Agenda

1. Introductions
2. Federal Regulations Background
3. Therapeutic Formula Request Process
4. Current Issues
5. Resources
Objectives/Outcome

- Staff will increase their understanding of Federal Regulations that govern Therapeutic Formula.
- Staff will be able to identify the steps and locate resources for processing therapeutic formula requests.
Federal Regulations

- WIC is the payor of last resort

7CFR 246.10 (e)(3)
Federal Regulations

- Therapeutic Food Packages can be issued when:
  - there is a documented qualifying condition for the formula; and
  - supported by medical documentation;
  - when formula is not provided by another provider

7CFR 246.10 (e)(3)
Qualifying conditions

- Include but are not limited to:
  - Severe Food Allergies
  - GI Disorders
  - Prematurity
  - Low Birth Weight
  - Failure to Thrive
Medical Documentation

- Must include:
  - name of Formula;
  - amount needed per day;
  - length of time the prescribed formula is required;
  - the qualifying condition(s) for the issuance of the formula; and
  - signature, date, and contact information of the professional licensed by the State to write prescription.
Federal Regulations (continued)

- Therapeutic Formula Packages **CANNOT** be issued
  - for food/formula intolerance or food allergy that does not require an exempt formula; or
  - solely for enhancing intake or managing body weight without an underlying qualifying condition
Questions

- What are your questions regarding the Federal Regulations about Therapeutic Formula?
Who provides Therapeutic Formula?

- Refer participant to Medi-Cal and/or other programs that provide therapeutic formula.
- WIC is the payor of last resort.
Therapeutic Formula Process

Participant has a prescription

Other Provider
- Food Package

WIC
- Local Agency
  - Process
  - Food Package
- State
  - Order Formula
  - Food Package
What Food Package do I issue when formula is provided by another provider?

<table>
<thead>
<tr>
<th>Category</th>
<th>FD PKG ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (0-3 mo.)</td>
<td>IF1P</td>
</tr>
<tr>
<td>Infant (4-5 mo.)</td>
<td>IFQP</td>
</tr>
<tr>
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<td>IF2P</td>
</tr>
<tr>
<td>Infant, 1st Birthday</td>
<td>IT4P</td>
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<td>Child (24 mo. - 5 yrs.)</td>
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Therapeutic Formula Process

Participant has a prescription

- Other Provider
  - Food Package
- WIC
  - Local Agency
    - Process
    - Food Package
  - State
    - Order Formula
    - Food Package
Local Agency Process

- Obtain required documentation
- Document in WIC MIS
- Issue Food Package and/or Therapeutic Formula
Obtain required documentation

- Determine if the formula matches the diagnosis
- Pediatric Referral Form
**Pediatric Referral**

**SECTION 1**: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.

Whenever a therapeutic formula or medical food is prescribed, complete both Sections 2a and 2b.

<table>
<thead>
<tr>
<th>INFORMATION COLLECTED</th>
<th>DATE OF SERVICE</th>
<th>MEASUREMENT DATE</th>
<th>BIRTH WEIGHT/HEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td></td>
<td>3/18/12</td>
<td>s</td>
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<tr>
<td>Current Weight (BMI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Height (in)</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Current Height (in)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Birth Weight (lbs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Height (in)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEMATOCRIT TEST**

Required every 12 months.

- Hematocrit (g/dl) [normal]:
  - Lab Result:

**LEAD TEST**

(Recommended at 1-3 years of age)

- Lab Result:

**SOY REQUEST FOR CHILD**

To substitute soy milk & tofu for cow's milk & cheese, check or write a condition below:

- Cow's milk allergy
- Cow's milk protein allergy
- Lactose intolerance
- Other:

**IMMUNIZATIONS**

- Yes
- No
- Not available

**SECTION 2**: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information delays issuance of WIC foods.

**DIAGNOSIS:**

- Prematurity
- Failure to thrive
- GERD or reflux
- Dysphagia
- Food allergy
- Milk intolerance
- Other:

**WIC FOOD RESTRICTIONS:**

The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

**FORMULA / MEDICAL FOOD:**

- Elecare

**DURATION:**

3 months

**AMOUNT:** 48 oz/day

**NOTE:** The patient will receive 12 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk. Please see WIC Food Restrictions.

**HEALTH COVERAGE:**

Refer the patient to the health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

**WIC FOOD RESTRICTIONS:**

The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

**FORMULA / MEDICAL FOOD:**

- Neocate

**DURATION:** 6 months

**AMOUNT:** 48 oz/day

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WIC MIS Documentation

- State why Therapeutic Formula is needed
- List other formulas participant has tried and not tolerated
- Follow up plan
- Medi-Cal status
Therapeutic Formula printed on Food Instruments (FIs):

For premature babies:
- Enfamil
- Similac NeoSure

For term babies:
- Nutramigen
- Similac Alimentum

For toddlers:
- Pediasure
What Food Package do I issue when formula is printed on FI?

