

**Indiana WIC Program
Indiana State Department of Health**

Prescriptions and Medicaid

Policy

Clients on Food Package III with a qualifying medical condition that requires a formula or medical food must provide a prescription or medical documentation form for both WIC foods and formula.

Authority

7 CFR Part 246.10 (d)(1)(ii)(iii)(iv)(v)
7 CFR Part 246.10 (d)(3)(i)(ii)
7 CFR Part 246.10 (d)(4)(i)(ii)(A)(B)(C)(D)(E),(iii)(A)(B)
7 CFR Part 246.10 (d)(5)
7 CFR Part 246.10 (e)(3)(i)(ii)(A)(1)(2),(B)(C)
7 CFR Part 246.10 (e)(3)(vi)

Procedures

- I. Prescriptions or medical documentation forms must contain the following:
 - A. Name of the client
 - B. Qualifying condition (includes but is not limited to)
 - 1. Premature birth
 - 2. Low-birth weight
 - 3. Failure-to-thrive
 - 4. Inborn errors of metabolism and metabolic disorders
 - 5. Gastrointestinal disorders
 - 6. Malabsorption syndromes
 - 7. Immune system disorders
 - 8. Severe food allergies that require an elemental formula
 - 9. Diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the client's nutritional status
 - C. Name of medical or exempt formula
 - 1. Prescribed amount per day
 - 2. Physical form

- D. WIC allowed foods
 - E. Length of issuance (number of months)
 - F. Signature of prescriptive authority requesting the formula.
[Medical Doctor (M.D.); Doctor of Osteopathy (D.O);
Physician Assistant (P.A.); Nurse Practitioner (N.P.)] and
contact information
 - G. Date of prescription
- II. Non-qualifying conditions (includes but is not limited to)
- A. Formula or food intolerance
 - B. Food allergy to lactose, sucrose, milk protein or soy
protein not requiring an elemental formula
 - C. Management of body weight without underlying medical
condition
 - D. Client/parent preference
- III. Prescription or medical documentation form must be scanned
into the INWIC.
- IV. Medical documentation may be provided by phone to a CPA only
and documented promptly in a General note. This may only be
used until written confirmation is received and used only when
absolutely necessary. Written confirmation must be received
within 7 days; a faxed physician's confirming order is acceptable.
- V. The CPA must contact the prescriptive authority for instructions
on a suitable substitution when a formula or medical nutritional
is no longer available or is not included in the Indiana WIC
prescription formulary. This includes orders for non-contract
standard formula.
- VI. Medicaid
- A. The local agency must coordinate with Medicaid on behalf-
of WIC clients, who are also Medicaid recipients, to provide
prescribed exempt infant formula and/or WIC-eligible
nutritional.
 - 1. A Medicaid Prior Authorization (PA) must be obtained
through either (1) the client's physician, or (2) a
Durable Medical Equipment (DME) provider.
 - a. When referring to a DME, select "Durable
Medical Equipment (DME) provider" from the
MIS referral tab.

- b. A WIC Release of Information form must be completed for a referral to the DME. Scan the release form into the INWIC.
- 2. Clients pending PA shall, for the first month, be placed on monthly issuance for the prescribed WIC foods and formula. After the first month, trimonthly issuance may resume. When a Medicaid claim is:
 - a. approved, WIC will no longer provide formula, but will continue to provide WIC foods as prescribed.
 - b. denied, WIC will continue to provide formula and WIC foods as prescribed.
- 3. Medicaid claims in process must be documented in a General Note, Nutrition Ed Counseling Note or Individual Care Plan/follow-up note including the approval/denial of benefits. Written approvals or denials must be scanned into the INWIC.