

**Instructions for Physicians or Physician Assistants or Nurse Practitioners**  
(Only Healthcare Providers licensed to write a prescription in Connecticut can complete the Medical Documentation Form)

**For infants:** Connecticut WIC has a sole source contract with Abbott Laboratories® for standard infant formulas: Similac Advance® (milk-based) and Similac Soy Isomil® (soy-based).

Other alternative standard formulas are **Similac Sensitive®**, **Similac Total Comfort®** and **Similac for Spit-Up®**. These formulas require medical documentation as acknowledgement to authorize the use of a 19 cal/fl oz formula.

**Similac Sensitive®** is indicated mainly for mild intolerance symptoms such as fussiness and gas due to lactose sensitivity; **Similac Total Comfort®** is indicated mainly for mild intolerance such as fussiness and gas, and for easy digestion and absorption. The medical provider should check the selected standard infant formula in this group on the initial section of the Medical Documentation for WIC Formula and Approved WIC foods.

**Similac For Spit-Up®** is indicated mainly to reduce frequent spit-up, due to gastroesophageal reflux or other related medical diagnosis the ICD-10 code must be included for issuance in addition to the an acknowledgement to authorize use of a 19 cal/fl oz formula.

**NOTE: WIC does not provide milk- or soy-based standard infant formulas that are not part of the WIC contract.**

For a request for a **special/exempt infant formulas** such as protein hydrolysate (hypoallergenic), hypercaloric, elemental and metabolic infant formulas, a qualifying medical condition and an appropriate nutrition related ICD-10 code (refer to REQUIRED below), must be identified and selected.

**For children 12 months and older:** Special/exempt infant formulas may be issued with appropriate nutrition related ICD-10 code and diagnosis. A prescription is valid for 6 months, which requires re-evaluation of the participant's need for the formula on a periodic basis. If a supplemental (vs. complete) soy formula is prescribed for children ages 12-24 months, any approved WIC toddler soy formula can be issued as the State no longer has a rebate for that type of product.

***WIC is a supplemental program and may not provide the total amount of formula or food prescribed. If an infant or child needs additional amounts of formula, contact Medicaid to see if the additional amounts can be covered based on medical diagnosis. Prescription is subject to WIC approval and provision is based on Program policy and procedure. No prescription is valid for more than six months.***

**REQUIRED:** Indicate the special/exempt formula, physical form, instructions for preparation, and length of use. Powder or concentrate are the physical forms routinely provided by WIC. Ready-to-Feed (RTF) formula or medical foods may be authorized when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant may have difficulty in correctly diluting the concentrated liquid or powdered formula or the product is only available in ready-to-feed.

**REQUIRED:** *Select qualifying medical condition(s)/ICD-10 code(s)*

From the list of most common nutrition related ICD medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas and approved WIC foods must have an ICD-10 code and will be considered on a case by case basis. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.**

**REQUIRED:** *WIC Supplemental Foods Available*

Please check foods that are **not allowed** based on medical diagnosis

The patient will receive supplemental foods from the WIC Program, appropriate to their age and participant category in addition to the formula indicated. **Providers may now defer to a WIC Nutrition Professional to determine the appropriate types and amounts of WIC supplemental foods by providing authorization. The provider would maintain medical oversight and continued communications to the WIC office would ensure the continuum of care for the participant.**

**REQUIRED:** *Health Care Provider's original signature*

Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

**For more information or additional copies of this form please visit our website: [www.ct.gov/dph/wic](http://www.ct.gov/dph/wic), then click on "For Medical Providers" tab in the left navigation bar.**