



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT  
**PROVIDER HEALTH ADVISORY**

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**Date:** February 8, 2024

**Contact:** Rachael Veith-Rossetti, MS, RD, 805-781-5571, [rveithrossetti@co.slo.ca.us](mailto:rveithrossetti@co.slo.ca.us)

### **New Resources: Referring WIC Patients for Medical Formula or Nutritionals**

The California Department of Public Health has created new resources (attached) to assist health care providers when referring to WIC for therapeutic formulas.

Please note that WIC only provides medical formula or nutritionals to WIC patients if they do not have Medi-Cal coverage or their prescribed medical formula or nutritional product is not covered by Medi-Cal or private insurance. If your WIC patient has Medi-Cal, please submit a Medi-Cal Prior Authorization for the prescribed product to Medi-Cal for approval. (Go to [Medi-Cal Providers | Forms and Information](#) and click "Prior Authorization (PA)" at left).

The attached letter is a guide for health care providers on eligibility criteria, documentation requirements, available products from WIC, and how to refer WIC patients for medical formulas and nutritionals.

#### **Helpful resources -**

- [Health Care Providers webpage](#): Under the WIC Formulas section
- [HCP Training Video](#): For more information on WIC requirements for requesting a medical formula or nutritional
- [WIC Formulas and Nutritionals List](#): List of formulas CDPH/WIC can provide (attached)
- [Medical Formula and Nutritionals Request Form](#) (attached)

If you are interested in having an in-service on WIC requirements when referring your patients to WIC for a medical formula, please contact Rachael Veith-Rossetti at the contact information above.

We appreciate your partnership in supporting SLO County WIC families.

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**Public Health Department**

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[www.slopublichealth.org](http://www.slopublichealth.org)



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State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

January 18, 2024

Dear Health Care Provider (HCP):

The California Department of Public Health, Women, Infants and Children Program (CDPH/WIC) appreciates your partnership to give WIC participants the best care possible. This letter will assist you in understanding WIC requirements when referring your patient to WIC for a medical formula or nutritional.

### **Medi-Cal Prior Authorization**

The United States Department of Agriculture, Food and Nutrition Service requires WIC to be the payor of last resort for medical formulas and nutritionals. WIC only provides medical formulas or nutritionals to WIC patients if they do not have Medi-Cal coverage or their prescribed medical formula or nutritional product is not covered by Medi-Cal or private insurance. If your WIC patient has Medi-Cal, then submit a Medi-Cal Prior Authorization for the prescribed product to Medi-Cal for approval.

### **WIC Medical Documentation Requirements**

To obtain any of the following from WIC, a WIC patient must have complete medical documentation from an HCP with prescriptive authority:

- Medical formula or WIC eligible nutritional.
- Increased formula in exchange for no WIC foods for infants six months or older.
- Jarred infant fruits and vegetables for children one to five years of age.

The medical documentation can be in the form of, but is not limited to:

- The WIC [Medical Formula and Nutritionals Request Form](#) (MFRF).
- Prescription pad.
- Hospital discharge papers.

Complete medical documentation must include all the following information to be processed by WIC:

- Participant's first and last name.
- Qualifying diagnosis(es), which can be found on the back of the [Medical Formula and Nutritionals Request Form](#).
- Name(s) of the medical formula or nutritionals for the stated qualifying diagnosis.
- Formula amount needed per day and duration prescribed in months.
- WIC authorized food restrictions, if applicable.
- Signature (or signature stamp) and contact information of the HCP.
- Date medical documentation was signed by the HCP.



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CDPH/WIC requires new medical documentation every six (6) months, or less if specified on medical documentation, when starting to receive foods at six (6) months and one (1) year of age, and when there is a change in the medical formula or nutritional prescribed.

CDPH/WIC will not approve any formula or nutritional based on the following conditions:

- Colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, or gas.
- Solely for the purposes of enhancing nutrient intake or managing body weight without an underlying condition.
- Non-specific formula intolerance or food intolerance.
- Patient/caregiver preference or food dislikes.

