

Oklahoma WIC Exception Request for Formula/Food

Please complete all appropriate sections.

All requests subject to WIC approval and provision based on policy and procedure.

1. Patient Information	
Name: _____	DOB: _____
2. Medical Reasons (required)	
Qualifying Diagnosis AND/OR ICD 10 Codes: _____	
Non-contract formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.	
3. Formula	
Name of Formula	_____
Allow Comparable Formula Substitutions? <i>*See page two for more information</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: for use <u>only</u> when requested formula is unavailable due to formula recall and/or supply chain disturbance)</i>
Formula Amount (oz/day)	<input type="checkbox"/> Maximum Allowable OR _____ oz/day
Comments: (previous formulas, problems, or special instructions)	_____
4. WIC Foods: Mark any contraindicated foods. All foods will be issued if nothing is marked. <i>Infants <6 months of age are not provided any supplemental foods</i>	
Infant (6-12 months) <input type="checkbox"/> No Infant Fruits/Vegetables <input type="checkbox"/> No Infant Cereal	Child >1 year and Woman <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> No Eggs <input type="checkbox"/> No Breakfast Cereal <input type="checkbox"/> No Peanut Butter <input type="checkbox"/> No Beans <input type="checkbox"/> No Whole Grains <input type="checkbox"/> No Fruits and Vegetables <input type="checkbox"/> No Juice </div> <div style="width: 45%;"> <input type="checkbox"/> No Milk <input type="checkbox"/> No Cheese <input type="checkbox"/> No Yogurt <input type="checkbox"/> No Soy Milk <input type="checkbox"/> No Tofu <input type="checkbox"/> No Canned Fish <i>(Breastfeeding Women Only)</i> </div> </div>
Pureed Foods: Complete if child or woman requires infant foods	
<input type="checkbox"/> Provide jarred infant fruits or vegetables <input type="checkbox"/> Substitute infant cereal for breakfast cereal	
5. Requested Length of Issuance:	
<input type="checkbox"/> Maximum Allowable OR _____ months	
6. Health Care Provider Information (required)	
Provider Name (Please Print): _____	
Provider Signature (MD, DO, PA, APRN): _____ Date: _____	
Phone: _____ Fax: _____	
WIC Staff Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: _____	

To access a digital copy of this form, the Oklahoma WIC Formulary, and other formula information visit oklahoma.gov/health/wicforms

Non-Qualifying Conditions

Non-contract and specialty formula is not provided for:

- Picky eating
- Poor appetite
- Body weight management with no underlying medical condition
- Parent preference
- Formula intolerance manageable with WIC foods or contract formula
- Enhancing nutrient intake
- Non-specific symptoms or diagnoses
 - Formula intolerance
 - Spitting up, colic, gas
 - Constipation
 - Fussiness

Examples of Qualifying Medical Conditions for Non-Contract/Specialty Formula

Life threatening disorders, diseases, and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect nutrition status are qualifying medical conditions for special formulas.

Conditions include but are not limited to:	ICD-10 Code:
Allergic and Dietetic Gastroenteritis and Colitis	K52.2
Celiac Disease or other Intestinal Malabsorption	K90.0
Delayed Milestone in Childhood	R62.0
Digestive System Disorders of the Newborn	P76-78
Diseases of the Digestive System	K92
Gastroesophageal Reflux Disease + may require additional qualifying diagnoses	K21
Gastrointestinal Disorders	Q38-Q45
Other Feeding Disorders of Infancy and Early Childhood	F98.29
Pediatric Feeding Disorder, Chronic	R63.32
Pervasive Developmental Disorders	F84
Preterm (≤ 36 weeks gestation)/Low Birth Weight/Small for Gestational Age	P05.0-P07.3
Severe Food Allergies	
▫ Allergy to Milk Products	Z91.011
▫ Allergic and Dietetic Gastroenteritis and Colitis	K52.2
▫ Dermatitis Due to Ingested Food	L27.2

Examples of Comparable Formulas (WIC Allowable)

Potential formulas that may be provided if requested formula is unavailable due to formula recall and/or supply chain disturbance.

For detailed list visit: oklahoma.gov/health/wicforms

Hypoallergenic Formulas	Premature Formulas
Alimentum	Enfamil NeuroPro EnfaCare
Extensive HA	Similac Neosure
Nutramigen	
Pepticate	
Pregestimil	
Store Brand Hypoallergenic Equivalent	

This institution is an equal opportunity provider.