

Ohio WIC Prescribed Formula and Food Request - Women, Infants, and Children

Please complete this *Ohio WIC Prescribed Formula and Food Request* form in full.

REQUIRED FOR APPROVAL:

Patient's name (please print) _____ Date of birth _____ Weeks born early (if applicable) _____
 Caregiver's name (please print) _____ Phone _____

1. Amount of infant/child/adult formula to be provided per DAY: _____

Special Instructions/Comments: _____

2. Intended length of use: 1 month 2 months 3 months 4 months 5 months 6 months (maximum)

3. ICD-9 code: _____ and Medical diagnosis (please print): _____

(For Issuance of Soy Milk or Tofu only, ICD-9 code is not required. Must provide a valid medical diagnosis)

For PKU and Metabolic Needs: WIC collaborates with the Ohio Metabolic Formula Program which supplies certain PKU and metabolic formulas prescribed by an Ohio Department of Health (ODH) approved metabolic service provider. A separate form must be completed. Please contact your WIC office for more information.

4. Prescribed Formulas:

For infants, a trial with **either** of these formulas is required **prior** to ordering any of the formulas listed in the box below.

Please indicate if the infant has tried **either** Similac Advance Early Shield or Similac Soy Isomil formulas: Yes No

Infants and Children

- | | | |
|--|---|--|
| <input type="checkbox"/> EleCare Unflavored | <input type="checkbox"/> Enfamil Nutramigen Lipil (liq conc & RTF only) | <input type="checkbox"/> Similac Expert Care Alimentum |
| <input type="checkbox"/> EleCare Unflavored with DHA & ARA | <input type="checkbox"/> Enfamil Nutramigen AA | <input type="checkbox"/> Similac Sensitive (≤ 12 mo corrected age) |
| <input type="checkbox"/> Enfamil A.R. (≤ 12 mo corrected age) | <input type="checkbox"/> Enfamil Pregestimil Lipil | <input type="checkbox"/> Similac Expert Care NeoSure |
| <input type="checkbox"/> Enfamil EnfaCare (≤ 12 mo corrected age) | <input type="checkbox"/> Neocate Infant with DHA & ARA | (≤ 12 mo corrected age) |
| <input type="checkbox"/> Enfamil Enfaport Lipil | <input type="checkbox"/> Neocate Nutra (≥ 6 mo age) | <input type="checkbox"/> Similac PM 60/40 |
| <input type="checkbox"/> Enfamil Nutramigen Lipil w/ Enflora LGG (powder only) | | |

Infant Foods: Indicate which infant foods listed below are contraindicated or require restrictions.

- Infant Cereal Fruits (strained textures) Vegetables (strained textures) Do not provide any of the infant WIC foods listed

Children Only

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Boost Kid Essentials 1.0 Cal | <input type="checkbox"/> KeoCal 4:1 | <input type="checkbox"/> PediaSure | <input type="checkbox"/> Renastart |
| <input type="checkbox"/> Boost Kid Essentials 1.0 Cal w/probiotic straw | <input type="checkbox"/> KetoVolve | <input type="checkbox"/> PediaSure with Fiber | <input type="checkbox"/> Resource Breeze |
| <input type="checkbox"/> Boost Kid Essentials 1.5 Cal | <input type="checkbox"/> Monogen | <input type="checkbox"/> PediaSure Enteral | <input type="checkbox"/> Similac Advance (≤ 12 mo corrected age) |
| <input type="checkbox"/> Boost Kid Essentials with Fiber 1.5 Cal | <input type="checkbox"/> Neocate Junior with Prebiotics | <input type="checkbox"/> PediaSure with Fiber Enteral | <input type="checkbox"/> Similac Soy Isomil |
| <input type="checkbox"/> Bright Beginnings Soy Pediatric Drink | <input type="checkbox"/> Neocate Junior | <input type="checkbox"/> Peptamen Junior | <input type="checkbox"/> Super Soluble Duocal |
| <input type="checkbox"/> Compleat Pediatric | <input type="checkbox"/> Neocate One + | <input type="checkbox"/> Peptamen Junior with Fiber | <input type="checkbox"/> Vital Jr. |
| <input type="checkbox"/> Elecare Vanilla | <input type="checkbox"/> Nutren Junior | <input type="checkbox"/> Peptamen Junior 1.5 Cal | <input type="checkbox"/> Vivonex Pediatric |
| <input type="checkbox"/> E028 Splash | <input type="checkbox"/> Nutren Junior with Fiber | <input type="checkbox"/> Portagen | |

Adult

- Boost Ensure Monogen Portagen Resource Breeze Super Soluble Duocal

5. WIC Foods:

Participants on Prescribed Formulas may receive the following foods offered by WIC.
 Please indicate the appropriateness of the following foods to accompany the prescribed formula.

