

Utah WIC Program Formula and Food Authorization Infants up to 12 Months of Age

Please complete each appropriate section below or formula/foods cannot be issued.

| | |
|--|--|
| A. Patient's Name: _____ Patient's DOB: _____ | |
| Parent/Guardian Name: _____ Today's Date: _____ | |
| Primary Care Physician : _____ Discharging Physician: _____ | |
| B. Medical Diagnosis – Check all that apply | |
| <input type="checkbox"/> Allergies <input type="checkbox"/> GERD <input type="checkbox"/> Feeding Difficulties <input type="checkbox"/> Prematurity <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> FTT <input type="checkbox"/> Malnutrition <input type="checkbox"/> Other ICD 10 Medical Dx: _____ | |
| C. Name of Formula/Product: _____ | |
| Physical Form of Formula: <input type="checkbox"/> powder <input type="checkbox"/> concentrated liquid <input type="checkbox"/> ready to feed (RTF) | |
| Partially Breastfed Infant Formula Amount (oz/day): <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> Other: _____ oz/day (no ranges) | |
| Fully Formula Fed Infant Formula Amount (oz/day): <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> Other: _____ oz/day (no ranges) <input type="checkbox"/> Full WIC Formula Provision (Issued if nothing is marked) | |
| D. WIC Infant Foods | |
| From 6 months until one year of age, WIC infant foods are available in addition to the prescribed formula. If nothing is marked, all foods will be issued. | |
| <input type="checkbox"/> No infant cereal <input type="checkbox"/> No infant fruits and infant vegetables | |
| E. Months of Issuance | |
| (6 months will be issued including current month if nothing is marked) | |
| <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo. | |
| Order will continue through the end of the expired month. | |
| **See reverse for exceptions | |
| F. Health Care Provider Information (A written or stamped signature is acceptable.) | |
| State Licensed Prescriptive Authority <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA | |
| Signature _____ Clinic/Hospital _____ | |
| Fax# _____ Phone # _____ | |
| WIC USE ONLY | Approved by: _____ |
| | Received in Clinic Date: _____ FAFAF Expiration Date: _____ |



Formula and Food Authorization Form Infants up to 12 Months of Age

Step A: Complete patient information.

Step B: Indicate all medical diagnoses that apply to patient. If diagnosis is not listed, please write in the ICD 10 Medical Diagnosis that applies.

Step C: Formula/Product

NOTE: Please see list of WIC contract formulas that do not require this authorization for infants < 12 months.

- List name and brand of formula required.
Authorization should be based on medical need and not patient preference.
- Specify if the requested formula is powder, concentrated liquid, or ready to feed.
- Indicate quantity of authorized food or formula needed per day. **The full WIC formula and food provision (see table below) will be issued unless other instructions are noted.** Please give specific amount needed - no ranges can be accepted.
NOTE: Breastfeeding mothers may request less than the full WIC formula provision to supplement their breast milk.

Step D: Please indicate if WIC Complementary Foods are allowed or if there are any restrictions. For infants, foods are given at ≥ 6 months of age. **Infant meats are only available for fully breastfeeding infants.** (Full provision of WIC food packages are listed below.)

Step E: Specify the length of time this formula and food authorization will be valid.
**Pharmacy-ordered premature formulas must be requested monthly.

Step F: Health Care Provider Information must be signed by a Utah state licensed prescriptive authority.

Utah WIC Rebate Formulas

Issuing the following contract formula doesn't require the use of this form and will be more cost effective allowing the Utah WIC Program to serve more participants

Similac Advance

Gerber Good Start Soy

Gerber Graduates Soy

The following formulas must be ordered by the health care provider, using this form, and will still result in a rebate

Similac Sensitive

Similac for Spit Up

Similac Total Comfort

Full Provision of WIC Formula and Food*

Infants

0-3 months of age:

- 28/29 oz formula/day

4-5 months of age:

- 30/32 oz formula/day

6-11 months of age:

- 22/23 oz formula/day,
- 24 oz infant cereal/month,
- 32 jars (4 oz. size) of infant food fruits/vegetables/month

9-11 months of age:

- may get fresh fruits and vegetables to replace some jarred infant food

*Amounts based off of 30/31 day months