

WIC Program Infant Formula Request

Dear Healthcare Professional:

WIC supports and encourages breastfeeding for the first year of life and provides breastfeeding assistance. When needed, WIC also offers infant formula. Standard formula options include Similac Advance, Similac Isomil (Soy), Similac Total Comfort, and Similac Sensitive—all of which are iron-fortified.

Other formulas may be provided with a valid medical diagnosis. In most cases, two standard formulas must be tried before alternative formulas are approved, unless medically contraindicated (e.g., bloody diarrhea, anaphylactic shock). If a contraindication exists, medical documentation is required.

This form is not required when a participant changes from one standard WIC formula to another standard WIC formula.

IF INCOMPLETE, THIS FORM WILL NOT BE ACCEPTED.

Diagnosis: _____
See back of form for WIC approval criteria. Be specific. Will not accept colic, gas, constipation or spitting up.

Infant Name: _____

Date of Birth: _____ **Birth Weight:** _____

Current Weight: _____ **Current Length:** _____

Measurement Date: _____

Name of Clinic: _____

Which of the standard WIC formulas have been tried?

Similac Advance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Similac Isomil (Soy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Similac Total Comfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Similac Sensitive	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Return to standard formula:

- ☐ Similac Advance
- ☐ Similac Isomil (Soy)
- ☐ Similac Total Comfort
- ☐ Similac Sensitive

A 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: _____

Healthcare Provider's Name: _____

Clinic Name: _____

Premature Infant Formulas ☐ Enfamcare

..... ☐ Neosure

- Neonates needing extra calories, protein, and mineralization due to prematurity.

Protein Hydrolysate Formulas ☐ Alimentum

- Participants with food allergies, sensitivity to intact protein, GI disorders, malabsorption, etc. ☐ Nutramigen
- ☐ Extensive HA
- ☐ Pregestimil

Higher Calorie Formulas ☐ Enfamil 24 calorie

..... ☐ Pregestimil 24 calorie

..... ☐ Fortini

- Participants needing increased calories without increased volume. Includes renal, cardiac, or pulmonary conditions with fluid restrictions, neurological disorders, failure to thrive, malabsorption, etc.

Alternative 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 these foods are appropriate for this infant by completing the box below.

☐ **Supplemental foods are ALLOWED:**

- ☐ Infant Vegetables
- ☐ Infant Fruits
- ☐ Infant Cereals
- ☐ Fresh, frozen, and canned fruit and vegetables

☐ **NO FOODS ALLOWED, only formula.**

If altered, this formula request form will not be accepted. This institution is an equal opportunity provider.

Mississippi WIC Criteria for Non-Standard Formula Issuance

Premature Infant Formula

WIC provides Enfacare and Neosure for premature infants in accordance with the guidelines outlined below. If either formula is requested beyond the recommended time frames, the health care provider must submit documentation supporting the medical necessity for continued use. Exceptions to these guidelines are reviewed on a case-by-case basis. Standard infant formula may be provided until the infant reaches one (1) year of corrected gestational age.

- Birth weight > 2,000 grams (4lbs. 6oz.) to ≤ 2,500 grams (5lbs. 8oz.): Issue up to **4 months corrected gestational age**.
- Birth weight > 1,500 grams (3lbs. 5oz.) to ≤ 2,000 grams (4lbs. 6oz.): Issue up to **9 months corrected gestational age**.
- Birth weight ≤ 1,500 grams (3lbs. 5oz.): Issue up to **12 months corrected gestational age**.

