

Alabama WIC Infant Formula Prescription

Prescription is subject to WIC Approval based on Program Policy and Procedure

Date _____

Infant's Name _____ Date of Birth _____

ICD-10 Code and/or Medical Diagnosis _____

Not WIC Approved: Colic, Spitting up, Fussiness, Constipation or Formula Intolerance

Formula Prescribed _____

Must Indicate Amount Per Day

- Maximum ounces allowed by WIC for Fully Formula Fed Infant
0-3 mos - 26 fluid oz/day
4-5 mos - 29 fluid oz/day
6-12 mos - 20 fluid oz /day

Infant needs lesser amount; amount is _____ oz per day

Intended length of use 1 2 3 4 5 6 months

- At 6 months of age a new prescription is required. Exception: In disease/chronic diseases such as but not limited to, inborn errors of metabolism, galactosemia, celiac disease, and cystic fibrosis, the initial prescription is sufficient.

- If the prescription is not renewed, a standard contract formula will be issued.*

- Re-evaluating the infant's need for a special formula past 6 months of age ensures that WIC funds are utilized in the most cost effective way.

**Notice: The standard contract formulas are: Enfamil Infant, Enfamil Gentlease, Enfamil Prosobee, and Enfamil AR Other milk based, soy based and milk based lactose free formulas are not WIC approved.*

Supplemental Foods

At 6 months of age WIC will issue the following foods unless otherwise indicated.

Infant cereal Not Allowed
Infant vegetables and fruits Not Allowed

This infant (6-12 months of age) is medically fragile, and unable to consume solid food. I authorize additional formula (total 29 oz/day) to meet nutritional needs.

Signature of Health Care Provider _____

Provider's Name (Please print) _____

Phone (____) _____ Fax (____) _____

If you have questions please call your local WIC clinic.

WIC Clinic Use Only		
Participant ID# _____	Date Received _____	Approved by _____

Alabama WIC Infant Formula Prescription (ADPH-WIC-111a)
Instructions for Completion of Form

Important – Only this form will be accepted by WIC clinics for special formula requests

Date: Enter date form is being completed.

Infant's Name: Enter name of the infant requiring the non-contract formula.

Date of Birth: Enter the infant's date of birth.

ICD-10 Code and/or Medical Diagnosis: Document the medical diagnosis and/or the corresponding ICD-10 code. The prescription may be accepted if either the medical diagnosis or the ICD-10 code is written. However, the medical diagnosis and/or the ICD-10 code must be a nutrition related medical diagnosis/ICD-10 code.

Formula Prescribed: Enter the name of the special medical formula prescribed for the infant.

Must indicate Amount per Day: Check the amount of formula allowed by WIC according to infant's age or check if lesser amount is needed and write amount.

Intended length of use: Check the number of months formula is needed. Note that the infant's need for the special formula must be re-evaluated by the physician at six (6) months of age.

Supplemental Foods: Check if infant is not to receive infant cereal and/or infant vegetables and fruits at 6 months of age. Check if infant is medically fragile and unable to consume solid foods at 6 months of age.

Signature of Health Care Provider: The physician's signature must be entered.

Provider's Name, printed: PRINT physician's name.

Phone: Enter the physician's phone number.

Fax: Enter the physician's fax number.

WIC Clinic Use Only: Information is required to be completed.

Participant ID #: Enter the participant's ID number.

Date Received: Enter the date the clinic receives the prescription form.

Approved by: Enter the name of the person approving the acceptance of the prescription.