

# DELAWARE WIC

## REQUEST FOR WIC-ELIGIBLE SPECIALTY, EXEMPT FORMULAS OR MEDICAL NUTRITIONALS

### PLEASE NOTE:

- Issuance is subject to WIC approval based on Program Policy and Procedure.
- The information on this prescription (with a valid medical diagnosis) is required for WIC to issue specialty and exempt formulas or medical foods (Federal Regulation CFR 246.10). The medical diagnosis must be consistent with the requested formula.

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant ID Number: \_\_\_\_\_

### CONTRACT INFANT FORMULAS

The Delaware WIC Program has infant formula contracts for the products listed below.

<b>Prescriptions <u>ARE NOT</u> required for these formulas.</b>		<b>Prescriptions <u>ARE</u> required for these contract formulas.</b>
<b>SOY FORMULAS:</b> Similac® Soy Isomil	<b>MILK-BASED FORMULAS:</b> Similac® Advance® Similac Total Comfort® Similac Sensitive®	<b>MILK-BASED FORMULAS:</b> Similac Go & Grow® Milk-Based Formula (See reverse side for diagnosis information.)

Delaware WIC Program does not provide non-contract milk or soy-based standard infant formulas such as Enfamil PREMIUM® Infant, Enfamil® Gentlease®, Enfamil A.R.®, Gerber® Good Start® Soy. (This list may not be complete due to product additions and reformulations.)

1. WIC-Eligible Formula/Medical Nutritional Requested: \_\_\_\_\_ 2. Length of use: \_\_\_\_\_
3. Amount Requested per day\*: \_\_\_\_\_ \*Federal regulations limit the amount that WIC may issue. ☐ 3 months ☐ 9 months  
- Special instructions/comments: \_\_\_\_\_ ☐ 6 months ☐ 12 months
4. Qualifying Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_
5. Prescribed Form: ☐ Powder ☐ Concentrate ☐ Ready to Feed 6. ☐ Formula Change or ☐ Renewal

### WIC SUPPLEMENTAL FOODS

7. All age/categorical appropriate WIC food will be provided unless indicated below.
- ☐ No WIC Foods; provide formula or medical foods only. ☐ Issue a modified WIC Food Package OMITTING the foods checked below.

NO	INFANTS (6-11 MONTHS)	NO	CHILDREN AND WOMEN
<input type="checkbox"/>	Infant Fruits and Vegetables	<input type="checkbox"/>	Milk (only lowfat (1%) or Nonfat milk for all participants after age 2)
<input type="checkbox"/>	Infant Cereal	<input type="checkbox"/>	Cheese
		<input type="checkbox"/>	Cereal
		<input type="checkbox"/>	Juice
		<input type="checkbox"/>	Eggs
		<input type="checkbox"/>	Fresh Fruits and Vegetables
		<input type="checkbox"/>	Whole Wheat Bread or Tortillas
		<input type="checkbox"/>	Dried Beans
		<input type="checkbox"/>	Peanut Butter
		<input type="checkbox"/>	Canned Fish* (Only for women who exclusively breastfeed.)

### 8. Milk substitutions

**WHOLE MILK:** Women and children 2-5 receiving a formula or medical food may be issued whole milk with a qualifying growth or weight related condition.

☐ Allow Whole Milk → Medical Condition: \_\_\_\_\_

Health Care Provider Name (print) \_\_\_\_\_

Medical Office/Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL DIAGNOSIS FOR CHILDREN FOR CONTRACT FORMULAS REQUIRING A PRESCRIPTION

MILK-BASED FORMULAS	NON-QUALIFYING DIAGNOSIS	QUALIFYING DIAGNOSIS	ICD-10 CODE
<b>SIMILAC GO &amp; GROW® MILK-BASED FORMULA</b>	This is not for picky eaters or solely for weight gain.	Failure to Thrive	R62.51

## MEDICAL DIAGNOSIS INFORMATION FOR WIC-ELIGIBLE EXEMPT FORMULAS AND MEDICAL NUTRITIONALS

CATEGORY	NON-QUALIFYING CONDITIONS	QUALIFYING MEDICAL DIAGNOSIS
<b>INFANTS</b> (up to 12 months)	<ul style="list-style-type: none"> <li>Non-specific formula or food intolerance</li> <li>Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein that does not require an exempt infant formula</li> </ul>	<ul style="list-style-type: none"> <li>Premature birth</li> <li>Low birth weight</li> <li>Failure to thrive</li> <li>Metabolic disorders</li> <li>Gastrointestinal disorders</li> <li>Malabsorption syndromes</li> <li>Immune system disorders</li> <li>Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>
<b>CHILDREN</b> (up to five years of age)	<ul style="list-style-type: none"> <li>Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>Lactose intolerance</li> <li>Participant preference</li> </ul>	<ul style="list-style-type: none"> <li>Premature birth</li> <li>Failure to thrive</li> <li>Metabolic disorders</li> <li>Gastrointestinal disorders</li> <li>Malabsorption syndromes</li> <li>Immune system disorders</li> <li>Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>
<b>WOMEN</b>	<ul style="list-style-type: none"> <li>Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>Lactose intolerance</li> <li>Participant preference</li> </ul>	<ul style="list-style-type: none"> <li>Metabolic disorders</li> <li>Gastrointestinal disorders</li> <li>Malabsorption syndromes</li> <li>Immune system disorders</li> <li>Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>

**Submit this form via fax, email, or your DE WIC mobile app.**

In your DE WIC app, select "Upload Document" from the main menu.

New Castle County: [nccwic@delaware.gov](mailto:nccwic@delaware.gov)

Kent County: [kentwic@delaware.gov](mailto:kentwic@delaware.gov)

Sussex County: [sussexwic@delaware.gov](mailto:sussexwic@delaware.gov)

### WIC CLINIC FAX NUMBERS

Claymont	302-283-7557	Dover	302-857-5111
Northeast (Jessup St)	302-577-3620	Milford	302-424-7227
West End	302-777-2891	Seaford	302-628-6741
Hudson (Newark)	302-283-7557	Georgetown	302-856-1492
Smyrna	302-514-4591	Pyle	302-732-9574

### READY-TO-FEED FORMULAS ARE ONLY ISSUED IF:

- The participant is medically fragile (i.e., tube fed individual)
- The formula is only available in this form.



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health  
WIC Program

This institution is an equal opportunity provider.