



**Rhode Island Department of Health WIC Program
 Medical Documentation for WIC Nutritionals and Approved WIC Foods
 Infants 0 – 11 months old**

Completion of this form is federally required to ensure that the patient under your care has a medical condition / diagnosis that requires the use of WIC-eligible formula/nutritional and/or changes to their supplemental food package.

A. Patient Information (Complete All)			
Patient's Name:		Date of Birth:	
Parent/Guardian Name:			
**Medical Diagnosis/Qualifying Condition(s):			
** Please Note: The following non-specific terms are NOT acceptable as qualifying conditions: gas, colic, fussiness, constipation, spitting up, feeding difficulty, non-specific intolerance. Formula requests received with these terms will not be approved. ➤ A trial of Similac Sensitive or Similac Advance is required at 6 months of age or within 3 months of prescribing Similac Alimentum and/or Enfamil Nutramigen . <u>If a retrial is medically contraindicated, please state reason:</u>			
B. WIC-Eligible Formula / Nutritionals			
Name of formula / nutritional requested:			
Similac For Spit-Up, Similac Sensitive and Similac Total Comfort:			
<input type="checkbox"/> I acknowledge that the caloric density of these formulas is 19 calories/oz <input type="checkbox"/> I authorize WIC to provide formula containing 19 calories/oz until 1 year of age <input type="checkbox"/> I acknowledge that Similac Sensitive must be trialed prior to request for Similac Total Comfort , unless there is medical reason to avoid Similac Sensitive (please document):			
Prescribed amount:		oz per day	
Requested length of issuance (please circle):		1 2 3 4 5 6 Months	
<u>Required Calories/Fluid ounce concentration:</u>			
<input type="checkbox"/> Mix according to standard dilution per label instructions <input type="checkbox"/> Mix according to following instructions:			
C. WIC Food Restrictions / Requests		D. Complete this section only if MD is not deferring to WIC Nutrition professional	
Infants > 6 months old (Please check all that apply)			
<input type="checkbox"/> No food restrictions <input type="checkbox"/> Issue Formula only (no foods and increased amount of formula past 6 months of age due to inability or delay in consuming solids) <input type="checkbox"/> Authorize WIC Nutritionist to determine food restrictions or <input type="checkbox"/> MD will determine food restrictions (Complete section D)		<u>Do not issue the WIC foods below:</u> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Baby food fruit & vegetable	
E. Health Care Provider Information			
Provider's Name (please print):			
Signature of healthcare provider:			
Address:			
Phone:	Fax#:	Date:	



Rhode Island WIC Program Formula Issuance Guide for Infants

Participant Age / Category	Infants 0-3 months	Infants 4-5 months	Infants 6-11 months	Woman and Children
Monthly Formula Amount (Reconstituted)	Up to 806 fl oz	Up to 884 fl oz	Up to 806 fl oz	Up to 806 fl oz

Standard Contract Infant Formulas (20 calories/ounce):

• **Similac Advance** • **Similac Soy Isomil**

- These formulas will be provided unless there is a diagnosed medical condition that warrants a RI WIC approved medical formula or nutritional
- Issuance of these formulas does not require a prescription
- A trial of at least **two** contract formulas must be completed before prescribing a non-contract formula such as Nutramigen or Alimentum

Contract Infant Formulas (19 calories/ounce):

• **Similac Sensitive** • **Similac For Spit-Up** • ***Similac Total Comfort**

- These formulas can be provided if there is a tolerance issue with Similac Advance or Soy Isomil
- Issuance of these formulas requires medical provider approval through the *Medical Documentation for WIC Nutritionals and Approved WIC Foods Infants 0-11 months old*
- *Similac Total Comfort can be prescribed only after a trial of Similac Sensitive

Medical Formula and Nutritionals

A medical provider (MD, DO, PA, RNP) must complete the "RI WIC Medical Documentation for WIC Nutritionals and Approved WIC Foods" (WIC-23) in order for RI WIC to issue medical formula and nutritionals.

Some of the available infant Medical Formulas include:

Similac Expert Care Neosure	Enfamil EnfaCare	EleCare for Infants	PurAmino
Similac Expert Care Alimentum	Nutramigen with Enflora LGG	Neocate Infant DHA/ARA	Pregestimil

*For a complete list of approved medical formulas and nutritionals, please contact the Local WIC agency or the RI Department of Health Info Line 401-222-5960.

Ready-to-Feed Formula

Ready-to-feed formula can only be issued for the following reasons:

- Unsanitary, contaminated, or restricted water supply
- Homeless family with no access to refrigeration, clean water, etc.
- Special formula ordered by a physician is available only as a ready-to-feed formula
- For tube feedings or other medical conditions
- The infant's care provider may have difficulty preparing liquid concentrate or powder formula

Non-Contract Standard Formulas

These formulas are not allowed for any reason:

- Any Standard Mead Johnson product (Enfamil, ProSobee, Gentlease, Reguline & AR)
- Any Gerber Good Start product
- Any store brand formula (ex. Parent's Choice)