WIC Foods That May Be Provided (12 Months and Older, Adults)

Check this box to give authority to the WIC health professional (RD/LD, RN or DTR) to prescribe the foods listed below based upon the complete nutritional assessment.

Are there any contraindications or restrictions for any of these foods?

- Yes, specify: _____
- | | |
|---|---|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Beans, dried peas and legumes |
| <input type="checkbox"/> Juice | <input type="checkbox"/> Peanut butter |
| <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Whole grains |
| <input type="checkbox"/> Eggs | (bread, brown rice, oatmeal, corn/whole wheat tortillas) |
| <input type="checkbox"/> Fruits | <input type="checkbox"/> Fish (women only, as applicable) |
| <input type="checkbox"/> Vegetables | |
- Do not provide any of the above WIC foods

Milk Substitutions:

(Children Age 2 Years and Older & Adults)

Indicate which foods are to be **substituted** for reduced fat, low fat or skim milk for the following diagnoses: *Lactose intolerance, FTT, slow weight gain, low/under weight, or other qualifying conditions.*

*Only for patients **receiving a prescribed formula** who require additional calories

- Whole milk Lactaid® whole milk Cheese

(Children Age 1 Years and Older & Adults)

Indicate which foods are to be **substituted** for whole, reduced fat, low fat or skim milk for the following diagnoses: *milk allergy, severe lactose maldigestion, vegetarian/vegan diet or other qualifying conditions.*

*Patient does **not** need to be on a prescribed formula to receive these foods.

- Soy Milk (child) Tofu (child) >4lbs Tofu (women)

Health Care Provider's Name (please print) _____

Phone _____

Health Care Provider's Signature _____

Date _____

Common ICD-9 Codes

This listing is a sample of common ICD-9 codes which support the issuance of a specialty formula for Ohio WIC participants and is not meant to be all inclusive.

Infants and Children	
• Acute Gastritis	535.0
• Allergic Gastroenteritis And Colitis	558.3
• Allergy to Milk Products	V15.02
• Anemia	281.9
• Anaphylactic Shock Due To Milk Products	995.67
• Celiac Disease	579.0
• Cleft Palate, Cleft Lip	749.00, 749.1
• Congenital Heart Disease	746.9
• Cystic Fibrosis	277.0
• Dermatitis Due To Food Taken Internally	693.1
• Developmental Sensory/Motor Delays	783.40
• Diabetes	250
• Disorders Relating To Extreme Immaturity Of Infant (<500g, 500-749g, 750-999g, 1000-1249g, 1250-1499g)	765.01, 765.02, 765.03, 765.04, 765.05
• Failure to Thrive	783.41
• Fetal Alcohol Syndrome	760.1
• Gastro Esophageal Reflux Disease (GERD)	530.81
• Severe Lactose Intolerance	271.3
• Immunodeficiency	279.3
• Short Stature	783.43
• Underweight	783.22
• Unspecified Intestinal Malabsorption	579.9
Breastfeeding, Pregnant, Postpartum Women	
• Allergy to Milk Products	V15.02
• Anemia	281.9
• Cesarean Delivery	763.4
• Gestational Diabetes	648.8
• Hyperemesis Gravidarum	643.00
• Low Maternal Weight Gain	646.8
• Maternal Weight Loss During Pregnancy	783.21
• Severe Lactose Intolerance	271.3
• Multifetal Gestation	651

Examples of non-qualifying conditions that do NOT support WIC issuance of specialty formulas:

- Non-specific symptoms or diagnosis (e.g., formula/food intolerance, spitting up, colic, constipation, fussiness, and gas).
- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying medical condition (e.g., poor appetite, picky eater).
- Food or formula intolerance that can be successfully managed with the use of WIC foods or contract formulas.
- Parental/patient preference or food dislikes.