

Participant Name: _____ DOB: _____ Today's Date: _____

Formula Requested: _____ Approval Authority: _____

Non-Contract Infant Formula Approval Guidance (For use 10/1/16 – 9/30/17)

Must meet the following preconditions:

1. Initial Texas WIC certification date prior to 9/30/16
2. Previously was issued a non-contract infant formula from Texas WIC prior to 9/30/16 (see list on reverse side)
3. Completed RX form with one or more qualifying medical conditions

Qualifying conditions/reasons to issue – if preconditions 1, 2 and 3 above are met.

- Medical diagnosis such as: neurological, heart/cardiovascular, respiratory, intestinal disorder, syndrome etc.
- Weight loss, failure to gain weight, failure to thrive that is evidenced by growth chart information (weight/length < 10th percentile), or a drop in 2 major percentiles on the growth chart
- Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care
- Malabsorption syndrome
- GER/GERD
- Gastrointestinal impairment

If approved, the formula may be issued for the length of time indicated. When that time expires, a retrieval of a contract formula is required (unless medically contraindicated.)

NOTE: Infants initially certified on 10/1/16 or later are not eligible for the non-contract infant formulas listed in the table found on the reverse side of this form.

OPTIONS for infants with initial certification of 10/1/16 or later:

1. Similac Advance or Gerber Good Start Soy (No RX needed. May offer powder or concentrate)
2. Similac Sensitive, Similac Total Comfort, or Similac for Spit Up (RX required)
3. Counsel on treating symptoms of colic, constipation, and spitting up and provide nutrition education materials (Stock Numbers: 13-120 – Colic; 13-121 – Constipation; 13-128 – Spitting Up; 13-06-14440— Feeding My Baby – Is This Normal?) Continue on current formula or change formula form from powder to liquid concentrate.
4. Slow transition from desired non-contract formula back to contract formulas using the handouts listed: (Stock Numbers: 13-06-12615 Changing to a New Formula – Liquid Concentrate; 13-06-12616 Changing to a New Formula - Powder)
5. RX for therapeutic (exempt or WIC eligible nutritional) if needed and appropriate

Non-Contract Infant Formulas on Texas WIC

511	ENFAMIL NEWBORN PWD 12.5OZ
410	ENFAMIL AR PWD 12.9OZ
587	ENFAMIL AR RTU 8OZ-6PK (48OZ)
486	ENFAMIL INFANT CON 13OZ
483	ENFAMIL INFANT PWD 12.5OZ
487	ENFAMIL INFANT RTU 32OZ
588	ENFAMIL INF RTU 8OZ-6PK (48OZ)
512	GENTLEASE PWD 12.4OZ
500	GENTLEASE RTU 32OZ
589	GENTLEASE RTU 8OZ-6PK (48OZ)
517	GOOD START GENTLE CON 12.1OZ
516	GOOD START GENTLE PWD 12.7OZ
518	GOOD START GENTLE RTU 33.8OZ
534	GOOD START SOOTHE PWD 12.4OZ
373	PROSOBEE CON 13OZ
376	PROSOBEE PWD 12.9OZ
586	PROSOBEE RTU 8OZ-6PK (48OZ)
391	SIMILAC SOY ISOMIL CON 13OZ
389	SIMILAC SOY ISOMIL PWD 12.4OZ
390	SIMILAC SOY ISOMIL RTU 32OZ