Effective August 1, 2022

Policy No. FD:13.0

Issuance of Contract Infant Formula

Purpose

To ensure that participants needing milk-based and soy-based infant formula receive contract formula.

Authority

7 CFR 246.2; 7 CFR 246.10

Policy

In instances when breastfeeding is medically contraindicated or when a parent requests formula, contract formula may be issued. Contract brand infant formula must be issued as the first choice unless an exempt/WIC eligible nutritional has been prescribed by a health care professional licensed to write prescriptions under state law for a qualifying condition(s).

Contract brand infant formula may only be issued to participants older than one year of age when prescribed by a health care professional for a qualifying condition(s).

Only Certifying authorities or WIC Certification Specialists (WCS) may assign contract formula.

Definitions

Alternate contract infant formula – any contract brand, non-exempt infant formula, other than the primary contract infant formula that is subject to rebate under cost containment procedures.

Contract brand infant formula - all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract.

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Formula – the term formula used throughout this policy refers to all contract and non-contract formulas, including milk and soy-based, low-lactose formulas, nutritional beverages, additives such as human milk fortifiers and modular products, nutritional supplements and WIC-eligible nutritionals.

Exempt infant formula – therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.

Primary contract infant formula — the specific infant formula for which manufacturers submit a bid to a State agency in response to a rebate solicitation and for which a contract is awarded by the State agency as a result of that bid.

WIC - eligible nutritionals – certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted or inadequate. Such WIC eligible nutritionals must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients, be designed for enteral digestions via an oral or tube feeding (e.g. Pediasure) and may not be a conventional food, drug, flavoring or enzyme.

Procedures

- Contract milk-based infant formula
 - a. Issue the primary milk-based contract infant formula unless:
 - The infant is already taking an alternate contract milk-based or soy-based infant formula and the parent/guardian wants to continue that formula or;
 - ii. The infant is already taking another manufacturer's product that is comparable to the alternate contract milk- or soy-based infant formula. Staff may offer the contract product that is most comparable the infant does not have to trial the primary milk-based formula first.

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- iii. A caregiver requests an alternate milk or soy-based contract infant formula or;
- iv. The CA determines, using professional judgement, that an alternate contract infant formula may better meet the infant's feeding needs.
- v. The caregiver presents a medical request from the health care professional for a non-contract formula that can be approved and issued per policy FD:16.0.
- II. Contract soy-based infant formula
 - a. Issue the contract soy-based infant formula in cases where:
 - i. The family follows a vegan (vegetarian, no dairy) diet and requires a soy formula or;
 - ii. There is a family preference and/or caregiver request for soy formula or;
 - iii. There is a medical request from a healthcare professional for a soy-based formula.
- III. When a caregiver requests a change in contract formula due to symptoms of reported intolerance, the CA or WCS should:
 - a. Assess and counsel prior to making a formula change.
 - Explore the feeding, preparation and/or storage practices.
 Provide appropriate counseling and education. Refer to health care professional as needed.
 - ii. If the caregiver reports symptoms of: Diarrhea, bloody stools, vomiting, fever, weight loss, poor or no weight gain, make a referral to the infant's health care professional. Document the referral in the participant's record.
 - b. Document the reason for the contract formula change and symptoms experienced in Notes section of the participant page.
- IV. Issuance of contract infant formula to a participant older than one year of age:

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- a. Obtain a medical request from the health care professional and complete an assessment and appropriate documentation for approval.
- b. Assessment includes a diet history, anthropometric measurement and any relevant medical history.
- V. Concentrating (or altering the standard dilution) of contract infant formula:
 - a. Issue only up to the maximum amount of formula as outlined in the Maximum Quantity tables. Quantities cannot be increased to offset reduced final volume that results from concentration.
 - b. Provide instruction for mixing formula to concentrations other than the standard dilution *only* with a written or verbal request from the health care professional.
 - i. Mixing instructions for concentrating contract formulas to 22, 24, 27 and 30 kcal/oz can be requested from the state agency.
 - ii. It is not necessary to contact the state office for approval to provide mixing instructions for contract formula.
 - iii. Document verbal requests from healthcare providers in VENA notes. Include name and contact information of healthcare provider, date of request and reason for increased calorie need.
 - iv. Scan and upload written requests to the client record in the MIS.
- VI. Formula only food package issuance
 - a. The special needs food package for infants 6 months of age and older may be issued with contract formula.
 - b. Obtain a medical request from the HCP indicating foods are to be omitted due to an inability or delay in consuming solids.
- VII. In the event that a contract formula does not meet federal regulations, a medical request from a prescribing authority will be required.