



4 FOOD PACKAGE /FI ISSUANCE

Effective: 3/1/98

4.15 Prescription-Required Foods and Food Packages

Revised: 8/1/09

POLICY: WIC foods requiring medical documentation using the appropriate WIC Clinical Data/Prescription form and WIC RD approval are: 1) exempt infant formulas for infants; 2) standard contract formulas, exempt infant formulas, and medical foods for children; 3) medical foods for women; 4) whole milk for children age 2-4 years and women; and 5) when available retail, soy beverages for children. Only WIC-approved products listed in WIC reference materials and in ROSIE Help may be provided. Quantities of foods and formulas or medical foods must be tailored per medical documentation and assessment information for children and women.

When a WIC participant is receiving Medical Nutrition Therapy, the WIC nutritionist/RD will collaborate with the MNT RD to assure continuity of nutrition care.

BACKGROUND: “Prescription-required” products are available when the use of conventional foods is precluded, restricted, or inadequate to address participants’ special nutritional needs. The new WIC Regulation for “Food Package III” includes infants, children, and women; includes additional requirements for prescriptions; allows greater flexibility for combinations of formula/medical foods and regular foods; and includes a new method for determining quantities which may result in differing numbers of containers per month.

PROCEDURE:

A. WISCONSIN WIC-APPROVED PRESCRIPTION-REQUIRED PRODUCTS

1. Definitions:

- a) Infant Formula – Designed for healthy full-term infants, but may be issued to children (e.g., for those born premature and receiving formula until 12 months adjusted age). Must provide at least 10 mg iron per liter and at least 67 kilocalories per 100 milliliters at standard dilution.
- b) Exempt Infant Formula – Infant formula designed and labeled for use by infants who have low birthweight, medical or dietary problems, or inborn errors of metabolism. (Formerly referred to as “special formula.”) Some exempt formulas are also labeled as medical foods and are thus appropriate for children, as well.
- c) Medical Food – Food (liquid or semi-solid) intended for the specific dietary management of a disease or condition when the use of conventional foods is precluded, restricted, or inadequate. Includes diets for metabolic disorders, complete special diets, complete elemental diets, and incomplete modular diets. Intended for children and adults.



- d) Other prescription-required foods – These include whole milk for 2-4 year old children and women, and soy beverages for children.
- e) Full Nutritional Benefit (FNB) – the monthly food quantities that must be available to participants, except that the goal for breastfed babies is to provide the minimum amount of supplemental formula. WIC Regulations require States to “round up” or average FNB over a feeding period.
- f) Prescriber – physician, physician assistant, and advanced practice certified nurse prescriber (i.e., nurse practitioners and certified nurse midwives who have obtained certification in order to prescribe).
- g) Qualifying medical conditions – diagnosed medical conditions (not symptoms) that require a prescribed product because the use of conventional foods is precluded, restricted, or inadequate to address the participant’s special needs. Qualifying conditions include, but are not limited to, low birth weight, failure to thrive, gastrointestinal disorders, severe food allergies that require an elemental formula, and life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients. Prescribed products can not be issued for enhancing nutrient intake or managing body weight without an underlying medical condition, non-specific formula or food intolerances, or lactose intolerance that can be managed with other WIC foods.

2. Wisconsin WIC-approved prescription-required products:

- a) WIC-approved products requiring prescriptions are identified in the following publications posted in the WIC web site. Each publication includes information about the approved products, the maximum number of containers per month (including a range, when needed), and the average number of reconstituted ounces per day.
 - (1) P-40077B Infant Formulas –Exempt Infant Formulas
 - (2) P-40077C Child Formulas (Contract Standard and Exempt), Medical Foods, and Other Foods Requiring Prescriptions
 - (3) P-40077D Women – Medical Foods and Other Foods Requiring a Prescription
- b) WIC-approved prescription-required products are also identified in *Reference Sheet #2: Prescription-Required Packages*, posted in ROSIE Help. This is an internal/WIC-use document. It includes the approved products, the numbers of containers per month, and the average amounts per day for Fully Formula Fed Infants (0-3 Mos, 4-5 Mos, 6-11 Mos, and 6-11 Mos No Foods), Mostly Breastfed Infants (0-<1 Mo, 1-3 Mos, 4-5 Mos, 6-11 Mos, and 6-11 Mos No Foods), Children, and Women



B. IDENTIFICATION OF NEED FOR A PRESCRIBED PRODUCT

1. A participant's need for a prescribed product is identified during the certification process (e.g., via the ROSIE health and diet questionnaires), at a food instrument (FI) pick-up, or at another time when a participant/caregiver asks for a different food package (sometimes with a doctor's tear pad prescription).
2. If there is a qualifying medical condition justifying WIC provision of the product, medical documentation using the appropriate WIC prescription form is required (see part C).
3. If there is no qualifying medical condition, the WIC RD must explain this to the participant/caregiver, encourage him/her to discuss this with their health care provider, and offer a regular WIC food package (if appropriate).