Please view our five-minute [HCP Training Video](#) for more information on WIC requirements for requesting a medical formula or nutritional.

### **The Medical Formula and Nutritionals Request Form**

HCPs are encouraged to use the new WIC [Medical Formula and Nutritionals Request Form](#) when referring a patient to WIC specifically for a prescribed medical formula or nutritional. This online fillable PDF form replaces the [Pediatric Referral Form](#) for requesting medical formulas through WIC. Only use the new [Pediatric Referral Form](#) to refer infants or children to WIC, not to request medical formulas or nutritionals. Be aware that the [Medical Formula and Nutritionals Request Form](#) is an official CDPH document and should not be altered in any way.

### **The WIC Formulas and Nutritionals list**

The [WIC Formulas and Nutritionals List](#) is a list of formulas CDPH/WIC can provide, categorized by standard state contracted formulas, medical formulas, and nutritionals and further categorized by indications for use. If you are prescribing a medical formula or nutritional to a WIC patient that is not on the [WIC Formulas and Nutritionals List](#), please contact [Formula@cdph.ca.gov](mailto:Formula@cdph.ca.gov) first to see if that product can be approved by WIC.

### **WIC's HCP Webpage**

Visit our website at [www.wicworks.ca.gov](http://www.wicworks.ca.gov) and click *Health Care Providers* for more information on WIC formulas, referral forms, and services. HCPs can download the fillable pdf [Medical Formula and Nutritionals Request Form](#), access the [WIC Formulas and Nutritionals List](#), or view the [HCP Training Video](#) under the WIC Formulas section.

Thank you,

*Chris Sullivan*

Christine Sullivan, Chief  
WIC Division

## California Women, Infants and Children (WIC) Program

# WIC Formulas and Nutritionals List

### WIC Standard Formulas:

*Milk-based; Routine*

Formula	Covered by Medi-Cal	WIC Availability
<b>Similac Advance</b> (12.4 oz powder <b>or</b> 13 fl oz liquid concentrate)	<b>No</b>	<b>WIC Card</b>

*Milk-based; Lactose-free. Fussiness, Gas, or Mild Spit-up*

Formula	Covered by Medi-Cal	WIC Availability
<b>Similac Sensitive</b> (12.5 oz powder)	<b>No</b>	<b>WIC Card</b>

*Milk-based; Reduced-lactose. Partially Hydrolyzed Proteins; Suitable for difficulty tolerating other milk-based formulas*

Formula	Covered by Medi-Cal	WIC Availability
<b>Similac Total Comfort</b> (12.6 oz powder)	<b>No</b>	<b>WIC Card</b>

*Soy-based*

Formula	Covered by Medi-Cal	WIC Availability
<b>Enfamil ProSobee</b> (12.9 oz powder <b>or</b> 13 fl oz liquid concentrate)	<b>No</b>	<b>WIC Card</b>

**WIC Medical Formulas:** The [WIC Medical Formula and Nutritionals Request Form](#) or a prescription is required for these products.

*Prematurity*

Formula	Covered by Medi-Cal	WIC Availability
<b>Enfamil NeuroPro EnfaCare</b> (13.6 oz powder)	<b>Yes</b>	<b>WIC Card</b>
<b>Enfamil NeuroPro Enfacare</b> (2 fl oz ready-to-feed)	<b>Yes</b>	<b>Special Order</b>
<b>Enfamil Premature with Iron, 24 Cal</b> (2 fl oz ready-to-feed)	<b>Yes</b>	<b>Special Order</b>
<b>Similac NeoSure</b> (13.1 oz powder)	<b>Yes</b>	<b>WIC Card</b>
<b>Similac NeoSure</b> (32 fl oz ready-to-feed)	<b>Yes</b>	<b>Special Order</b>
<b>Similac Special Care 24</b> (2 fl oz ready-to-feed)	<b>Yes</b>	<b>Special Order</b>
<b>Similac Special Care 30</b> (2 fl oz ready-to-feed)	<b>Yes</b>	<b>Special Order</b>