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Therapeutic Formula through CA State WIC

- Refer the request to State WIC for formulas not printed on FIs
- Fax request to (916) 440-5581
California State WIC Process

- State WIC Review
- Approved or Denied
State WIC Ordering Process

- Order is placed
- Received Estimated Time of Arrival (ETA)
- Process takes approximately 5-7 business days
## Therapeutic Formula Fax Transmission

**To:** Local Agency Contact  
**Email:** LAC@wic.org  
**Fax No:** (559) 123-4567  
**Telephone No:** (559) 891-1011

**From:** Paula Etcheberry, RD, MPA  
**Phone:** (916) 928-8539  
**Denay Mintz, Analyst**  
**Phone:** (916) 928-8762  
**CA WIC Program**  
**Fax:** (916) 440-5581  
**3901 Lennane Drive**  
**Sacramento, CA 95834**

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>ACCESS LOG NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant One</td>
<td></td>
</tr>
<tr>
<td>REVIEWED BY:</td>
<td>DATE: 10-19-12</td>
</tr>
<tr>
<td>FORMULA:</td>
<td>Elecare Infant (Unflavored)</td>
</tr>
<tr>
<td>Product #</td>
<td>55251</td>
</tr>
</tbody>
</table>

- Approved: X
- Denied: 

| AMOUNT | Approved: 5 cases for 4 months |

- Maximum # of cans per month for 0 to 3 months of age: 9
- Maximum # of cans per month for 4 to 5 months of age: 10
- Maximum # of cans per month for 6 to 11 months of age: 7
- Maximum # of cans per month for 1-5 years of age: 

**COMMENTS:** ***Have participant apply with Medi-Cal for formula coverage***

- **Estimated Date of Arrival:** 10-25-2012
- **SHIP TO:** Name of Local Agency
- **Address:** 1234 Address Avenue  
**City:** City of L/A  
**Zip:** 94541

- **NAME OF CONTACT:** Local Agency Contact  
**PHONE:** (559) 123-4567

- **State WIC Use ONLY**  
**Local Agency Confirmation Received Date:** Initial:

**SIGNATURE CONFIRMING RECEIPT OF FORMULA (Single issue only)**

- Parent/Guardian signature for month 1: Date: 
- Parent/Guardian signature for month 2: Date: 
- Parent/Guardian signature for month 3: Date: 

*If you experience problems with this transmission, please contact the sender.*
What Food Package do I issue when state WIC provides the formula?

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Questions

- What are your questions regarding the Therapeutic Formula request process?
Current Issues

- Contract vs. Noncontract formula
- Ready-to-Feed formula
- Nutramigen and Nutramigen with Enflora LGG
- PediaSure
- Availability of formula products in stores
Contract vs.
Noncontract Formulas

- California WIC contracts with Mead Johnson for iron fortified standard formula
- Standard products from other companies are not authorized by California WIC
Ready-to-Feed

- Can only be issued under the following conditions:
  - unsanitary or restricted water supply;
  - poor refrigeration; or
  - caregiver has difficulty in correctly diluting powder or concentrate
Nutramigen and Nutramigen with Enflora LGG

What would you do if you received a prescription for Nutramigen Powder??
PediaSure

- PediaSure is over prescribed
- Failure to thrive (FTT) diagnosis
- Other options
Availability of formula products in stores

- Work with the vendor
- Work with pharmacy within an authorized WIC vendor
- Find another authorized WIC vendor
Questions

What are your questions regarding the current issues we just went over?
Resources on our Website

Local WIC Agencies

Administrative
- Agency Additional Funding Sources
- Local Agency Inventory System User Guide (PDF, 2.2MB, New Window)
- Nutrition Services Plan (NSP) FY 2012-2014
- Nutrition Services Plan (NSP) FY 2009-2011
- One-Time Funds Project Accomplishments Summary - FY 2010 (Excel, New Window)
- Program Evaluations
- WIC Authorized Foods
- WIC Contract Management Binder (CMB) FY 2012 - 2014
- WIC Program Manual (WPM)
- WPM Resources

Formula
- Information for Registered Dietitians
- Therapeutic Formula

ISIS
- ISIS Hardware Index
- Job Aid - Participant Categories (PDF, New Window)
- Job Aid Basic Food Package Description for WIC Authorized Food List Shopping Guide July 5, 2011 (PDF, New Window)

Job Aid Formula (PDF, New Window)
- ISIS Downtime Forms

IT Support
- Firewall Configuration Worksheet (Word Doc, New Window)

Marketing and Outreach
WIC Infant Formula: Therapeutic Formula

Procedures

Processing Therapeutic Formula Requests:

- Process for Therapeutic Formula Requests (PDF)
- Pediatric Referral Form Full Sheet Version (PDF) with Instructions (PDF)
- Infant Screening and Medical Justification for Therapeutic Formulas Form CDPH 4143 (PDF)
- Child Screening and Medical Justification for Therapeutic Formulas Form CDPH 4144 (PDF)
- WIC Program Manual Policies for Therapeutic Formula and Medical Foods:
  - 380-10 Therapeutic Formulas, Medical Foods and WIC Foods (PDF)
  - 380-20 Provision of Medically Necessary Formulas or Medical Foods (PDF)
- Common Indications for Therapeutic Formula (PDF)
  also see the Formula Product Information links below

For additional information, please contact Denay Mertz@cdph.ca.gov phone 916-928-8762 or Paula.Eichheiser@cdph.ca.gov phone 916-928-8539.

Formula Product Information Links

- Mead Johnson
- Abbott
- Nutricia
- Nestle/Gerber

Insurance Resources

- Medi-Cal
- Apply for Medical
- Medi-Cal
- Enteral Nutrition Policy
- Medi-Cal Managed Care Health Plan Directory
- California Healthy Families Program
- California Children's Services
- Children's Medical Services
- Directory of Regional Centers
Partnering with Medi-Cal

The WIC program partners with State Medi-Cal to:

- strengthen communication
- work towards solving issues
Contact Information

Denay.Mintz@cdph.ca.gov
(916) 928-8762

Paula.Etcheberry@cdph.ca.gov
(916) 928-8539

Cheryl.Barrios@cdph.ca.gov
(916) 928-8579

Therapeutic Fax: (916) 440-5581
Follow up

- Survey Monkey

- Therapeutic Formula Training, Part 2
  - Spring 2013
  - Medi-Cal challenges