C. MEDICAL PRESCRIPTIONS, WIC RD APPROVALS, DOCUMENTATION

1. To issue prescription-required products, a completed WIC Clinical Data/ Prescription form is required. The forms, which are posted in the WIC web site are: F-44024A, for women; F-44024B, for children; and F-44024D, for infants.
 - a) The prescription must include: an allowable medical diagnosis (with ICD-9 code) justifying the prescription (i.e., medical condition, not a symptom, even if the latter has an ICD-9 code), brand name of the prescribed product, amount per day, intended length of use, if foods are contraindicated, and the signature of the prescriber. Different kinds of formulas or medical foods (as allowed per category) may be combined in a food package, on separate FIs, as long as the products are Wisconsin WIC-approved and the FNBs and/or maximum quantities are not exceeded.
 - b) If a participant presents with a tear pad "script" with product prescribed and prescriber signature, the CPA must try to contact the prescriber by telephone for additional required information. If this is not possible, the CPA must assess the prescription for appropriateness (based on available nutrition assessment information, including caregiver/participant self-report), issue no more than one food package (if the script is appropriate), and obtain a completed WIC Clinical Data/Prescription form prior to the next FI issuance (preferably within 1-2 weeks).
 - c) If the WIC Clinical Data/Prescription form is missing information:
 - (1) If missing information is known (e.g., participant report of actual diagnosis that matches the wording on the Prescription form), the CPA may enter the information, and initial and date the entry on the form.



- (2) Missing information may be obtained by telephone, but the completed written WIC Clinical Data/Prescription form must be sent to the WIC Project (mail, e-mail with electronic signature, FAX, hand-delivered by participant) as soon as possible (e.g., within 2 weeks).
 - d) The completed prescription form must be filed in the participant file along with the Project's initial documentation of information received from the prescriber. (For paperless files, the documentation may be saved as a pdf and saved electronically.)
2. WIC RD approval of the prescription is required in order to assure appropriateness of the product prescribed and to assure adherence to the medical documentation and issuance requirements.
- a) If the CPA is an RD, s/he should document approval and other relevant information in the ROSIE Care Plan.
 - b) If the CPA is not an RD, s/he needs to contact the RD and obtain approval prior to issuance OR issue 1 food package and obtain RD approval prior to the next issuance. If a secondary nutrition education contact is not needed that month, the next food package (s) may be mailed.
 - c) The RD should follow-up with the prescriber if the product does not appear appropriate for the medical condition, or if the prescriber prescribes a non-WIC-approved product (see policy 4.19). If the participant needs a quantity that exceeds the amount in the allowable WIC food packages, the RD should inform the participant/caregiver and encourage him/her to contact their health care provider to pursue Medicaid/Badger Care Plus or other insurance coverage (see policy 4.19), and/or to purchase the additional amount with FoodShare benefits or with cash. (See the *CSHCN Toolkit*, in WICPRO, for more information.)
 - d) The Project Nutritionist or the Regional Office Nutrition Consultant may require RD approval prior to issuance if:
 - (1) The percentage of prescription-required products issued is especially high, indicating potential over-issuance when contract formulas – or breastfeeding – are preferable.
 - (2) Past chart audits or reports of individual cases document inadequate or inappropriate nutrition services (e.g., staying on a formula longer than the intended length of use), inappropriate or inadequate nutrition counseling provided at issuance, lack of appropriate follow-up).



3. Document the product prescribed, the prescription reason (ICD-9 code/diagnosis); the date the prescription is valid through (all in the ROSIE Benefits tab); if applicable, notes regarding the need for RD approval before the next check issuance (per Project procedures); and if an “other” ICD-9 code is used, what the “other “ is (in the Care Plan).
4. When a WIC participant is receiving Medical Nutrition Therapy, the WIC nutritionist/RD will collaborate with the MNT RD to assure continuity of nutrition care.
5. Document in the Care Plan additional assessment information relevant to the special need for the prescribed product (e.g., tolerance to product/regular foods).

