

Oklahoma WIC

Exception Request for Formula/Food

Please complete all appropriate sections. All requests subject to WIC approval and provision based on policy and procedure.

1. Patient Information	
Name: _____	DOB: _____
2. Medical Reasons (required)	
Qualifying Diagnosis AND/OR ICD 10 Codes: _____	
Non-contract formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.	
3. Formula	
Name of Formula	_____
Formula Amount (oz/day)	<input type="checkbox"/> Maximum allowable OR _____ oz/day
Comments: (previously used formulas, problems encountered, special instructions)	_____
4. WIC Foods: Mark any contraindicated foods. All foods will be issued if nothing is marked. <i>Infants <6 months of age are not provided any supplemental foods</i>	
Infant (6-12 months)	Child >1 year and Woman
<input type="checkbox"/> No Infant Fruits/Vegetables	<input type="checkbox"/> No Eggs <input type="checkbox"/> No Milk
<input type="checkbox"/> No Infant Cereal	<input type="checkbox"/> No Breakfast Cereal <input type="checkbox"/> No Cheese
	<input type="checkbox"/> No Peanut Butter <input type="checkbox"/> No Yogurt
	<input type="checkbox"/> No Beans <input type="checkbox"/> No Soy Milk
	<input type="checkbox"/> No Whole Grains <input type="checkbox"/> No Tofu
	<input type="checkbox"/> No Fruits and Vegetables <input type="checkbox"/> No Tuna/Salmon (Breastfeeding Women Only)
	<input type="checkbox"/> No Juice
Pureed Foods: Complete if child or woman requires infant foods	
	<input type="checkbox"/> Provide jarred infant fruits or vegetables
	<input type="checkbox"/> Substitute infant cereal for breakfast cereal
5. Requested Length of Issuance:	
<input type="checkbox"/> Maximum allowable OR _____ months	
6. Health Care Provider Information (required)	
Provider Name (Please Print): _____	
Provider Signature (MD, DO, PA, APRN): _____ Date: _____	
Phone: _____ Fax: _____	
WIC Staff Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: _____	

▫ To access a digital copy of this form visit wic.health.ok.gov
 ▫ For Oklahoma contract formula information or to view the Oklahoma WIC Formulary visit HCP.health.ok.gov

NON-QUALIFYING CONDITIONS

Non-contract and specialty formula is NOT PROVIDED for:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▫ Parent preference ▫ Picky eating ▫ Food dislikes ▫ Poor appetite ▫ Managing body weight with no underlying qualifying medical condition ▫ Formula intolerance manageable with other WIC foods or contract formulas | <ul style="list-style-type: none"> ▫ Enhancing nutrient intake ▫ Non-specific symptoms or diagnoses <ul style="list-style-type: none"> ▪ formula intolerance ▪ spitting up ▪ colic ▪ gas ▪ constipation ▪ fussiness |
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Examples of Qualifying Medical Conditions for Non-Contract/Specialty Formula

Life threatening disorders, diseases, and medical conditions that impair the 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:
Autoimmune Disorder	D89.9
Celiac Disease or other Intestinal Malabsorption	K90.0
Cerebral Palsy	G80.9
Cleft Lip/Palate	Q35-37
Congenital Malformation of Digestive System	Q38-Q45
Congenital Heart Disease	Q20-28
Cystic Fibrosis	E84
Developmental Sensory/Motor Delays	R62
Diabetes	E10
Digestive System Disorders of the Newborn	P05; P76-78
Diseases of the Digestive System	K92
Feeding Disorder of Early Childhood	F98.29
Severe Food Allergies <ul style="list-style-type: none"> ▫ Food allergy – milk products ▫ Allergic and dietetic gastroenteritis and colitis ▫ Dermatitis due to ingested food 	Z91.011 K52.2 L27.2
Gastroesophageal Reflux Disease (may require additional qualifying diagnoses)	K21
Gastroenteritis and Colitis	K52
Gastrointestinal Disorders	Q00-Q99
Genetic-Congenital Disorders	Q21
Hyperemesis Gravidarum	O21
Inborn Errors of Metabolism/Metabolic Disorders	E88
Immunodeficiency Disorders	D84
Intestinal Infectious Disease	A00-A09
Preterm (≤ 36 weeks gestation)/Low Birth Weight	P05; P07
Low Weight Gain in Pregnancy	O26.1

Questions? Please contact your local WIC clinic