



COMMONWEALTH of VIRGINIA

Department of Health

Dear Health Care Provider:

If a Virginia WIC participant in your care has a diagnosed medical condition that severely impairs ingestion, digestion, absorption, or utilization of nutrients to a degree that adversely affects their nutrition status and/or the use of conventional foods is precluded, restricted, or inadequate to address their specific nutritional needs, specialized medical formulas can be requested using the Virginia WIC Request for Special Prescription form, frequently called the WIC-395 form.

It is very important that the WIC-395 form be fully completed and contain as much detail related to relevant diagnoses as possible to avoid delays in participants receiving the requested formula(s). In addition, it is important that requests are submitted on the page of the form that is specific to the participant category- infant, child, or woman. All requests are subject to WIC approval and to ensure compliance with federal regulations and Virginia WIC policy, additional clarification or documentation may be required before WIC staff are able to complete the approval process. Denial of a request does not imply that WIC staff question the healthcare provider's clinical judgment.

To assist with the completion process and to minimize approval delays or denials, please take note of the following important details-

- Virginia WIC provides the following contract infant formulas- Similac Advance, Similac Soy Isomil, Similac Sensitive, and Similac Total Comfort. Non-contract brand formulas, such as Enfamil, Good Start, and store brands, cannot be provided.
- WIC-395 forms must be fully complete. Forms missing information cannot be approved and will require resubmission.
- The following are examples of non-qualifying conditions that will NOT be approved- colic, eczema, constipation, diarrhea, gas, fussiness, weight loss, slow or poor weight gain, non-specific feeding difficulties, spitting-up, vomiting, non-specific formula intolerances or allergies, picky eating, enhancing nutrient intake or managing body weight without a documented underlying medical condition, food intolerances or allergies that can be managed with regular foods, and preference.
- The medical diagnosis provided must be consistent with the requested formula. For example- prematurity would not be accepted for a hypoallergenic formula but would be appropriate to include for cases where increased caloric concentration is needed.
- Listing multiple comparable products on the Products Requested line is encouraged. This allows issuance flexibility in situations where there are inventory concerns. For example- NeoSure/EnfaCare or Neocate Jr./EquaCare Jr./Alfamino Jr.
- Ready-to-feed (RTF) formula cannot be issued for reasons related to tolerance, convenience, or preference.
- WIC is a supplemental program and the formula and food benefits provided are not intended to meet the full nutritional needs of participants. Standard WIC formula amounts for infants are based on age and breastfeeding status and range from approximately 20 to 29 oz/day. For children and women, WIC can issue up to 30 oz/day.
- Formula amounts over the standard WIC amounts are only available for infants and children with qualifying Virginia Medicaid coverage and a qualifying diagnosis. Contract infant formulas cannot be issued in amounts over the standard WIC amount.
- Provision of whole or 2% milk to children over age 2 or to women is only permitted for participants who are also receiving a formula from WIC and have a diagnosis that supports increased nutritional needs.
- Provision of pureed fruits/vegetables after a child's 1st birthday is only permitted for participants who are also receiving a formula from WIC.

If you have questions or concerns, please visit the Healthcare Provider page at www.VirginiaWIC.com, reach out to your local WIC clinic, or contact the Virginia State WIC Office (SWO) at 877-835-5942.

We appreciate your cooperation and partnership in serving the Virginia WIC population.



Virginia WIC Request for Special Prescription

WIC-395 Form

Full completion of all fields in Sections A – D required at submission.
Forms with missing information will not be approved and will require resubmission.

INFANT FORM

A. Patient Information	
Infant Name:	DOB:
Parent/Guardian Name:	Telephone:
Does infant have current Virginia Medicaid Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Formula Information If multiple products are needed, they must ALL be included on a single form.
Formula(s) requested: _____
Is Ready-to-Feed (RTF) formula medically required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount per day: <input type="checkbox"/> Standard WIC amount or _____ oz/day Calories per ounce: <input type="checkbox"/> Standard dilution or _____ kcal/oz
Length of use- up to 6 months, not to exceed 1 st birthday: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months
Diagnosis with ICD code: _____
Please refer to the first page of this form for additional details on allowable diagnoses and issuance amounts.

C. Allowable WIC Supplemental Foods
Beginning at 6 months of age, WIC provides supplemental foods, in addition to prescribed formula, to infants. Please indicate any restrictions required for the duration of this prescription-
<input type="checkbox"/> No restrictions or infant is under 6 months of age for duration of prescription <input type="checkbox"/> Delay WIC foods until _____ months of age <input type="checkbox"/> Remove Infant Cereal <input type="checkbox"/> Remove Infant Pureed Fruits/Vegetables

D. Health Care Provider Information	
Printed Name: _____	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Are you a Virginia Medicaid Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide NPI #: _____
Clinic Name: _____	
Phone: _____	
Fax: _____	
Signature: _____	Date: _____
Federal regulations require this form be completed and signed by a health care provider authorized to write medical prescription under state law.	

