

Texas WIC Medical Request for Non-Standard Formulas

The Texas WIC program encourages mothers to breastfeed their babies for the first year of life, with the addition of complementary foods around six months. When infant formula is necessary or requested, WIC provides contracted formulas or requires a medical request for specialty formulas.

All requests are subject to approval and provision based on federal and state policies of the WIC program.

Available without medical request:

Similac Advance
Similac Soy Isomil
Similac Sensitive
Similac Total Comfort
Similac for Spit-Up

Texas WIC does not provide:

Similac Pro products
Similac Organic, Pure Bliss, or A2
Similac for Supplementation
Comparable Enfamil, Gerber, and generic brands

*All formula requests for children over age 1 require a medical request.

A full list of available specialty formulas is available at: texaswic.org/health-partners/formula-prescriptions

Resources for Parents

Preparing Formula:

Scan this QR code with your phone's camera for instructions on safe formula preparation.



Recursos para Padres de Familia

Preparando la Fórmula:

Para conocer las instrucciones de cómo preparar la fórmula de forma segura, escanea este código QR con la cámara de tu teléfono.



Breastfeeding Help

Ask to speak to the breastfeeding peer counselor at your WIC office. For 24/7 help, call 855-550-6667.

Additional resources:

Call 211 or visit 211Texas.org if you need assistance beyond what is provided by the WIC program.

Ayuda para Amamantar

Pide hablar con una consejera de lactancia materna en tu oficina WIC. Para asistencia durante las 24/7, llama al 855-550-6667.

Recursos adicionales:

Si necesitas mayor ayuda de la que te ofrece el programa WIC, llama al 211 o visita 211Texas.org.

For more information, visit: TexasWIC.org
Para mayor información, visita: TexasWIC.org

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1. Patient Information

Name: _____
DOB: _____
Guardian Name: _____
Date of measurements: _____
Height: _____ Weight: _____
Weeks gestation _____ Birth weight _____

2. (Optional) Lactation Support

- Breast pump
- Breastfeeding support
- Latch assistance

24/7 IBCLC help available via Texas Lactation Support
Hotline: 1-855-550-6667

3. Formula Requested

Formula Name: _____
_____ Cans/Day or _____ Ounces/Day
Maximum allowed may be provided unless a lesser amount is indicated.

4. Length Prescribed

- 3 Months
 - 6 Months
 - 12 Months
- Other: _____

5. Qualifying Condition

- | | | |
|--|--|---|
| <input type="checkbox"/> cardiovascular condition | <input type="checkbox"/> condition that impairs digestion/absorption | <input type="checkbox"/> tube feeding |
| <input type="checkbox"/> developmental delays (sensory and motor) | <input type="checkbox"/> inadequate growth | <input type="checkbox"/> other medical condition:
_____ |
| <input type="checkbox"/> food allergies (cow's milk, soy, or intact protein)/FPIES | <input type="checkbox"/> oral motor feeding issues/aversions | _____ |
| <input type="checkbox"/> FTT | <input type="checkbox"/> prematurity/LBW | Formula cannot be provided to manage body weight without an underlying condition. |
| <input type="checkbox"/> GER/GERD | <input type="checkbox"/> renal disease/low mineral condition | |
| <input type="checkbox"/> GI Disorder | <input type="checkbox"/> respiratory condition | |

6. Supplemental Foods *WIC RD/nutritionist will determine food package unless denoted otherwise.*

Infants 6 to 11 months of age:

Check foods to **remove** from food package

- infant cereal
- baby foods

Check if desired:

- formula only, no foods
(due to inability or delay in consuming solids)

Children 12 months of age and older and women:

Check foods to **remove** from food package

- milk yogurt eggs juice peanut butter
- cheese whole grains cereal beans
- fruits and vegetables

Check if desired:

- baby food and formula only

7. Healthcare Provider Information

Signature/Stamp: _____ MD DO NP PA-C Date: _____
Name (print): _____ Facility Name: _____
Phone: _____ Fax: _____

For WIC Use Only – Clinic Name: _____ Phone: _____ Fax: _____

