PROVIDER Bulletin

KERN HEALTH SYSTEMS

June 30, 2025

Medical Formula and Nutritionals Request Form

Dear Provider,

In conjunction with our community partners, Kern Health Systems would like to share the following information with our network providers.

Below is a link to the newly formatted Medical Formula and Nutritionals Request Form issued by the California Department of Public Health (CDPH):

- CDPH Medical Formula and Nutritionals Request Form

WIC Agencies emphasize the importance of completing this form fully and accurately to avoid denial or delays in approval. For your reference, a sample completed form is provided with the critical sections highlighted to assist with accurate submission. Please see the attached example.

Provider Bulletins are available on the KHS website. Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.

Sincerely,

Tiffany Chatman, MS
Manager of Wellness & Prevention Partnerships
Kern Health Systems

KERN HEALTH SYSTEMS

State of California — Health and Human Services Agency | California Department of Public Health — WIC Program

CDPH | CALIFORNIA WIC

Medical Formula and Nutritionals Request Form

WIC Agency:

WIC ID#:

SECTION I: Participant/Patient and Health Care Information

Patient Name: (First) Example (Last) Participant | **Date of Birth:** 5/18/2025

Parent/Caregiver Name: (First) CAPK (Last) WIC | **Phone Number:** (866) 327-3074

Height/Length: Current: 20.00 inches (Date: 5/28/2025 Within 60 days)
At birth: 19.00 inches

Weight: Current: 8.00 lb 8.00 oz (Date: 5/28/2025 Within 60 days)
At birth: 7.00 lb 7.00 oz

Hemoglobin: _____ (gm/dL) or **Hematocrit:** _____ %

Lead Test: _____ mcg/dL

Lab Result Date: _____

Breastfeeding (birth to 12 months):
- ☐ Fully breastfeeding
- ☐ Feeding breastmilk & formula
- ☐ Never breastfed
- ■ Discontinued breastfeeding on (Date: 5/28/2025)

To Health Care Providers: WIC **only** provides medically-necessary formula or medical food when they are **NOT** covered by Medi-Cal. Please refer patient to Medi-Cal for these products.

Patient's Health Insurance:
- ■ **Medi-Cal** (**Note:** HCP must submit prior authorization (PA) to Medi-Cal Rx; then send PA and Rx to pharmacy)
- ☐ **Private** (does not cover enteral products)

SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis

Formula/Medical Food Prescribed (Check below or specify name if not listed): Nutramigen LGG

Premature:
- ☐ Enfamil NeuroPro EnfaCare
- ☐ Similac NeoSure

Nutritional Drinks:
- ☐ PediaSure
- ☐ PediaSure with Fiber
- ☐ PediaSure 1.5 Cal
- ☐ PediaSure 1.5 Cal with Fiber

Medical Formula:
- ☐ Fortini
- ☐ Similac PM 60/40

Hypo-Allergenic:
- ☐ Alfamino Infant
- ☐ Alfamino Junior, Unflavored
- ☐ Alfamino Junior, Vanilla
- ☐ EleCare Infant
- ☐ EleCare Junior, Unflavored
- ☐ EleCare Junior, Vanilla
- ☐ Extensive HA
- ☐ Neocate Infant
- ☐ Neocate Junior, Unflavored
- ☐ Neocate Syneo Infant
- ☐ Nutramigen (liquid concentrate; RTF)
- ■ Nutramigen LGG (powder)
- ☐ Pepticate
- ☐ PurAmino
- ☐ PurAmino Junior
- ☐ Similac Alimentum

Form: (Check one)
- ■ Powder
- ☐ Concentrate
- ☐ Ready-to-Feed (RTF) (Justification: _____) Required unless RTF is the only available form

Amount: 30.00 fluid ounces / ounces per day

Duration: (Check one)
- ☐ 1 month
- ■ 3 months
- ☐ 5 months
- ☐ 2 months
- ☐ 4 months
- ☐ 6 months

Qualifying Diagnosis: (Must specify)
- ☐ Prematurity (Adjusted age: _____ months)
- ☐ Failure to thrive
- ☐ Low birthweight
- ☐ Dysphagia
- ■ Food allergy: Milk Protein Allergy
- ☐ Immune system disorder: _____
- ☐ Gastrointestinal disorder: _____
- ☐ Life-threatening disorder: _____
- ☐ Genetic/Metabolic disorder: _____
- ☐ Malabsorption (Nutrient: _____)
- ☐ Other medical condition(s): _____