



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: (list here)				
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				
<i>**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.</i>				
1 Month ☐	3 Months ☐	6 Months ☐	Formula Amount _____ per day*	
<i>*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided UNLESS a decreased amount is indicated here.</i>				
Infants (6-12 Months Old)		Children (1-5 Years Old) and Women		
Full amount of formula and infant foods will be given UNLESS checked below.		All appropriate WIC foods, will be issued with a prescribed formula UNLESS checked below.		
☐ Provide only formula past 6 months of age due to inability or delay in consuming solid foods.		☐ Provide whole milk in addition to formula		
☐ Check WIC Supplemental Food to OMIT at 6 months of age		☐ For Milk Allergy: Formula or Goat Milk: Indicate: _____		
☐ Infant Cereal		☐ Provide infant foods for cash value fruits and vegetables		
☐ Baby Food (Fruit and/or Vegetables)		☐ No supplemental foods, provide formula ONLY		
		Check WIC Supplemental Foods to OMIT from Food Package		
		☐ Dairy	☐ Peanut Butter	☐ Cereal
		☐ Eggs	☐ Beans	☐ Juice
		☐ Whole Grains	☐ Fruits/Veg	
Required Health Care Provider Information				
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:
Provider Name (Please Print):				Fax #:
Provider NPI Number:		Phone #:		

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/child)
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/child)
Compleat Pediatric RTF 8.45 oz (child)	Pregestimil Powder 16 oz (infant/child)
Cyclinex-1 Powder 14.1 oz (infant/child)	Pro-Phree Powder 14.1 oz (infant/child/adult)
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/child)
Enfamil Premature Hi Pro RTF 2 oz 24 cal (infant/child)	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/child)
Enfamil Enfaport RTF 6 oz 30 cal (infant/child)	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 (Purchased at WIC Authorize Rx Required WIC Card Issued)
Gerber Extensive HA 14.1 oz (infant)	
Hominex-1 Powder 14.1 oz 30 cal (infant/child)	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)	Enfagrow Toddler Nutritional Step Drink 8 oz (child)
Kate Farms Kid’s Nutrition 1.0 RTF 8.45 oz (child)	Ensure RTF 8 oz (women)
Kate Farms Pediatric Blended Meals 8.45 oz (Child)	Ensure High Protein RTF 8 oz (women)
Kate Farms Pediatric Peptide 1.0 RTF 8.45 oz (child)	Neosure Powder 13.1 oz 22 cal (infant/child)
Kate Farms Pediatric Peptide 1.5 RTF 8.45 oz (child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant/child)
Kate Farms Pediatric Standard 1.2 RTF 8.45 oz (child)	Parent’s Choice Hypoallergenic Formula 12.6 oz (Infant/Child) *Walmart ONLY
Ketocal 4.1 RTF 8 oz (infant/child)	Pediasure RTF 8 oz 30 cal (child)
Ketocal 4:1 Powder 11 oz (infant/child)	Pediasure w/ Fiber RTF 8 oz 30 cal (child)
Neocate DHA/ARA Powder 14.1 oz (infant/child)	Similac Alimentum Powder 12.1 oz (infant/child)
Neocate Jr. Powder 14 oz (child)	Similac Alimentum RTF 32 oz (infant/child)
Neocate Jr. w/ Prebiotics Powder 14 oz (child)	Similac Alimentum RTF 6-pack (infant/child)
Neocate Splash RTF 8 oz (child)	Standard Milk and Soy WIC Card Issued Formulas No Rx required for Infants, Rx is required for Children
Neocate Syneo w /Pre & Probiotics 14.1 oz (infant/child)	
Neocate Syneo Jr 14.1 oz (child)	Similac 360 Total Care Sensitive RTF 32 oz (Infant/Child)
Neosure RTF 32 oz (infant/child)	Similac Advance Powder 12.4 oz (infant/child)
Nourish Organic Whole Foods Meal Replacement 12 oz (woman/child)	Similac Advance Concentrate 13 oz (infant/child)
Nutramigen Concentrate 13 oz (infant/child)	Similac Advance RTF 32 oz (infant/child)
Nutramigen RTF 32 oz (infant/child)	Similac Sensitive Powder 12.5 oz (infant/child)
Nutren Jr. RTF 8.45 oz (child)	Similac Sensitive RTF 32 oz (infant/child)
Nutren Jr. w/ Fiber RTF 8.45 oz (child)	Similac Soy Isomil Powder 12.4 oz (infant/child)
Pediasure 1.5 cal RTF 8 oz 44 cal (child)	Similac Soy Isomil Concentrate 13 oz (infant/child)
Pediasure 1.5 cal w/ Fiber RTF 8 oz 44 cal (child)	Similac Soy Isomil RTF 32 oz (infant/child)
Pediasure Enteral/Fiber scFOS 1.0 RTF 8 oz 30 cal (child)	Similac Gentle Comfort Powder 12.6 oz (infant/child)
Pediasure Peptide 1.0 RTF 8 oz 30 cal (child)	* Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. NM WIC contracts with Abbott as of October 1 st , 2023. Available formulas are subject to change. 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.
Pediasure Peptide 1.5 RTF 8 oz 45 cal (child)	
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 6/24/2026	