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.
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

I. Contract milk-based infant formula
   a. Issue the primary milk-based contract infant formula unless:
      i. 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.
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.
   i. 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:
Texas WIC  
Health and Human Services Commission  

Effective August 1, 2022  Policy No. FD:13.0

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.