



ARKANSAS DEPARTMENT OF HEALTH  
WIC PROGRAM  
SPECIAL FORMULA REQUEST

WIC may provide the following formulas with documented medical reason/diagnosis. Supplemental foods will only be issued with approval of a physician, physician assistant with prescriptive authority or advanced practice registered nurse with prescriptive authority. All prescriptions are reviewed by a WIC Registered Dietitian.

Name of Infant/Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height/Length \_\_\_\_\_ Weight \_\_\_\_\_ Date Taken \_\_\_\_\_

**Note:** Ready-to-Use formula can be issued if the caretaker is physically or mentally unable to prepare formula or if water supply is unsafe.

**TO REQUEST A SPECIAL FORMULA:**

- |  |  |
|--|--|
| 1. Review the descriptions for use.                | 5. Indicate the amount needed <b>per day</b> .                                 |
| 2. Check selected formula listed below or on back. | 6. Select supplemental foods to be restricted.                                 |
| 3. Write in diagnosis.                             | 7. Complete date and sign* on back.  |
| 4. Circle number of months prescribed.             | <i>*signature must be from MD, PA, APRN, or DO with prescriptive authority</i> |

**Note:** Special exempt formula may only be provided for a **maximum period of three months**. Exceptions which may warrant longer approval period **up to six months** are: tube feeding, PKU, galactosemia, cystic fibrosis, short bowel syndrome, fatty acid oxidation disorders (FAOD), diagnosed cow's milk allergy (CMA), specified malabsorption, preterm infants discharged on a preterm transitional formula, palliative care, conditions requiring the use of Similac PM 60/40.

Formula	Descriptions for Use	Diagnosis	Duration & Amount
<input type="checkbox"/> Alimentum—Abbott	Allergy to milk and/or soy protein; severe malnutrition; chronic diarrhea, short bowel syndrome; known or suspected corn allergy		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Neocate Infant DHA & ARA*—Nutricia <input type="checkbox"/> Neocate Jr. with Prebiotics*—Nutricia <input type="checkbox"/> Unflavored <input type="checkbox"/> Vanilla	Allergy to intact protein and casein hydrolysates; severe food allergies; short bowel syndrome; malabsorption  <i>Neocate Jr. is intended for children over the age of one; standard dilution is 30 calories per ounce</i>		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Enfacare—Mead Johnson	Preterm infant transitional formula for use between premature formula and term formula; must have minimum weight of 1800 grams or 4 pounds. Not approved for an infant previously on term formula or a term infant for increased calories.		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Nutramigen Enflora LGG*—Mead Johnson <input type="checkbox"/> Nutramigen LIPIL—Mead Johnson (RTU or concentrate only)	Milk or soy allergy; other food allergies; sensitivity to intact protein; chronic diarrhea; GI bleeds  <i>Note: Powdered Nutramigen Enflora LGG may be used for galactosemia</i>		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Portagen*—Mead Johnson	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies; biliary atresia; liver disease; chylothorax		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Pregestimil—Mead Johnson	Fat malabsorption and sensitivity to intact proteins; cystic fibrosis; short bowel syndrome; intractable diarrhea; severe protein calorie malabsorption		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Periflex Early Years*—Nutricia <input type="checkbox"/> PKU Periflex Junior Plus*—Nutricia	PKU; Hyperphenylalaninemia  <i>Periflex Infant for infants</i>  <i>Periflex Junior for toddlers and children</i>		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Similac PM 60/40*—Abbott	Renal, cardiac or other condition that requires lowered minerals		1, 2, 3, 4, 5, 6 month(s) _____oz/day
<input type="checkbox"/> Gerber Good Start Premature 24—Gerber	Preterm, low birthweight infants; not intended for use after a weight of 8 pounds is reached. Not approved for an infant previously on term formula or a term infant for increased calories		1, 2, 3 month(s) _____oz/day

\* Indicates formula is available in powder only  
WIC-51 (R 1/16)

Name of Infant/Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Formula	Descriptions for Use	Diagnosis	Duration & Amount
<b>Oral Supplements (1-5 years of age)</b> <input type="checkbox"/> Boost Kids Essential —Nestle <input type="checkbox"/> Nutren Junior 1.0 with Fiber—Nestle	Oral motor feeding disorders; FTT from underlying medical condition that increases calorie requirements beyond what is expected  FTT must be indicated by one or more of the following: <ul style="list-style-type: none"> <li>• Weight consistently below the 3<sup>rd</sup> percentile for age;</li> <li>• Weight less than 80% of ideal weight for height/age;</li> <li>• Progressive fall-off in weight to below the 3<sup>rd</sup> percentile; or</li> <li>• A decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3<sup>rd</sup> percentile</li> </ul>		1, 2, 3, 4, 5, 6 month(s)  _____oz/day
<b>Tube Feeding (1-5 years of age)</b> <i>Note: may prescribe for 6 months duration.</i> <input type="checkbox"/> Nutren Junior 1.0 —Nestle <input type="checkbox"/> Nutren Junior 1.0 with Fiber —Nestle <input type="checkbox"/> Boost Kids Essential —Nestle	Tube feedings; oral motor feeding disorders; medical conditions that increase caloric needs		1, 2, 3, 4, 5, 6 month(s)  _____oz/day

\* Indicates formula is available in powder only

**Supplemental Foods**

The participant will receive the supplemental foods listed below, appropriate to their WIC participant category, in addition to the WIC formula. Please indicate any supplemental foods or restrictions **not approved** due to contraindications with the participant's medical diagnosis.

WIC Participant Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Comments
Infants (6-12 months)	Infant Cereal		
	Infant Vegetables/Fruits		
Children and Women	Milk		
	Cheese		
	Cereal		
	Juice		
	Eggs		
	Vegetables/Fruits		
	Whole Grains		
	Beans		
	Peanut Butter*		
	Canned Fish**		

\* Peanut butter will not be issued to children under 2 years of age.

\*\* Exclusively Breastfeeding Women, Partially Breastfeeding Women of Multiples or Pregnant Woman with Multiples are the only WIC participant categories eligible to receive canned fish.

Date: \_\_\_\_\_ Medical Provider (Print): \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_  MD  PA  APRN  DO  
 (discipline of medical provider must be indicated)

**LHU/WIC CLINIC USE ONLY:**

Request received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CPA reviewing request: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_