



New Mexico WIC Medical Request for Formula and/or Food



Directions: Please complete all sections and return this form to the participant's WIC Clinic. Fax is acceptable.

**All requests are subject to WIC approval which is based on program policies and procedures.*

Required Patient Information				
Last Name:	First Name:	DOB:		
Parent/Caregiver's Name:				
Qualifying Condition/Diagnosis/ICD-10 Code: <i>(list here)</i>				
Allergy, confirmed [cow's milk protein, soy] (L27.2) 353		Failure to Thrive (C-R62.51, W-R62.7) 134		
Developmental Sensory/Motor Delays (R62.50) 362		Intestinal Malabsorption (K90.0) 342		
Gastroesophageal Reflux (K21.9) 342		Low Birth Weight (P07.10) 141		
Inadequate Growth (R62.50) 135		Metabolic Disorders (E88.9) 351		
Lactose Intolerance (E73.9) 355		Prematurity (P07.10) 142		
Low Maternal Weight Gain (O26.11-13) 131		Other:		
Underweight (R63.6) 101 or 103				
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns UNLESS there is an underlying medical condition.				
Measurements				
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:
Name of Formula (from options on reverse side) Write in Formula name below				
Requested Length of Issuance				
<small>**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.</small>				
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*	
<small>*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided UNLESS a decreased amount is indicated here.</small>				
Infants (6-12 Months Old)		Children (1-5 Years Old) and Women		
<small>Full amount of formula and infant foods will be given UNLESS checked below.</small>		<small>All appropriate WIC foods, will be issued with a prescribed formula UNLESS checked below.</small>		
<input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods. Check WIC Supplemental Food to OMIT at 6 months of age		<input type="checkbox"/> Provide whole milk in addition to formula <input type="checkbox"/> For Milk Allergy: Formula or Goat Milk: Indicate: _____ <input type="checkbox"/> Provide infant foods for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY		
<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	Check WIC Supplemental Foods to OMIT from Food Package		
		<input type="checkbox"/> Dairy	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Cereal
		<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans	<input type="checkbox"/> Juice
		<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits/Veg	
Required Health Care Provider Information				
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:
Provider Name (Please Print):		Provider NPI Number:	Phone #:	Fax #:

