

## Alabama WIC Infant Formula Prescription (Birth to 12 Months of Age)

A written prescription is required for an infant who uses a formula/product other than an Alabama WIC contract milk- or soy-based infant formula. Prescription is subject to WIC approval and provision based on program policy and procedures.

### PARTICIPANT INFORMATION

<b>Infant's name:</b>	<b>DOB:</b>
<b>Medical condition(s) indicating need for prescribed product(s):</b>	
<i>Note: Symptoms such as colic, spitting up, fussiness, gas, or formula intolerance are not acceptable medical conditions and will not be approved. WIC will not provide formula to enhance nutrient intake or manage body weight without an underlying medical condition.</i>	
<b>Anthropometric Data – Required when Increased Calorie Formulas are prescribed:</b>	
Date of Measurement _____ Weight _____ lb. _____ oz. Length/Height _____ inches	

### FORMULA/PRODUCT

<b>Formula prescribed:</b>
<b>Amount prescribed per day:</b>
<input type="checkbox"/> Maximum ounces allowed by WIC for Fully Formula Fed Infant 0-3 months - 26 fluid oz/day      4-5 months - 29 fluid oz/day      6-12 months - 20 fluid oz/day <input type="checkbox"/> Other amount: _____ (Amount prescribed should be the quantity of formula needed to support any level of breastfeeding up to the maximum allowed per federal regulations.)
<b>Special instructions for preparation or dilution:</b>
<b>Duration of prescription</b> (limited to 6 months): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 months - At infant's <b>6 (six) month</b> evaluation, regardless of intended length of use, a new prescription is <b>required</b> . <i>Exception: In chronic diseases such as but not limited to inborn errors of metabolism, galactosemia, celiac disease, and cystic fibrosis, the initial prescription is sufficient.</i> - If prescription is not renewed, a standard contract formula will be issued.* - Re-evaluating the infant's need for special formula past 6 months ensures that the most appropriate formula is prescribed and issued. <small>*Standard contract formulas are Enfamil Infant, Enfamil Gentlease, Enfamil ProSobee, Enfamil AR, and Enfamil Reguline. Other milk-based, soy-based, and milk-based lactose free formulas are not WIC approved.</small>

### SUPPLEMENTAL FOODS

Beginning at 6 (six) months of age through the 11th month of age, WIC supplemental foods are available in addition to the prescribed formula. WIC will issue the following foods unless otherwise indicated.
<b>If both boxes are checked, the infant is considered medically fragile.</b>
<input type="checkbox"/> No Infant Cereal <input type="checkbox"/> No Infant Fruits or Vegetables

### HEALTH CARE PROVIDER INFORMATION

<b>Signature of Health Care Provider:</b>		
<b>Health Care Provider's name</b> (please print):		
<b>Health Care Practice/Clinic:</b>		
<b>Phone #:</b>	<b>Fax #:</b>	<b>Date:</b>
<b>WIC Clinic Approval</b>		
<b>Participant ID#</b> _____	<b>Date Received</b> _____	<b>Approved by</b> _____

**Alabama WIC Infant Formula Prescription (ADPH-WIC-111a)  
(Birth to 12 Months of Age)**

**Instructions for Completion of Form**

Click here to view the Alabama WIC Formulary with Qualifying Conditions:



**IMPORTANT – Only this form will be accepted by WIC clinics for special formula requests.**

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

**Date of Birth (DOB):** Enter the infant's date of birth.

**ICD-10 Code and/or Medical Diagnosis/Condition(s):** 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.

**Anthropometric Data:** Enter the Date of measurement, weight, and length, if formula request is for an increased calorie infant formula.

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

**Amount per Day:** Check the box or enter 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 health care provider at infant's **six (6) month** evaluation.

**Special Instructions for preparation or dilution:** Must be completed if standard mixing instructions per package instructions are not prescribed.

**Supplemental Foods Available:** Check if infant is not to receive infant cereal and/or infant vegetables and fruit at six (6) months of age. Medically fragile means the infant is unable to consume solid foods at 6 months of age and increased amounts of formula may be provided.

**Signature of Health Care Provider\*:** The health care provider's signature must be entered.

**Provider's Name printed:** PRINT name of the health care provider.

**Health Care Practice/Clinic:** Print provider's practice/clinic name.

**Phone:** Enter the phone number of the health care provider.

**Fax:** Enter the fax number of the health care provider, if applicable.

**Date:** Enter date of prescription.

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

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

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

**Approved by:** Enter the name of the WIC Provider approving the acceptance of the prescription.

**\*NOTE: A health care provider is a Physician or someone working under Physician's orders, such as a Physician Assistant or Nurse Practitioner.**