use of RTF products requires additional justification unless RTF is the only available form)									
Daily Amount Requested: Requested Approval Length:									
		mum Allowed	(If an approval length is not noted below, the WIC Program will only be able to issue the requested product th end of the month in which a patient turns one-year old, or a maximum of 6 months, whichever occurs first)						
		ederal Regulation) es/Day				onths	□ 7 months	□ 10 months	
		/Day	☐ 2 months			onths	☐ 8 months		
		,	☐ 3 months			onths	☐ 9 months	☐ 12 months	
DIET RESTRICTIONS									
□ No WIC foods; provide formula only.									
Check foods to be omitted (all benefits will be provided if nothing is marked):									
W	C food for i	nfants (6 to 12 months).	•					•	
□ Infant Cereal □ Peanut Butter □ Legum								□ Fruits & Vegetables □ Juice	
□ Infant Fruits & Vegetables □ Whole Grains □ Canne								□ Milk □ Soy Milk □ Cheese	
FOOD SUBSTITUTIONS (Women & Children ONLY)									
		(Allowed only with a	appropriate medical co	nditior	ı. Is	suance for	personal preference	is NOT allowed.)	
	Whole Milk: May ONLY be issued to a participant receiving non-contract formulas/nutritionals with qualifying medical condition.								
	Issue both v	whole fat milk and yogu	rt 🗆 Issue whole f	at milk	(□ Issue v	whole fat yogurt		
<u>Infant Foods</u> : The following substitutions may be provided to a child over 12 months of age, or a woman.									
☐ Issue infant fruits and vegetables (jarred) in place of fresh produce. ☐ Issue infant cereal in place of breakfast cereal.									
HEALTH CARE PROVIDER INFORMATION									
Provider's Signature:								Date:	
Provider's Name:					Me	Medical Office Name and Address:			
					(2.13		
Phone:									
Fax:									