Rx Required Drop Ship Issued Formulas	Rx Required Drop Ship Issued Formulas
Alfamino Infant 14.1 oz (infant)	Peptamen Jr. RTF 8.45 oz (child)
Alfamino Junior 14.1 oz (child)	Pepticate Powder 14.1 oz (infant)
Boost Kid Essentials 1.0 RTF 8 oz (child)	Periflex Infant DHA/ARA Powder 14 oz (infant)
Boost Kid Essentials 1.5 RTF 8 oz (child)	Periflex Jr. Plus (child)
Boost Kid Essentials 1.5 w /Fiber RTF 8 oz (child)	Phenylade Essentials Powder (child)
Bright Beginnings Soy RTF 8 oz (child)	Pregestimil RTF 2 oz 24 cal (infant)
Compleat Pediatric RTF 8.45 oz (child)	Pregestimil Powder 16 oz (infant/child)
Elecare DHA/ARA Powder 14.1 oz (infant/child)	Pur Amino DHA/ARA Powder 14.1 oz (infant/child)
Elecare Jr. Powder 14.1 oz (child)	Pur Amino Toddler Powder 14.1 oz (child)
Enfamil Enfacare Neuropro RTU 2oz 22 cal (infant/child)	RCF Ross Carb Free 13 oz 24 cal (infant)
Enfamil Premature Hi Pro RTF 2 oz 24 cal (infant)	Similac PM 60/40 Powder Low Iron 14.1 oz (infant/child)
Enfamil Premature RTF 2 oz 24 cal (infant)	Similac Special Care RTF 2 oz 30 cal (infant)
Enfamil Enfaport RTF 6 oz 30 cal (infant)	Suplena Carb Steady RTF 8 oz (child)
EquaCare Jr. Powder 14.1 oz (child)	Vitaflo Renastep RTU 6.7oz (child)
Fortini 4 oz RTF (infant/child)	Rx Required WIC Card Issued Formulas
Gerber Extensive HA 14.1 oz (infant)	(Purchased at WIC Authorize Rx Required WIC Card Issued)
Hominex-1 Powder 14.1 oz 30 cal (infant)	Boost Plus RTF 8 oz 45 cal (woman/child)
Hominex-2 Powder (child)	Enfamil AR Powder 12.9 oz (infant/child)
Kate Farms Adult Standard 1.0 RTF 11 oz (woman)	Enfamil Enfacare Neuropro Powder 13.6 oz 22 cal (infant/child)
Kate Farms Adult Standard 1.4 RTF 11 oz (woman)	Engagrow Toddler Nutritional Drink 24 oz or 32 oz powder 23 cal (child)
Kate Farms Pediatric Blended Meals 8.45 oz (Child)	Engagrow Toddler Nutritional Step Drink 8 oz (child)
Kate Farms Pediatric Peptide 1.0 RTF 8.45 oz (child)	Ensure RTF 8 oz (women)
Kate Farms Pediatric Peptide 1.5 RTF 8.45 oz (child)	Ensure High Protein RTF 8 oz (women)
Kate Farms Pediatric Standard 1.2 RTF 8.45 oz (child)	Neosure Powder 13.1 oz 22 cal (infant/child)
Ketocal 4.1 RTF 8 oz (infant/child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant/child)
Ketocal 4:1 Powder 11 oz (infant/child)	Parent's Choice Hypoallergenic Formula 12.6 oz (Infant/Child) *Walmart ONLY
Kid Farms Kid's Nutrition 1.0 RTF 8.45 oz (child)	Pediasure RTF 8 oz 30 cal (child)
Neocate DHA/ARA Powder 14.1 oz (infant/child)	Pediasure w/ Fiber RTF 8 oz 30 cal (child)
Neocate Jr. Powder 14 oz (child)	Similac Alimentum Powder 12.1 oz (infant/child)
Neocate Jr. w/ Prebiotics Powder 14 oz (child)	Similac Alimentum RTF 32 oz (infant/child)
Neocate Splash RTF 8 oz (child)	Similac Alimentum RTF 6-pack (infant/child)
Neocate Syneo w /Pre & Probiotics 14.1 oz (infant/child)	Standard Milk and Soy WIC Card Issued Formulas
Neocate Syneo Jr 14.1 oz (child)	No Rx required for Infants, Rx is required for Children
Neosure RTF 32 oz (infant/child)	Similac 360 Total Care Sensitive RTF 32 oz (Infant/Child)
Nourish Organic Whole Foods Meal Replacement 12 oz (woman/child)	Similac Advance Powder 12.4 oz (infant/child)
Nutramigen Concentrate 13 oz (infant/child)	Similac Advance Concentrate 13 oz (infant/child)
Nutramigen RTF 32 oz (infant/child)	Similac Advance RTF 32 oz (infant/child)
Nutren Jr. RTF 8.45 oz (child)	Similac Sensitive Powder 12.5 oz (infant/child)
Nutren Jr. w/ Fiber RTF 8.45 oz (child)	Similac Sensitive RTF 32 oz (infant/child)
Pediasure 1.5 cal RTF 8 oz 44 cal (child)	Similac Soy Isomil Powder 12.4 oz (infant/child)
Pediasure 1.5 cal w/ Fiber RTF 8 oz 44 cal (child)	Similac Soy Isomil Concentrate 13 oz (infant/child)
Pediasure Enteral/Fiber scFOS 1.0 RTF 8 oz 30 cal (child)	Similac Soy Isomil RTF 32 oz (infant/child)
Pediasure Peptide 1.0 RTF 8 oz 30 cal (child)	Similac Total Comfort Powder 12.6 oz (infant/child)
Pediasure Peptide 1.5 RTF 8 oz 45 cal (child)	<p>* Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. NM WIC contracts with Abbott as of October 1st, 2023.</p> <p>Available formulas are subject to change.</p> <p>Please visit www.nmwic.org for the current version of this form. Click on Health & Community Partners → Healthcare Providers. Healthcare Providers New Mexico WIC (nmwic.org). Under "Medical Formulas", there is a button that allows you to download the Rx.</p>
Peptamen Jr. w/ Fiber RTF 8.45 oz (child)	
Peptamen Jr. 1.5 RTF 8.45 oz (child)	
Peptamen Jr. PHGG 8.45 oz (child)	
This institution is an equal opportunity provider. Revised 8/1/2025	