



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# 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                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enfamil Soy (Prosobee)/Similac Soy Isomil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enfamil AR/Similac Sensitive Spit Up      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gentlease/Similac Sensitive               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 ..... ☐ Enficare

..... ☐ Neosure

• Neonates needing extra calories, protein and mineralization due to prematurity

• See back of form for guidelines

Protein Hydrolysate ..... ☐ Alimentum

• Participants with food allergies, ☐ Nutramigen  
sensitivity to intact protein, fat ☐ Pregestimil  
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: <b>Alimentum (contains sucrose, lactose free, MCT oil)</b> <b>Nutramigen (sucrose and lactose free, long chain fatty acids)</b> <b>Pregestimil (sucrose free, MCT oil)</b>	Malabsorption, milk and soy allergy sensitivity to intact protein, severe eczema, severe intractable diarrhea, gastrointestinal problems
Low electrolytes/renal solute load: <b>Similac PM 60/40</b>	Renal dysfunction
Amino Acid Based: <b>Alfamino</b> <b>Neocate</b> <b>Puramino</b> <b>Elecare</b>	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: <b>Enfamil 24 RTF</b> <b>Pregestimil 24 RTF</b>	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.