

**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.