Contract Formula Change-Creating New Prescriptions

Starting July 25, 2023, all infants receiving Gerber contract formulas benefits with a First Date to Spend (FDTS) on or after October 1, 2023 must have a new prescription for Abbott Similac[®] products added in Crossroads. Infants that do not have a new prescription will receive an error message on the **Issue Food Instruments** screen:

Validation Summary: 1 *Participant has a Food Prescription for Food Subcategory, Gerber, that is no longer active for the FDTS.*

Take the following steps to create a new prescription:

1. <u>Select the green plus sign</u>. A Select the New Food Prescription Date popup will appear. <u>Select or enter October 1, 2023</u> and select Save.

				1/5/2023 1 to 3 Months	2/21/2023 4 to 5 Months	4/21/2023 6 to 11 Months	10/21/2023 12 to 23 Months	
od Prescription Date	WIC Category	Age Category	Breas	stfeeding Statu	s 🥜 Family Issu	ance Day 🥜 Iss	suance Frequency	
the second se		Cha did Manaha	The Rest of	Frank de Frad	0	6 11	Adapath (a)	
/202.	Infant	6 to 11 Months	Pully P	formula red	- 9		monim(s)	
1/202.	Infant	6 to 11 Months	Pully P	Formula Ped	- 9	1	monar(s)	
21/202.	Infant	6 to 11 Months	Fully	Formula red	- ,	1	monen(s)	
2022 🛟	Infant	e to 11 months	Pully P	Pormula Ped			Monan(s)	

Using the subcategory dropdown in the Infant Formula (IF) row of the Food Prescription Items container, <u>select the desired Similac product</u> for the October 1, 2023 prescription date.
 <u>Enter the formula quantity</u> and select Save. This should change all future prescriptions beyond October 1, 2023 to the new Similac product.

NOTE: It is best practice to <u>confirm the accuracy of all future prescriptions</u> in the prescription carousel.

Save Cancel

▼Food Prescription							
5/9/2023 0 Months	6/1/202 1 to 3 M	23 7/13/2023 onths 1 to 3 Months	9/1/2023 4 to 5 Months	10/1/2023 1 4 to 5 Months 6			
Food Prescription DateWIC CategoryAge Category10/1/2023Infant4 to 5 Months	Breastf Fully For	eeding Status 🥜 Fami mula Fed 16	ily Issuance Day	J Issuance Freq 3 Month(s)	uency		
▼Food Prescription Items						Total Items: 1	
Category			Subcategory		Quantity	Category Max Quantity	NOU
X Infant Formula (IF)		Similac Advance Powder 1	12.4 oz	v	884	884 0	Junces
		Similac Advance Conc 13 c	Z				
		Similac Advance Powder 1	2.4 oz				
		Similac Advance RTF 32 oz	z				
		Similac Sensitive Powder 1	2.5 oz				
		Similac Sensitive RTF 32 or	z				
Add Item to Food Prescription		Similac Soy Isomil Concent	rate 13 oz				
Category Subcategory Quantity	Max	Similac Soy Isomil Powder Similac Soy Isomil RTF 32 c	12.4 oz oz				
		Similac Total Comfort Powe	der 12.6 oz				

If the first method can't be used, use the second method described below:

- 1. <u>Select the green plus sign.</u> A Select the New Food Prescription Date popup will appear. Select or enter October 1, 2023 and select Save.
- 2. Use the **Add Item to Food Subscription** container to <u>add the desired Similac product</u> for the October 1, 2023 prescription date:
 - a. <u>Select Infant Formula from the Category dropdown</u>
 - b. <u>Select the desired Similac product from the Subcategory dropdown</u>
 - c. <u>Enter the formula quantity</u> and select **Add Item**.

Add Item to Food Pre	scription			
Category	Subcategory	Quantity	Max / Med Max	MON
Infant Formula (IF)		0	/	Add Item Clear
	Similac Advance Conc Similac Advance Powe Similac Advance RTF Similac Sensitive Powe Similac Sensitive RTF Similac Soy Isomil Con Similac Soy Isomil Pow Similac Soy Isomil RTF Similac Total Comfort	13 oz ler 12.4 oz 32 oz der 12.5 oz 32 oz centrate 13 oz ider 12.4 oz 32 oz Powder 12.6 oz		

The resulting October 1 prescription and any future prescriptions containing formula will have two rows, one with a blank subcategory, and the other with the new Similac product. Crossroads will prompt you with a validation summary stating, "Category maximum exceeded...." The extra row of formula with the blank subcategory must be deleted.

▼Food Prescription	Validation Summary:	3	<u> </u>			?
Food Prescription Date WIC Category Age Category 10/1/2023 Infant 6 to 11 Months	 Category maximum exceeded for Infant Formula (IF) for prescription with date 10/1/2023 12:00:00 AM 6 to 11 month old Infants may not receive Food Products when the amount of Formula prescribed exceeds the Full Nutrition Benefit for WIC. 					
▼Food Prescription Items	• Food Subcategory selection is required for category Infant Formula (IF).				Total Ite	ms: 4 🕜
Category		Subcategory		Quantity	Category Max Quantity	UOM
Infant Fruit & Vegetable		Infant Fruit & Vegetable		128	128	Ounces
Breakfast Cereal		Infant Cereal		24	24	Ounces
Infant Formula (IF)				624	624	Ounces
X Infant Formula (IF)		Similac Advance Powder 12.4 oz	Č	624	624	Ounces

3. <u>Select the red X in the Food Prescription Items</u> container next to Infant Formula (IF) with the blank subcategory.

If there are future prescriptions containing Gerber, a **Delete Formula** popup will appear. Select **Yes**.

Delete Formula	
Do you want to delete this formula Gerber Good Start Gentle Powder 12.7 oz from future prescri	iptions?
Yes No	

 <u>Navigate to each future prescription and check for accuracy</u>, including correct Subcategory and Quantity of formula. Select Save.

Either method used will result in the **Food Prescription Items** container shown here with one row of formula containing the new contract Similac product.

▼Food Prescription				
5/9/2023 6/1/20 0 Months 1 to 3 M	23 9/1/2023 10/1/2023 11/1/2023 Ionths 4 to 5 Months 4 to 5 Months 6 to 11 Mont	hs		
Food Prescription DateWIC CategoryAge CategoryBr11/1/2023InfantInfant6 to 11 MonthsFut	eastfeeding Status <i>F</i> amily Issuance Day <i>S</i> Issuar ly Formula Fed 16 3 Mor	th(s)	ncy	
▼Food Prescription Items			Total Items	:3 🕜
Category	Subcategory	Quantity	Category Max Quantity	UOM
Infant Fruit & Vegetable	Infant Fruit & Vegetable	128	128	Ounces
Breakfast Cereal	Infant Cereal	24	24	Ounces
X Infant Formula (IF)	Similac Advance Powder 12.4 oz	624	624	Ounces