

GUIDELINES FOR PRESCRIBING A THERAPEUTIC FORMULA

WIC is the payer of last resort for therapeutic formulas. WIC may be able to provide the therapeutic formula/nutritional supplement while the request is being processed through the patient's health care plan. In the event a request is denied, please send a denial letter to WIC.

Please FAX all prescriptions to WIC at 209-383-0366. At the same time, please FAX a therapeutic formula request to the patient's insurance. Dial Healthcare provides home delivery of therapeutic formula for Medi-Cal patients in our area.

To access the Dial Healthcare Request for Nutritional Products for Infants form, [click here](#)

In order to issue a therapeutic formula to a participant, we must have a [prescription/referral](#) from a health care provider (MD, NP, or PA only). WIC will honor a referral for therapeutic formula for a maximum of three months. If any information is missing from the referral form, WIC will only honor it for one month.

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All referrals for therapeutic formulas must include:

- **Participant's name**
- **Formula/Medical Food***
- **Medical diagnosis****
- **Amount**
- **Duration of Prescription**
- **WIC food restrictions*****
- **Health Professional's Signature (MD, NP, or PA only)**
- **Today's date**
- **Medical Office/Clinic name & location or office stamp**

*Please specify the name of formula. WIC cannot choose a formula if only the brand but not the type is listed (ex Enfamil formula) or if two formulas are listed (ex "Neosure or Enfacare")

** (Qualifying medical conditions are conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status, such as prematurity, low birth weight, failure to thrive, gastrointestinal disorders, malabsorption syndromes, immune system disorders, inborn errors of metabolism, severe food allergies that require an elemental formula, etc.)

*** Complete this section for infants 6-11 months and children over 1 year of age

Please see below for age specific prescription/referral information:

Infants < 1 year	<ul style="list-style-type: none">• Pediatric Referral required to start, stop or change a therapeutic formula• Updated referral required every 3 months• Must have a medical diagnosis - "Formula Intolerance" as a diagnosis will not be accepted for an infant that is over 6 month of age.• For infants over 6 months, address any food restrictions.• For infants over 6 months, can prescribe increased formula in place of baby food• Cannot issue Pediasure before 1 year of age
Children Aged 1 – 5 Years	<ul style="list-style-type: none">• Pediatric Referral with medical diagnosis is required to continue any infant formula or infant foods past 1 year of age• Pediatric Referral with a medical diagnosis is required for Pediasure• Referrals with dx of "will not drink milk," "picky eater" or "low weight gain" will be referred back to MD since it is not a medical diagnosis. If you have a patient who may be considered a "picky eater" you may refer them to one of our registered dietitians or degreed nutritionists who are able to provided individualized nutrition counseling to improve their intake.