WIC STAFF USE ONLY		WIC Family ID: _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	OTM Amount Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but unable to provide	
Pending/Denial Details: _____		
Staff Name: _____	Staff Position: <input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPPA	
Staff Signature: _____	Approval Date: _____	
WIC staff notes/additional details: _____		



Virginia WIC Request for Special Prescription WIC-395 Form

**Full completion of all fields in Sections A – D required at submission.
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CHILD FORM

A. Patient Information	
Child Name:	DOB:
Parent/Guardian Name:	Telephone:
Does child have current Virginia Medicaid Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Formula Information	
If multiple products are needed, they must ALL be included on a single form.	
Formula(s) requested: _____	
Amount per day: _____ oz/day	Calories per ounce: <input type="checkbox"/> Standard dilution or _____ kcal/oz
Length of use: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	
Diagnosis with ICD code: _____	
Please refer to the first page of this form for additional details on allowable diagnoses and issuance amounts.	

C. Allowable WIC Supplemental Foods	
<input type="checkbox"/> No restrictions, issue all WIC foods in addition to formula	<input type="checkbox"/> Provide formula only, remove ALL other WIC foods
<input type="checkbox"/> Remove the following WIC foods:	
<input type="checkbox"/> Milk/Yogurt/Cheese	<input type="checkbox"/> 100% Juice
<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Eggs
<input type="checkbox"/> Cereal	<input type="checkbox"/> Beans/Legumes
<input type="checkbox"/> Fruits/Vegetables	<input type="checkbox"/> Peanut Butter
<input type="checkbox"/> Provide the following modifications in addition to the requested formula:	
<input type="checkbox"/> Pureed fruits/vegetables instead of regular fruits and vegetables	<input type="checkbox"/> Whole milk instead of 1% and skim milk (age 2 and older, only)
<input type="checkbox"/> 2% milk instead of 1% and skim milk (age 2 and older, only)	

D. Health Care Provider Information	
Printed Name:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Are you a Virginia Medicaid Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide NPI #:
Clinic Name:	
Phone:	
Fax:	
Signature:	Date:
Federal regulations require this form be completed and signed by a health care provider authorized to write medical prescription under state law.	

WIC STAFF USE ONLY	
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	WIC Family ID:
Pending/Denial Details:	OTM Amount Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but unable to provide
Staff Name:	Staff Position: <input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPPA
Staff Signature:	Approval Date:
WIC staff notes/additional details:	



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WOMAN FORM

A. Patient Information	
Name:	DOB:
Estimated Due Date or End Date of Most Recent Pregnancy:	

B. Formula Information	
If multiple products are needed, they must ALL be included on a single form.	
Formula(s) requested: _____	
Amount per day: _____ oz/day	Calories per ounce: <input type="checkbox"/> Standard dilution or _____ kcal/oz
Length of use: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	
Diagnosis with ICD code: _____	
Please refer to the first page of this form for additional details on allowable diagnoses and issuance amounts.	

C. Allowable WIC Supplemental Foods	
<input type="checkbox"/> No restrictions, issue all WIC foods in addition to formula	<input type="checkbox"/> Provide formula only, remove ALL other WIC foods
<input type="checkbox"/> Remove the following WIC foods:	
<input type="checkbox"/> Milk/Yogurt/Cheese	<input type="checkbox"/> 100% Juice
<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Eggs
<input type="checkbox"/> Canned Fish (available to women who are pregnant with multiples or fully breastfeeding only)	<input type="checkbox"/> Cereal
	<input type="checkbox"/> Fruits/Vegetables
	<input type="checkbox"/> Beans/Legumes
	<input type="checkbox"/> Peanut Butter
<input type="checkbox"/> Provide the following modifications in addition to the requested formula:	
<input type="checkbox"/> Pureed fruits/vegetables instead of regular fruits/vegetables	<input type="checkbox"/> Whole milk instead of 1% and skim milk
	<input type="checkbox"/> 2% milk instead of 1% and skim milk

D. Health Care Provider Information	
Printed Name:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Are you a Virginia Medicaid Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide NPI #:
Clinic Name:	
Phone:	
Fax:	
Signature:	Date:
Federal regulations require this form be completed and signed by a health care provider authorized to write medical prescription under state law.	

WIC STAFF USE ONLY		WIC Family ID:
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Pending/Denial Details:	
Staff Name:	Staff Position: <input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPPA	
Staff Signature:	Approval Date:	
WIC staff notes/additional details:		