



**COMMONWEALTH of VIRGINIA**  
*Department of Health*

Dear Health Care Professional:

The Virginia Women, Infants, and Children (WIC) Program promotes breastfeeding as the optimal feeding method for infants. For those infants who do consume formula, Similac Advance and Similac Soy Isomil are offered. A contract with Abbott Nutrition for these formulas provides a special price that allows the WIC program to serve more participants in Virginia. Due to this contract, Virginia WIC is unable to provide standard infant formulas which are made by other manufacturers (ex. Mead Johnson (Enfamil), Nestle (Gerber Good Start), or generic/store brands).

Medical conditions may require the use of special formulas for infants and the use of special formula, nutritionals, and/or modified food benefits for children and women. If a Virginia WIC participant in your care requires one of these items, a special food prescription can be issued after the completion of this WIC-395 request form. All participants receiving a special food prescription remain eligible to receive age/category appropriate WIC supplemental foods as medically indicated.

A new WIC-395 request form is required at each WIC subsequent certification appointment or at the end of the duration indicated, whichever occurs first. In addition, a new request form will also be required when any changes to the food prescription are requested.

The current Virginia WIC Formulary of approved Formulas/Nutritionals can be found at:  
<http://www.vdh.virginia.gov/wic-participants/food-packages-and-infant-formula/>

Further details about issuance of Ready To Feed (RTF) formula can be found at:  
<http://www.vdh.virginia.gov/content/uploads/sites/42/2017/01/FDS-03.2-C.pdf>

In addition, please refer to the provided chart below for the standard issuance amounts of WIC provided formulas/nutritionals.

<b>Standard WIC Formula/Nutritional Amounts</b>				
<b>Participant Category</b>	<b>Infants 0-3 months</b>	<b>Infants 4-5 months</b>	<b>Infants 6-11 months</b>	<b>Children and Women</b>
<b>Monthly Formula Amount</b> <i>(Reconstituted)</i>	<b>Up to 806 fl oz</b> <i>Approximately 26 fl oz/day</i>	<b>Up to 884 fl oz</b> <i>Approximately 29 fl oz/day</i>	<b>Up to 624 fl oz</b> <i>Approximately 20 fl oz/day</i>	<b>Up to 910 fl oz</b> <i>Approximately 30 fl oz/day</i>

**For more information about special food prescriptions or formula issuance by the Virginia WIC program, please contact the State WIC Office at (804) 864-7800 or your local office at: \_\_\_\_\_.**



# Virginia Request for Special Food Prescription

# WIC-395

Prescription is subject to approval and provision based on Virginia WIC policy and procedure.

## A. Patient Information

Participant's Name:	Date of Birth:
Parent/Caregiver's First and Last Name:	

## B. Current Anthropometric Data

Weight:	Length/Height:	Hgb/Hct:	Date Assessed:
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**For intolerances to Similac Advance and/or Similac Soy Isomil due to lactose sensitivity, excessive spit-up, or digestive issues, the following 19 kcal/oz contract infant formulas are available:**

## C. Alternative Routine Infant Formulas

<input type="checkbox"/> Similac Sensitive Powder	<input type="checkbox"/> Similac Spit-up Powder	<input type="checkbox"/> Similac Total Comfort Powder
<input type="checkbox"/> Similac Sensitive RTF*	<input type="checkbox"/> Similac Spit-up RTF*	<i>*RTF products require additional justification and issuance is subject WIC Policy</i>

**If none of the above formulas are appropriate for the participant or if a food prescription modification is required, please complete the following:**

## D. Exempt Infant Formulas/Nutritionals

**Product Name:** \_\_\_\_\_

**Form:**  Powder  Concentrate  RTF\* *\*RTF products require additional justification and issuance is subject WIC Policy.*

**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

*Symptoms such as colic, constipation, spitting-up, gas, and/or formula intolerance will NOT be accepted. WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition.*

**Calories Per Ounce:**  Standard Dilution OR \_\_\_\_\_ kcal/oz

**Ounces Per Day:**  Standard WIC Amount (Infants Only) OR \_\_\_\_\_ oz\*

*\*Amounts above the standard WIC maximum are only allowable for participants who meet both Medicaid Coverage and Diagnosis Criteria*

## E. WIC Supplemental Foods

<input type="checkbox"/> Issue Full Provision of Age-Appropriate Foods	<input type="checkbox"/> Issue NO WIC Supplemental Foods, Provide Formula/Nutritional ONLY
<input type="checkbox"/> Issue Supplemental Foods with the Modifications Below:	
<p><b>Infants</b></p> <p><input type="checkbox"/> Provide formula only due to inability to consume solids</p> <p><input type="checkbox"/> Omit Infant Cereal</p> <p><input type="checkbox"/> Omit Infant Fruits Vegetables</p> <p><input type="checkbox"/> Omit Infant Meats</p>	<p><b>Children and Women</b></p> <p><input type="checkbox"/> Provide Infant Pureed Fruits/Vegetables (Formula Use Required)</p> <p><input type="checkbox"/> Omit Peanut Butter</p> <p><input type="checkbox"/> Omit Beans</p> <p><input type="checkbox"/> Omit Breakfast Cereal</p>
<p><input type="checkbox"/> Provide Whole Milk, ICD Code Required: _____</p> <p><input type="checkbox"/> Omit Milk/Cheese/Yogurt</p> <p><input type="checkbox"/> Omit Eggs</p> <p><input type="checkbox"/> Omit Juice</p>	<p><input type="checkbox"/> Provide 2% Milk, ICD Code Required: _____</p> <p><input type="checkbox"/> Omit Whole Grains</p> <p><input type="checkbox"/> Omit Fruits/Vegetables</p> <p><input type="checkbox"/> Omit Tuna/Salmon</p>

## F. Length of Use

Duration of Certification, up to 1 year OR \_\_\_\_\_ months

## G. Health Care Provider's Information (print or stamp)

<p>Provider Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Signature of Health Care Professional authorized to write medical prescriptions under State law. _____</p> <p style="text-align: right;">Date _____</p>	<p><b>"WIC USE ONLY"</b></p> <p>Family ID #: _____</p> <p>CPA Signature: _____</p> <p>CPA Name: _____</p> <p>Date: _____</p>
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