

North Carolina Department of Health and Human Services
 Division of Public Health/Women's and Children's Health Section/Nutrition Services Branch
WIC Program — Formula Prescription

CLIENT'S NAME: _____ DOB: _____

FORMULA PRESCRIBED: _____

REASON FOR PRESCRIPTION: *(Complete Section A OR Section B)*

SECTION A
<p>Has intolerance to Enfamil w/Iron, Enfamil LIPIL w/Iron, Enfamil LactoFree LIPIL, Enfamil ProSobee, and Enfamil ProSobee LIPIL. Check (✓) all that apply:</p> <p><input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Persistent Dermatological Condition <input type="checkbox"/> Persistent Vomiting <input type="checkbox"/> Persistent Respiratory Condition</p> <p>Duration of Prescription: (✓ one) <input type="checkbox"/> < 1 month (_____ days) <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months</p> <p>At the end of indicated time period (✓ one): <input type="checkbox"/> I must reassess infant before any formula change. <input type="checkbox"/> WIC staff may rechallenge infant with WIC contract formula.</p>

SECTION B
<p>OR</p> <p>Has medical condition contraindicating use of Enfamil w/Iron, Enfamil LIPIL w/Iron, Enfamil LactoFree LIPIL, Enfamil ProSobee, and Enfamil ProSobee LIPIL. The medical condition is: _____</p> <p>Duration of Prescription: _____ (Rx must be reevaluated at each WIC certification.)</p>

SPECIAL INSTRUCTIONS (i.e. dilution; quantities needed)

PRESCRIBER'S SIGNATURE & TITLE: _____ DATE: _____

DHHS 3835 (Revised 10/04)
 Nutrition Services (Review 10/07)

INFORMATION ABOUT FORMULAS AVAILABLE THROUGH THE WIC PROGRAM

WIC CONTRACT FORMULAS are Enfamil w/iron, Enfamil LIPIL w/iron, Enfamil LactoFree LIPIL, Enfamil ProSobee, and Enfamil ProSobee LIPIL.

WIC NON-CONTRACT FORMULAS are other milk-based, lactose free or soy-based formulas not included with the contract formulas. Contact the local WIC agency for an updated list of these formulas. Use of these formulas is allowed through the WIC Program with a prescription indicating the **formula name**, **reason for its use**, and **duration** of the prescription. **If the reason for prescribing a non-contract formula is due to a formula intolerance as listed on this prescription form, then:**

- ▶ prior to using a non-contract formula, the infant must be tried on all WIC contract formulas.
- ▶ the prescription is limited to no longer than three months. At the end of this time, unless the prescribing individual feels that rechallenging the infant with a WIC contract formula will put the infant at medical risk, the infant must retry a WIC contract formula. This rechallenge can be done by either the WIC staff or the prescribing individual as indicated by the prescribing individual on the prescription form.

OTHER FORMULAS Contact the local agency for an updated list of these formulas. These formulas are allowed through the WIC Program with a prescription indicating the **formula name**, **reason for its use**, and **duration** of the prescription.

Thank you for supporting the WIC formula policy. Use of a WIC contract formula provides additional funds for the North Carolina WIC Program to serve additional pregnant women, infants, and children. Please contact the WIC Program in your county should you have any questions about the WIC Program.