

# Oklahoma WIC Exception Request for Formula/Food

Please complete all appropriate sections.

All requests are subject to WIC approval and provision based on policy and procedure.

<b>1. Patient Information</b>	
<b>Name:</b>	<b>DOB:</b>
<b>2. Medical Reasons (required)</b>	
<b>Qualifying Diagnosis AND/OR ICD 10 Codes:</b>	
Non-contract formulas are not allowed for non-specific conditions such as poor appetite, picky eating, parental preference, spitting up, colic, constipation, fussiness, or gas.	
<b>3. Formula</b>	
<b>Name of Formula:</b>	
<b>Comparable Formula Acceptable:</b> <i>*See page two for more information.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: for use only when requested formula is unavailable due to formula recall and/or supply chain disturbance)</i>
<b>Formula Amount (oz/day):</b>	<input type="checkbox"/> Maximum Allowable OR _____ oz/day
<b>Comments:</b> <i>(previous formulas, problems, or special instructions)</i>	
<b>4. WIC Foods: Mark any contraindicated foods. All foods will be issued if nothing is marked.</b> <i>Infants &lt;6 months of age are not provided with any supplemental foods.</i>	
<b>Infant (6-12 months):</b> <input type="checkbox"/> No Infant Fruits/Vegetables <input type="checkbox"/> No Infant Cereal <input type="checkbox"/> No Fresh, Canned, or Frozen Fruits or Vegetables	
<b>Child &gt; 1 year and Woman:</b> <input type="checkbox"/> No Eggs <input type="checkbox"/> No Bean <input type="checkbox"/> No Juice <input type="checkbox"/> No Grains <input type="checkbox"/> No Canned Fish <input type="checkbox"/> No Fruits & Vegetables <input type="checkbox"/> No Milk <input type="checkbox"/> No Cheese <input type="checkbox"/> No Yogurt <input type="checkbox"/> No Tofu <input type="checkbox"/> No Soy Milk <input type="checkbox"/> No Plant Based Milk <input type="checkbox"/> No Peanut Butter <input type="checkbox"/> No Alternate Nut/Seed Butter	
<b>Complete if Child or Woman requires pureed foods:</b> <input type="checkbox"/> Provide jarred infant fruits/vegetables <input type="checkbox"/> Provide infant cereals	
<b>5. Requested Length of Issuance</b>	
<input type="checkbox"/> Maximum Allowable OR _____ months	
<b>6. Health Care Provider Information (required)</b>	
Provider Name (Please Print): _____	
Provider Signature (MD, DO, PA, APRN): _____ Date: _____	
Phone: _____ Fax: _____	
<b>WIC Staff Use Only</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

To access a digital copy of this form, the Oklahoma WIC Formulary, and other formula information visit [oklahoma.gov/health/wicforms](http://oklahoma.gov/health/wicforms).

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### Non-Qualifying Conditions

Non-contract and specialty formula is not provided for:

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|--|---|---|
| <ul style="list-style-type: none"> <li>○ Picky eating</li> <li>○ Poor appetite</li> <li>○ Body weight management with no underlying medical condition</li> </ul> | <ul style="list-style-type: none"> <li>○ Parent preference</li> <li>○ Formula intolerance manageable with WIC foods or contract formula</li> <li>○ Enhancing nutrient intake</li> </ul> | <ul style="list-style-type: none"> <li>○ Non-specific symptoms or diagnoses                             <ul style="list-style-type: none"> <li>● Formula intolerance</li> <li>● Spitting up, colic, gas</li> <li>● Constipation</li> <li>● Fussiness</li> </ul> </li> </ul> |
|--|---|---|

### Examples of Qualifying Medical Conditions for Non-Contract/ Specialty Formula

Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect nutrition status are qualifying medical conditions for special formulas.

Conditions include but are not limited to:	ICD-10 Code:
Allergic and Dietetic Gastroenteritis and Colitis	K52.2
Celiac Disease or other Intestinal Malabsorption	K90.0
Delayed Milestone in Childhood	R62.0
Digestive System Disorders of the Newborn	P76 - P78
Diseases of the Digestive System	K92
Gastroesophageal Reflux Disease + may require additional qualifying diagnoses	K21
Gastrointestinal Disorders	Q38 - Q45
Other Feeding Disorders of Infancy and Early Childhood	F98.29
Pediatric Feeding Disorder, Chronic	R63.32
Pervasive Developmental Disorders	F84
Preterm ( $\leq 36$ weeks gestation)/Low Birth Weight/Small for Gestational Age	P05.0 - P07.3
Severe Food Allergies <ul style="list-style-type: none"> <li>□ Allergy to Milk Products</li> <li>□ Allergic and Dietetic Gastroenteritis and Colitis</li> <li>□ Dermatitis Due to Ingested Food</li> </ul>	Z91.011 K52.2 L27.2

### Examples of Comparable Formulas (WIC Allowable)

*Potential formulas that may be provided if the requested formula is unavailable due to formula recall and/or supply chain disturbance.*

*For detailed list visit: [oklahoma.gov/health/wicforms](http://oklahoma.gov/health/wicforms).*

<p><b>Hypoallergenic Formulas:</b></p> <p>Alimentum                      Extensive HA                      Nutramigen                      Pepticate                      Pregestimil                      Store Brand Hypoallergenic Equivalent</p>	<p><b>Premature Formulas</b></p> <p>Enfamil NeuroPro EnfaCare                      Similac Neosure</p>
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