## Hypoallergenic

Formula	Covered by Medi-Cal	WIC Availability
<b>Alfamino Infant</b> (14.1 oz powder)	Yes	Special Order
<b>Alfamino Junior, Unflavored or Vanilla</b> (14.1 oz powder)	Yes	Special Order
<b>EleCare Infant</b> (14.1 oz powder)	Yes	Special Order
<b>EleCare Junior, Unflavored or Vanilla</b> (14.1 oz powder)	Yes	Special Order
<b>Gerber Extensive HA</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Infant</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Junior, Unflavored</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Junior, Unflavored with Prebiotics</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Syneo Infant</b> (14.1 oz powder)	Yes	Special Order
<b>Nutramigen</b> (13 fl oz liquid concentrate)	Yes	WIC Card
<b>Nutramigen</b> (32 fl oz ready-to-feed)	Yes	Special Order
<b>Nutramigen with Probiotic LGG</b> (12.6 oz powder)	Yes	WIC Card
<b>Nutramigen with Enflora LGG Toddler</b> (12.6 oz powder)	Yes	Special Order
<b>Pepticate</b> (14.1 oz powder)	No	Special Order
<b>Pregestimil</b> (16 oz powder)	Yes	Special Order
<b>Pregestimil Nursette, 20 Cal</b> (2 fl oz ready-to-feed)	Yes	Special Order
<b>Pregestimil Nursette, 24 Cal</b> (2 fl oz ready-to-feed)	Yes	Special Order
<b>PurAmino</b> (14.1 oz powder)	Yes	Special Order
<b>PurAmino Junior</b> (14.1 oz powder)	Yes	Special Order
<b>Similac Alimentum</b> (12.1 oz powder)	Yes	WIC Card
<b>Similac Alimentum</b> (32 fl oz ready-to-feed)	Yes	Special Order

## Malabsorption

Formula	Covered by Medi-Cal	WIC Availability
<b>Alfamino Infant</b> (14.1 oz powder)	Yes	Special Order
<b>Alfamino Junior, Unflavored or Vanilla</b> (14.1 oz powder)	Yes	Special Order
<b>EleCare Infant</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Infant</b> (14.1 oz powder)	Yes	Special Order

### Malabsorption (continued)

Formula	Covered by Medi-Cal	WIC Availability
<b>Neocate Junior, Unflavored</b> (14.1 oz powder)	Yes	Special Order
<b>Neocate Junior, Unflavored with Prebiotics</b> (14.1 oz powder)	Yes	Special Order
<b>Nutramigen with Enflora LGG Toddler</b> (12.6 oz powder)	Yes	WIC Card
<b>Pregestimil</b> (16 oz powder)	Yes	Special Order
<b>Pregestimil Nursette, 24 Cal</b> (2 fl oz ready-to-feed)	Yes	Special Order
<b>PurAmino</b> (14.1 oz powder)	Yes	Special Order
<b>Similac Alimentum</b> (12.1 oz powder)	Yes	WIC Card
<b>Similac Alimentum</b> (32 fl oz powder)	Yes	Special Order

### Other Medical Formula

Formula	Covered by Medi-Cal	WIC Availability
<b>Similac PM 60/40</b> (14.1 oz powder)	Yes	Special Order

### Gastroesophageal Reflux Disease

Formula	Covered by Medi-Cal	WIC Availability
<b>Enfamil AR</b> (12.9 oz powder)	No	WIC Card

### Low Birth Weight/Failure to Thrive

Formula	Covered by Medi-Cal	WIC Availability
<b>Enfamil 24 Cal</b> (2 fl oz ready-to-feed)	No	Special Order
<b>Fortini</b> (4 fl oz ready-to-feed)	No	Special Order

**WIC Eligible Nutritionals:** The [WIC Medical Formula and Nutritionals Request Form](#) or a prescription is required for these products.

