

## Minnesota WIC Medical Formula Request Form

**INSTRUCTIONS:** Complete sections A-E. All requests are subject to WIC approval.

Fax to \_\_\_\_\_ or have the patient return it to their WIC office.

A. Patient Information	B. Patient Measurements, if available	
Patient Name: _____	Length/Height: _____	Date: _____
Date of Birth: _____	Weight: _____	Date: _____
Guardian Name: _____	Hemoglobin: _____	Date: _____

### C. Medical Formula

1. **Medical formula prescribed:** \_\_\_\_\_  
 Minnesota WIC allowed formulas listed on page 2. No additional formulas allowed.

2. **Issue a comparable formula** if needed. Applies to select premature and hypoallergenic formulas only; **see table on page 2.**

3. **Medical diagnosis:** Not acceptable diagnoses: formula intolerance, spitting up, weight management (i.e., poor weight gain), failure to thrive without an underlying medical condition

Premature birth (<18 months only)      GERD/reflux      Severe food allergies: \_\_\_\_\_  
 Other medical diagnosis: \_\_\_\_\_

4. **Prescribed amount:**      WIC max    OR    \_\_\_\_\_ oz/day

NOTE: If amount is not specified, up to WIC maximum may be provided. Maximum allowed may not meet participant's full needs.

5. **Length of use:**      WIC max (6 months)    OR    \_\_\_\_\_ month(s), not to exceed 6 months

NOTE: If length of use is not specified, may provide up to 6 months.

### D. WIC Supplemental Foods, if applicable

**WIC food package:** if no changes are specified, the following foods will be provided:

- Infants:** (0-5 months) formula only; (6-11 months) infant cereal, pureed and/or fresh fruits/vegetables, and formula
- Children/Women:** milk, cheese, yogurt, juice, fruit/vegetables, whole grains, eggs, beans, cereal, peanut butter, fish

6. **Modify WIC food package**

**Provide medical formula only. Omit all WIC foods.**

Provide WIC foods after (date or age) \_\_\_\_\_.

Substitute infant cereal and/or pureed fruits/vegetables for child (1-4 years) receiving formula.

Provide whole milk/yogurt for child (2-4) or woman **receiving formula.**

Omit the following WIC foods: \_\_\_\_\_

### E. Prescribing Health Care Provider Information (all fields required)

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Printed Name \_\_\_\_\_ MD      NP      PA      CNM      DO

Medical Office: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Instructions and Resources for WIC Medical Formula Request Form

Use this form to request medical formula, and supplemental foods for patients with qualifying medical conditions.

If you have questions, please contact the WIC agency where your patient is receiving WIC services. A directory of Minnesota WIC agencies can be found at: [Minnesota WIC Agency Directory](#).

WIC staff will review and approve requests for formulas and supplemental foods according to federal regulations and Minnesota WIC program policies and procedures.

## Minnesota WIC Allowed Formulas

**1. Contract Formula: No medical documentation required unless over age 1**

Enfamil Infant (milk-based)	Similac Isomil (soy-based)
Enfamil Gentlease	Enfamil A.R. Added Rice
Enfamil Reguline	

**2. Medical Formulas/Foods: Medical diagnosis and medical documentation required.**

Alfamino Infant	Neocate Infant
Alfamino Junior	Neocate Junior
Alimentum	Neocate Junior with Prebiotics
Boost Original	Neocate Splash
Boost Plus	Neosure
Elecare for Infants	Nutramigen
Elecare Junior	Pediasure Grow & Gain
Enfacare	Pediasure Grow & Gain with Fiber
Ensure Original	Pregestimil
Ensure Plus	PurAmino Infant
Extensive HA	PurAmino Junior

## Comparable Formulas

Selecting comparable formula on page 1, allows WIC staff to issue a formula within the same formula type as the participant's prescribed formula if it is unavailable (e.g., recall or supply chain issue). Only these comparable formulas are allowed:

Formula Type	Comparable Formulas
Premature Infant Formula – 22 Cal/oz	Enfacare Neosure
Hypoallergenic Infant Formula	Nutramigen Alimentum Extensive HA

## References – Complete Listing of Hyperlinks

[Minnesota WIC Agency Directory \(https://www.health.state.mn.us/forms/cfh/wicdirectory/index.html?localAgency\)](https://www.health.state.mn.us/forms/cfh/wicdirectory/index.html?localAgency)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us). To obtain this information in a different format, call: 1-800-657-3942.

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