



POLICY

1. *The competent professional authority must provide any of the contract milk-based or contract soy-based infant formulas to infant participants upon request.*
2. *The competent professional authority must individually tailor the food package to provide the type, form, and amount of formula most appropriate for the participant based on assessed need, professional judgment, formula tolerance, breastfeeding status, age, etc.*
3. *Infants, children and women eligible for Food Package III must obtain medical documentation from a health care provider, licensed to write medical prescriptions, substantiating a qualifying medical condition.*
4. *Formula must be issued in powder or concentrate form as determined by assessed need and requested by the parent/caretaker, unless the conditions for issuing ready-to-use formula are met.*
5. *All requests for infant formula by a breastfeeding mother must be assessed by a competent professional authority or Breastfeeding Coordinator to determine the appropriateness of supplementation for the infant.*
6. *Ready-to-use formula may be authorized when the competent professional authority determines and documents in the participant’s record that at least one of the following conditions exists:*
 - *Unsanitary or restricted water supply;*
 - *Inadequate refrigeration;*
 - *Caretaker has difficulty diluting concentrate or powder formula;*
 - *Formula product is available only in the ready-to-use form;*
 - *The ready-to-use form better accommodates the participant’s condition (Food Package III only); and/or*
 - *The ready-to-use form improves the participant’s compliance in consuming the prescribed WIC formula (Food Package III only).*
7. *The competent professional authority must issue formula in accordance with federal regulations. The amount of formula issued must not exceed the Monthly Maximums of NYS Approved Formulas. Amounts must be tailored based on assessed need.*
8. *All returned formula must be discarded by the local agency due to safety issues.*

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BACKGROUND

Federal Regulations 7 CFR 246.16a on cost containment requires that all state agencies must continuously operate a cost containment system for infant formula. In general and in New York State, this system consists of contracts with infant formula manufacturers to issue their formula and receive a rebate on every can of contract infant formula purchased with a WIC check. Federal Regulation 7 CFR 246.10(b)(2)(ii)(C) states that food package quantities are to be issued based on assessment of each participant’s individual breastfeeding and nutritional needs. State agencies must provide at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for each food package category. Infant formula amounts for breastfed infants, even those in the fully formula fed category should be individually tailored to the amounts that meet their nutritional needs.

DEFINITIONS

Full Nutrition Benefit – Minimum monthly amount of reconstituted fluid ounces of liquid concentrate, ready-to-feed, and powder infant formula for each infant food package category and infant breastfeeding status.

Refer to Acronyms and Definitions.

PROCEDURE

1. If infant formula is requested by the parent/caretaker of an infant, the competent professional authority (CPA) must issue a contract milk-based or soy-based infant formula. If the parent/caretaker requests a non-contract standard infant formula, the CPA must explain the NYS WIC policy prohibiting the issuance of any infant formula other than contract formula without a prescription. Requests for exempt formulas require medical documentation signed by a health care provider (HCP) licensed to write medical prescriptions.

2. Infant participants 6 months or older who are unable to tolerate solid infant foods are eligible to receive higher amounts of contract infant formula in lieu of infant solid foods. They must meet the criteria for Food Package III for participants with qualifying medical conditions with HCP medical documentation.

3. A child participant who is prescribed infant formula after the age of 12 months by a HCP must meet the criteria for Food Package III for participants with qualifying medical

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conditions. Medical documentation containing the required information must be provided to issue any infant formula to a child participant.

4. The CPA must tailor formula when tolerance is questionable. The lowest quantity must be issued until formula tolerance is determined. Tolerance must be based on assessed need, while minimizing barriers for the participant, such as transportation, site schedules, etc.
5. The CPA must use professional judgment to offer frequent WIC appointments, shopping visits, phone contacts, etc. on a case-by-case basis until formula tolerance is established to reduce the need for formula can/check returns.
6. The CPA must assess and address feeding skills, techniques and parenting concerns/issues prior to changing formulas.
7. The CPA must use professional judgment to assess the need for counseling on the use of powder formula or on the safety of mixing, handling, and storing formula prepared by the parent/caretaker. If a parent/caretaker has concerns about using powder formula because of a specific medical condition or on the safety of mixing, handling, and storing formula, then encourage the parent/caretaker to discuss these concerns with their HCP.
8. The CPA must encourage breastfeeding mothers to choose powder formula to minimize the amount of formula that is prepared at one time. The amount of formula issued must be based on breastfeeding frequency and assessed need. Breastfeeding women who do not exclusively breastfeed must be supported to continue breastfeeding to the maximum extent possible through minimal supplementation with infant formula.
9. The CPA must inform parents/caretakers that WIC is a supplemental program and the amount of formula that may be obtained from the WIC Program is limited to the maximum allowed.
10. The reason for issuance of ready-to-use formula must be documented in the participant's record.
11. Local agencies must accept unused WIC issued formula from participants when there has been a change in formula or form.
12. To protect participants from potentially unsafe formula, all returned formula must be discarded. Returned formula must not be given to WIC participants, local food pantries or emergency food relief organizations.

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GUIDANCE

The Monthly Maximums for NYS WIC Approved Formulas provides information on the maximum number of cans of NYS WIC approved formula which may be issued to a participant. This resource is available electronically to all local agencies on the desktop and Common Drive and is updated whenever a revision occurs.

As the infant grows and requires more calories and nutrients, the amount of formula provided by the WIC Program may not be sufficient. The WIC Program can not provide formula if someone does not qualify for WIC, if the formula requested is not on the Approved Formulas in the New York State WIC Program, or if a participant requires additional formula beyond what WIC allows. In any of these circumstances, referrals should be made to other programs when applicable. Medicaid provides a variety of formulas and should be utilized appropriately. Health insurance programs, SNAP funds, HCPs and individual formula companies may also assist participants.

Parents/caretakers may ask if it is advisable to purchase nutritionally equivalent, less expensive milk-based or soy-based infant formula. The CPA should counsel parents/caretakers and suggest comparable formulas appropriately while considering the health and nutrition assessment of the infant/child.

Until formula tolerance is established and to limit the amount of formula cans returned, best practice is to:

- increase the number of shopping visits in the electronic record;
- issue one month of checks at a time; and/or
- counsel parents/caretakers on cashing limited amounts of formula checks.

Verification of unsanitary or restricted water supply should be obtained when possible and maintained in the participant’s record. Unsanitary water includes conditions of viral/bacterial contamination, presence of organic contaminants, toxins, or levels of substances considered by local government entities to be harmful if ingested.

If the household has inconsistent access to refrigeration or inadequate refrigeration, but has a safe water supply, powder formula may be appropriate. The CPA should evaluate the participant’s situation to determine the safest form of formula product to issue.

WIC offers formula in the following three forms:

- **Powder** is the most economical form of formula because the reconstituted amount of formula is higher than other forms. Powder formula is convenient for travel and is the recommended form for partially breastfed infants because a small amount of prepared formula can be made as needed.

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- **Concentrate** formula is convenient, easiest to mix with less chance of contamination in the mixing process. Concentrated formula is more expensive because it does not reconstitute to the same amount as powder.
- **Ready-to-Use** formula requires no preparation. It is the most expensive form and can only be authorized by the CPA for specific conditions.

Refer to the following policies:

- Food Package III Participants with Qualifying Medical Conditions
- WIC Approved Foods and Formulas
- Food Packages I, II, IV, V, VI, VII, VII x 1.5
- Food Package Modifications for Homeless Participants
- Food Packages for Breastfeeding Participants
- Reissuing Food Instruments

Refer to the Formula folder on the Common Drive for additional formula related tools for staff and participants.