### Nutritional Drinks

Nutritional	Covered by Medi-Cal	WIC Availability
<b>Kate Farms Pediatric Standard 1.2, Vanilla</b> (8.45 fl oz ready-to-feed)	Yes	Special Order
<b>Neocate Splash, Unflavored, Grape or Orange-Pineapple</b> (8 fl oz ready-to-feed)	Yes	Special Order
<b>Nutren Jr.</b> (8.45 fl oz ready-to-feed)	Yes	Special Order

*Nutritional Drinks (continued)*

Nutritional	Covered by Medi-Cal	WIC Availability
<b>Nutren Jr. with Fiber</b> (8.45 fl oz ready-to-feed)	Yes	Special Order
<b>PediaSure 1.5 Cal, Vanilla</b> (8 fl oz ready-to-feed)	Yes	Special Order
<b>PediaSure 1.5 Cal with Fiber, Vanilla</b> (8 fl oz ready-to-feed)	Yes	Special Order
<b>PediaSure, Banana</b> (8 fl oz ready-to-feed)	Yes	WIC Card
<b>PediaSure, Berry</b> (8 fl oz ready-to-feed)	No	WIC Card
<b>PediaSure, Chocolate</b> (8 fl oz ready-to-feed)	Yes	WIC Card
<b>PediaSure, S'mores</b> (8 fl oz ready-to-feed)	No	WIC Card
<b>PediaSure, Strawberry</b> (8 fl oz ready-to-feed)	Yes	WIC Card
<b>PediaSure, Vanilla</b> (8 fl oz ready-to-feed)	Yes	WIC Card
<b>PediaSure Peptide 1.0 Cal, Vanilla</b> (8 fl oz ready-to-feed)	Yes	Special Order
<b>PediaSure Peptide 1.5 Cal, Vanilla</b> (8 fl oz ready-to-feed)	Yes	Special Order
<b>PediaSure with Fiber, Vanilla and Additional Flavors, Subject to Availability</b> (7.4 fl oz or 8 fl oz ready-to-feed)	Yes	Special Order
<b>Peptamen Junior, Vanilla</b> (8.45 fl oz ready-to-feed)	Yes	Special Order

*Hypoallergenic*

Nutritional	Covered by Medi-Cal	WIC Availability
<b>Neocate Nutra</b> (14.1 oz powder)	No	Special Order

*Malabsorption/Other*

Nutritional	Covered by Medi-Cal	WIC Availability
<b>Duocal</b> (14.1 oz powder)	Yes	Special Order

**WIC Availability**

Available by **Special Order** means product will be ordered by CDPH/WIC. Please note, special orders may take up to three weeks for WIC families to receive products. Available on **WIC Card** means that WIC families can purchase products in stores.



**California Department of Public Health, California WIC program**

*This institution is an equal opportunity provider.*

**1-800-852-5770 | [www.wicworks.ca.gov](http://www.wicworks.ca.gov)**

Rev 11/23





# Medical Formula and Nutritionals Request Form



WIC Agency: \_\_\_\_\_

WIC ID#: \_\_\_\_\_

## SECTION I: Participant/Patient and Health Care Information

<b>Patient Name:</b> (First) _____ (Last) _____		<b>Date of Birth:</b> _____	
<b>Parent/Caregiver Name:</b> (First) _____ (Last) _____		<b>Phone Number:</b> _____	
<b>Current Height/Length</b> (Within 60 Days) _____ inches	<b>Current Weight</b> (Within 60 Days) _____ lbs _____ oz	<b>Measurement Date:</b> _____	<b>Birth Weight/Length:</b> _____ lbs _____ oz _____ inches
<b>Breastfeeding</b> (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Never breastfed <input type="checkbox"/> Discontinued breastfeeding (Date: _____)			

*WIC provides these products when they are **NOT** covered by Medi-Cal. Refer the patient to Medi-Cal for medically necessary formula or medical food.*

