

Instructions for Physicians, Nurse Practitioners, and Physician's Assistants

(Only Clinicians licensed to write a prescription in Connecticut can complete the Medical Documentation Form)

For infants: Connecticut WIC has a sole source contract with Abbott Laboratories® for standard milk and soy-based infant formulas: **Similac Advance®**, **Similac Soy Isomil®**, **Similac Sensitive®**, and **Similac Total Comfort®**. These WIC Approved formulas are 20 kcal/fl oz. at standard dilution and participants can obtain these without a WIC Medical Documentation Form. **Similac Sensitive®** is indicated mainly for mild intolerance symptoms due to lactose sensitivity. **Similac Total Comfort®** is indicated for mild intolerances and to aid in easier digestion and absorption.

The other alternative standard formula is **Similac for Spit-Up®**. It is indicated to reduce frequent spit-up, due to gastroesophageal reflux or other related medical diagnosis and requires a documented ICD-10 code on the WIC Medical Documentation form.

NOTE: WIC does not provide milk- or soy-based standard infant formulas that are not part of the WIC contract.

NEW: HUSKY/Medicaid is now the **primary payor** for Special/Exempt Formulas for patients (women, infants, or children) that are dually enrolled in both WIC and HUSKY.

IMPORTANT: For your patients to receive Special/Exempt formula from Husky/Medicaid, the provider **MUST provide a prescription to the pharmacy with an appropriate ICD-10 code**. HUSKY members can call a Client Assistance Call Center if any issues with obtaining any prescription including nutritional supplement, Monday through Friday from 8:00am to 5:00pm., excluding holidays at **1-866-409-8430**. In addition, the WIC Program requires a completed WIC Medical Documentation Form be completed for dually enrolled patients to provide continuity of care.

WIC is a supplemental program and may not provide the total amount of formula or food prescribed. WIC prescription is subject to WIC approval and provision is based on Program policy and procedure. No prescription is valid for more than twelve (12) months.

REQUIRED: Select qualifying medical condition(s)/ICD-10 code(s)

From the list of common nutrition related ICD medical diagnoses, document one or more of the patient's serious qualifying medical conditions for which prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas and approved WIC foods must have an ICD-10 code and will be considered on a case-by-case basis. Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.

REQUIRED: Indicate whether

1) this is a patient dually enrolled in WIC and Husky/Medicaid insurance and confirm you will also send a prescription to the pharmacy.

OR

2) this participant is NOT dually enrolled patient with Husky/Medicaid insurance; in this case, the WIC Program can provide supplemental special/exempt formulas as prescribed on the Medical Documentation Form.

REQUIRED: Indicate the special/exempt formula, physical form, instructions for preparation, and length of use.

To note, powder or concentrate are the physical forms routinely provided by WIC. Ready-to-Feed (RTF) formula or medical foods may be authorized when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant may have difficulty in correctly diluting the concentrated liquid or powdered formula, or the product is only available in ready-to-feed. HUSKY may not have the same restrictions as the WIC Program with respect to physical forms of products.

REQUIRED: WIC Supplemental Foods Available (All WIC Participant Categories)

Please check the foods that are **not allowed** based on medical diagnosis. The patient will receive supplemental foods from the WIC Program, appropriate to their age and participant category, in addition to the formula indicated. Providers can defer to a WIC Nutrition Professional to determine the appropriate types and amounts of WIC supplemental foods by providing authorization. The provider maintains medical oversight, and ongoing communication with the WIC Program will ensure the continuum of care for the participant.

REQUIRED: Health Care Provider's original signature: Print or stamp your name, medical office, phone number and address.

If this form has been imported to the prescribers' EHR, an electronic signature is acceptable. By signing this form, you are verifying you have seen and evaluated the patient, including the nutrition and feeding problem(s) and symptoms, and determined that they have a serious medical condition. Please give the completed form to the parent/guardian to take to their local WIC program, or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic , then click on "For Medical Providers" tab in the left navigation bar.