Other Non-Standard Infant Formulas

Formula Type/Name	WIC Approved Conditions
<u>Hypoallergenic, Protein Hydrolysate formulas:</u> <ul style="list-style-type: none"> • Alimentum • Nutramigen • Extensive HA • Pregestimil 	Food allergy or intolerance, sensitivity to intact protein, severe eczema, gastrointestinal disorders, malabsorption, etc.
<u>Amino Acid Based Formulas:</u> <ul style="list-style-type: none"> • Alfamino • Puramino • Elecare • Neocate • Neocate Syneo 	Severe food protein allergy or allergies not effectively managed by an extensively hydrolyzed formula, gastrointestinal disorders, malabsorption, etc.
<u>Higher Calorie Formulas</u> <ul style="list-style-type: none"> • Enfamil 24 RTF • Pregestimil 24 RTF • Fortini 	Conditions requiring increased calorie needs without increased volume. Includes cardiac, renal, or pulmonary conditions with fluid restrictions, neurological disorders, failure to thrive, malabsorption, etc.
<u>Low Electrolytes/Renal Solute Load Formula:</u> <ul style="list-style-type: none"> • Similac PM 60/40 	Renal dysfunction

If you have questions, please call WIC Central Office at 1-800-545-6747 or 601-991-6000.

MISSISSIPPI STATE DEPARTMENT OF HEALTH FORM INSTRUCTIONS

WIC PROGRAM INFANT FORMULA REQUEST

FORM NUMBER: F-972
REVISION DATE: 9/1/2025
RETENTION PERIOD:

The document is scanned into the WIC participant's SPIRIT record if the medical formula is issued by WIC. It will remain as a permanent part of the SPIRIT record for as long as the record exists.

PURPOSE: To be used by local WIC certifiers to document the medical need for WIC medical products for infants.

INSTRUCTIONS: This form should be completed by the medical provider of infants requesting a medical product/formula from the MS WIC program. This form should be submitted to the WIC clinic for approval and scanned into the participant's SPIRIT record if the medical product is issued by WIC. The instructions that follow describe the proper completion of the Infant Formula Request (form 972).

Diagnosis: Provider must document the medical diagnosis that justifies WIC approval of the medical product/formula.

Infant Name: Provider must document the first and last name of the WIC infant.

Date of Birth: Provider must document the month, day and year of birth of the WIC infant.

Birth Weight: Provider must document the birth weight of the WIC infant.

Current Weight: Provider must document the current weight of the WIC infant.

Current Length: Provider must document the most current length of the WIC infant.

Measurement Date: Provider must document the date the current weight and length measurements were collected.

Clinic Name: Provider must document the name of the clinic where the measurements were obtained.

Which of the standard WIC bid formulas have been tried: Provider must check the applicable boxes of all WIC standard formula(s) the infant has tried.

Return to Standard Formula: If the formula challenge is successful, the provider must check the appropriate standard formula requested for the infant.

Dates of challenge: If the infant has been challenged with a standard formula, the provider must document the dates of the challenge.

Duration of challenge: If the infant has been challenged with a standard formula, the provider must document the duration of the challenge.

Outcome of challenge: If infant has been challenged with a standard formula, the outcome/results of the challenge should be documented.

If no challenge, why: If applicable, provider should document why a challenge was not completed for infants 7-9 months of age.

Premature Infant Formula: Provider must check the appropriate box if one of these formulas is requested for the infant. *Note WIC approved conditions on page 2.*

Protein Hydrolysate Formulas: Provider must check the appropriate box if one of these formulas is requested for the infant. *Note WIC approved conditions on page 2.*

Higher Calorie Formulas: Provider must check the appropriate box if one of these formulas is requested for the infant. *Note WIC approved conditions on page 2.*

Alternative Formula: Provider must write the name of the medical product/formula that is being requested for the WIC infant if the name is not currently printed as a selection. *Note WIC approved formulas and conditions on page 2. Also refer to the WIC formulary for additional options.*

Duration Requested: Provider should document the number of months (1 to 3 months) the medical product is requested.

Supplemental Foods Allowed box: Provider must check the applicable boxes.

Healthcare Provider's Name: Provider must print their full name to include professional designations.

Signature of Healthcare Provider: Provider must sign their full name.

Date: Print the month, day, and year, this form is completed.

Clinic Name: Print the name of the medical clinic of the person completing the form.

Phone Number: Print the phone number of the healthcare provider.

OFFICE MECHANICS AND FILING

The document is scanned into the WIC participant's SPIRIT record if the medical formula is issued by WIC. It will remain as a permanent part of the SPIRIT record for as long as the record exists.