D. PRESCRIPTION-REQUIRED MODEL PACKAGES

1. Model Food Packages. There are models for prescription-required food packages in ROSIE that contain the FNB. Use *Reference Sheet #2: Prescription-Required Packages*, posted in ROSIE Help, to identify the number of containers to issue each month.
 - a) Infants: Fully Formula Fed 0-3 Month, 4-5 Month/6-11 Month No Food, and 6-11 Month
 - b) Infants: Mostly Breastfed <1 Month, 1-3 Month, 4-5 Month/6-11 Month No Food, and 6-11 Month
 - c) Infants: Some Breastfed <1 Month, 1-3 Month, 4-5 Month/6-11 Month No Food, and 6-11 Month
 - d) Children: 12-23 Month
 - e) Children: 24-59 Month
 - f) Pregnant women
 - g) Pregnant women with multiples
 - h) Breastfeeding women: Fully Breastfeeding, Fully Breastfeeding Multiples for both even and odd months, Mostly Breastfeeding, Mostly Breastfeeding Multiples, and Some Breastfeeding
 - i) Postpartum non-breastfeeding women

E. ISSUING PRESCRIPTION-REQUIRED PACKAGES

1. The CPA should use the Prescription and any additional relevant WIC nutrition assessment information, including participant/caregiver self-report, to select the appropriate model food package. Quantities may not be reduced (except to tailor for breastfeeding), though foods may be eliminated due to allergies or other medical contraindication.
 - a) Infants: If infant cereal and baby fruits and vegetables (and meats, if fully breastfed) are contraindicated, infants 6-11 months of age receiving an



exempt formula may receive the quantity of formula provided to 4-5 month olds. (Note: This does NOT apply to premature infants receiving standard formula who will not be receiving solids until 6 months CORRECTED age.)

- b) Children and women: These packages must be tailored to provide the appropriate quantities of formula/medical food and regular WIC foods. The Federal WIC Regulations include FNBs for both formulas/medical foods and regular foods to allow the greatest flexibility possible to accommodate the participant's medical condition and ability to consume various regular foods. Since formulas and medical foods are needed when an individual cannot consume regular foods, issuing the FNBs of both formulas/medical foods and regular foods would never be needed.
 - c) Ready to Feed (RTF) Formulas and Medical Foods: Ready to Feed (RTF) forms of an **exempt** formula or medical food may be issued when it is the only form available, when it better accommodates the participant's condition, when it improves compliance with consumption, when the water supply is unsafe, or when the caregiver has difficulty mixing powder or concentrate properly. (See policy 4.18.)
2. *Reference Sheet #2: Prescription-Required Packages*, posted in ROSIE Help, indicates the numbers of containers per full month issuance for the 3 infant age groupings, 6-month certification periods for children, 9-month certification periods for pregnant women (e.g., 8 months during pregnancy and up to one month postpartum), and 6-month certification periods for postpartum women. In addition, this reference indicates the numbers of containers to be issued when participants enroll "off schedule" (e.g., at 1, 2, and 3 months of age instead of shortly after birth). Quantities must be adjusted for catch-up and late issuance.

F. TRANSFERS

- 1. If a transferring participant has leftover checks showing the product prescribed, issue one food package and make a referral to a health care provider for a new prescription. If appropriate, the RD should refer the participant/caregiver to a public health nurse or a Regional CSHCN Center if s/he needs additional assistance.
- 2. If the transferring participant has no documents showing the product being requested, contact the previous project to verify the prescription (if possible), issue one food package and make a referral to a health care provider for a new prescription, and to a public health nurse or Regional CSHCN Center as appropriate.

G. AVAILABILITY FOR PURCHASE



1. Many WIC-approved exempt formulas and medical foods are available at grocery stores, and most should be available at WIC-authorized pharmacies. If availability at a pharmacy is uncertain, either the participant or the Project needs to call the pharmacy before shopping to assure the product is available. If the pharmacy does not stock the product (e.g., Neocate and Elecare), they are required by their agreement with the WIC Program to order it for the participant.
2. If a pharmacy needs to order the prescribed product and a prescriber did not provide a participant/caregiver with samples, contact the prescriber's office to determine what should be done (e.g., contact a company representative for an immediate supply, prescription for an alternate product, if appropriate).

H. REASSESSMENT

1. The need for continuation on a prescribed product must be evaluated and documented at all individual contacts (certification appointments and individual secondary nutrition contacts including Infant Updates).
2. A CPA can require a new prescription or, with the participant/caregiver's permission, contact the prescriber's office before the intended length of use expires if the participant's medical condition or ability to consume regular foods changes, indicating the prescription may no longer be appropriate.
3. Projects may develop an agency policy to require new prescriptions on a set frequency, e.g., every 6 months.