

Texas WIC Medical Request for Therapeutic Formula

The Texas WIC Program encourages mothers to breastfeed their babies for the first year of life, with the addition of complementary foods around six months. When infant formula is necessary or requested, WIC provides contracted formulas or requires a medical request for therapeutic formulas.

All requests are subject to approval and provision based on federal and state policies of the WIC Program.

Effective 10/1/2022

Available without medical request:

Enfamil Infant
Similac Soy Isomil
Enfamil Gentlease
Enfamil Reguline
Enfamil A.R.

Texas WIC does not provide:

Enfamil Enspire products
Enfamil NeuroPro powder
Enfamil A2, Organic or ProSobee
Comparable generic, Gerber or Similac brands
(except Similac Soy Isomil)

All formula requests for children over age 1 require a medical request.

A full list of available therapeutic formulas is available at: texaswic.org/health-partners/formula-prescriptions. WIC is a supplemental nutrition program. Families may need additional formula beyond what WIC provides.

Resources for Parents

Preparing Formula

Scan this QR code with your phone's camera for instructions on safe formula preparation.



Breastfeeding Help

Ask to speak to the breastfeeding peer counselor at your WIC office. For 24/7 help, call 855-550-6667.

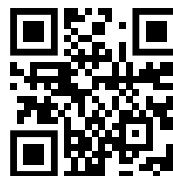
Additional Resources

Call 211 or visit 211Texas.org if you need assistance beyond what is provided by the WIC Program.

Recursos para Padres de Familia

Preparando la Fórmula

Para conocer las instrucciones de cómo preparar la fórmula de forma segura, escanea este código QR con la cámara de tu teléfono.



Ayuda para Amamantar

Pide hablar con una consejera de lactancia materna en tu oficina WIC. Para asistencia durante las 24/7, llama al 855-550-6667.

Recursos adicionales

Si necesitas mayor ayuda de la que te ofrece el programa WIC, llama al 211 o visita 211Texas.org.

For more information, visit TexasWIC.org
Para mayor información, visita TexasWIC.org

Texas WIC Medical Request for Therapeutic Formula

1. Patient Information

Name: _____
DOB: _____
Guardian Name: _____
Date of measurements: _____
Height: _____ Weight: _____
Weeks gestation _____ Birth weight _____

2. (Optional) Lactation Support

- Breast pump
- Breastfeeding support
- Latch assistance

24/7 IBCLC help available via Texas Lactation Support
Hotline: 855-550-6667

3. Formula Requested

Formula Name: _____
_____ Cans/Day or _____ Ounces/Day
WIC may provide the maximum allowed unless a lesser amount is indicated or when formula is supplemental to breastfeeding.

4. Length Prescribed

- 3 Months Other: _____
- 6 Months
- 12 Months

5. Qualifying Condition

- | | | |
|--|--|---|
| <input type="checkbox"/> cardiovascular condition | <input type="checkbox"/> condition that impairs digestion/absorption | <input type="checkbox"/> respiratory condition |
| <input type="checkbox"/> developmental delays (sensory and motor) | <input type="checkbox"/> inadequate growth | <input type="checkbox"/> tube feeding |
| <input type="checkbox"/> food allergies (cow's milk, soy, or intact protein)/FPIES | <input type="checkbox"/> oral motor feeding issues/aversions | <input type="checkbox"/> other medical condition:
_____ |
| <input type="checkbox"/> FTT | <input type="checkbox"/> prematurity/LBW | _____ |
| <input type="checkbox"/> GER/GERD | <input type="checkbox"/> renal disease/low mineral condition | Formula cannot be provided to manage body weight without an underlying condition. |
| <input type="checkbox"/> GI Disorder | | |

6. Supplemental Foods *WIC RD/nutritionist will determine food package unless denoted otherwise.*

Infants 6 to 11 months of age:

Check foods to **remove** from food package

- infant cereal
- baby foods

Check if desired:

- formula only, no foods
(due to inability or delay in consuming solids)

Children 12 months of age and older and women:

Check foods to **remove** from food package

- milk yogurt eggs juice peanut butter
- cheese whole grains cereal beans
- fruits and vegetables

Check if desired:

- provide baby foods and infant cereal
- formula only, no foods

7. Healthcare Provider Information

Signature/Stamp: _____ MD DO NP PA-C Date: _____
Name (print): _____ Individual NPI: _____
Phone: _____ Fax: _____
Facility Name: _____

For WIC Use Only – Clinic Name: _____ Phone: _____ Fax: _____



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