**Patient's Health Insurance:**

**Private** (Does not cover enteral products)

**Medi-Cal** (Submit Rx to pharmacy)

## SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis

**Formula/Medical Food** (Not Listed Below/Specific Name): \_\_\_\_\_

<p><b>Premature:</b> <input type="checkbox"/> Enfamil NeuroPro EnfaCare <input type="checkbox"/> Similac NeoSure</p> <p><b>Nutritional Drinks:</b> <input type="checkbox"/> PediaSure <input type="checkbox"/> PediaSure with Fiber <input type="checkbox"/> PediaSure 1.5 Cal <input type="checkbox"/> PediaSure 1.5 Cal with Fiber</p> <p><b>Medical Formula(s):</b> <input type="checkbox"/> Similac PM 60/40</p>	<p><b>Hypo-Allergenic:</b> <input type="checkbox"/> Alfamino Infant <input type="checkbox"/> Alfamino Junior, Unflavored <input type="checkbox"/> Alfamino Junior, Vanilla <input type="checkbox"/> EleCare Infant <input type="checkbox"/> EleCare Junior, Vanilla <input type="checkbox"/> EleCare Junior, Unflavored <input type="checkbox"/> Gerber Extensive HA <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Junior, Unflavored</p>	<p><input type="checkbox"/> Neocate Syneo Infant <input type="checkbox"/> Nutramigen Concentrate <input type="checkbox"/> Nutramigen LGG <input type="checkbox"/> Nutramigen LGG Toddler <input type="checkbox"/> Pregestimil <input type="checkbox"/> PurAmino <input type="checkbox"/> PurAmino Junior <input type="checkbox"/> Similac Alimentum</p>
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**Form:**  Powder  Concentrate  Ready-to-Feed (Requires justification unless this is the only available form)

**Amount:** \_\_\_\_\_ ounces per day      **Duration:**  1 month  2 months  3 months  4 months  5 months  6 months

**Qualifying Diagnosis:**

<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Prematurity	<input type="checkbox"/> Low birthweight	<input type="checkbox"/> Malabsorption
<input type="checkbox"/> Immune system disorder: _____	<input type="checkbox"/> Genetic/Metabolic disorder: _____	<input type="checkbox"/> Specific food allergy: _____	<input type="checkbox"/> Gastrointestinal disorder: _____	<input type="checkbox"/> Life-threatening disorder: _____
			<input type="checkbox"/> Other medical condition(s): _____	

## SECTION III: WIC Food Restrictions

No food restrictions (All WIC foods allowed)       Food restrictions (Specify below)

**Infant 6–11 Months:**       No infant cereal       No infant fruits and vegetables       No infant foods, increased formula  
 If premature, provide after \_\_\_\_ months of age.

**Children 1–5 Years:**       No Milk       No Cheese       No Eggs       No Yogurt       No Juice  
 No Peanut Butter       No Beans       No Cereal       No Fruits/Vegetables  
 No Whole Grains (Whole Wheat Bread, Corn/Wheat Tortillas, Brown Rice, Bulgur, Oatmeal, or Pasta)  
 No Solids, provide infant fruits and vegetables       No Solids, provide formula only

**Comments:**

## SECTION IV: Health Care Provider Information

**Provider Name (Printed):**       MD       DO       NP       PA      **Medical Office/Clinic Information or Stamp:**

**Date:**      **Phone Number:**

**Provider Signature:**

## Resources

**Health Professionals:** Go to [www.wicworks.ca.gov](http://www.wicworks.ca.gov); then click *Health Care Providers* for more information on WIC Formulas.

### WIC will not approve the following conditions:

- Non-specific symptoms or diagnoses are insufficient for the purposes of California WIC prescriptions (e.g., colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, gas, etc.)
- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

### WIC qualifying medical diagnosis/condition(s) which include but are not limited to:

- Severe food allergies that require an elemental formula (allergy must be specified)
- Premature birth
- Low birth weight
- Failure to thrive
- Gastrointestinal disorders
- Malabsorption syndromes
- Immune system disorders
- Life threatening disorders
- Inborn errors of metabolism and metabolic disorders
- Diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status

**Questions:** Contact 1-800-852-5770 or [Formula@cdph.ca.gov](mailto:Formula@cdph.ca.gov).