

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.

Prescriptions <u>ARE NOT</u> required for these formulas.		Prescriptions <u>ARE</u> required for these contract formulas.
SOY FORMULAS: Similac® Soy Isomil	MILK-BASED FORMULAS: Similac® Advance® Similac Sensitive® Similac Total Comfort®	MILK-BASED FORMULAS: 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®, 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
SIMILAC GO & GROW® MILK-BASED FORMULA	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
INFANTS (up to 12 months)	<ul style="list-style-type: none"> Non-specific formula or food intolerance 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 	<ul style="list-style-type: none"> Premature birth Low birth weight Failure to thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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
CHILDREN (up to five years of age)	<ul style="list-style-type: none"> Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition Lactose intolerance Participant preference 	<ul style="list-style-type: none"> Premature birth Failure to thrive Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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
WOMEN	<ul style="list-style-type: none"> Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition Lactose intolerance Participant preference 	<ul style="list-style-type: none"> Metabolic disorders Gastrointestinal disorders Malabsorption syndromes Immune system disorders 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

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

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

YOU MAY EMAIL OR FAX THIS FORM TO:

New Castle County
email: nccwic@delaware.gov
fax: 302-622-4189

Kent County
email: kentwic@delaware.gov
fax: 302-622-4188

Sussex County
email: sussexwic@delaware.gov
fax: 302-622-4160

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.