

**Connecticut WIC Program Manual
Federal Fiscal Year 2017**

Section: Food Delivery

- 400-01 Food Delivery Statewide System**
- 400-02 Initial Enrollment in the Food Delivery System**
- 400-03 Approved Food List/Participant ID Booklet**
- 400-04 EBT Account Setup and Maintenance**
- 400-05 Benefit Issuance, Prorating, Voiding and Reissuance**
- 400-07 Changing Food Package**
- 400-08 Theft and/or Loss of eWIC Cards**
- 400-09 Unused eWIC Card Stock Inventory**
- 400-10 Issuance of Contract Standard Formula, WIC Special Formula/WIC Approved Foods and Formulas due to Religious Preference**
- 400-11 Use of Medical Documentation Form**
- 400-12 Retail Purchase of Special (Exempt) Formula**
- 400-13 Special Formula Reconciliation**
- 400-14 New Special Formula Product Approval**
- 400-15 WIC Formula Return Policy**
- 400-16 Procedure for Documenting Issues with Formula Quality and Safety**
- 400-17 Formula Storage Guidelines**
- 400-18 Coordination with Public or Private Insurance for Issuance of Special Formula**
- 400-19 Conflict of Interest with Vendors**

SECTION: Food Delivery**SUBJECT: Food Delivery Statewide System****POLICY**

The Connecticut WIC program utilizes a statewide computerized food delivery system. The system is used by local agencies to:

- Complete the enrollment of a participant during the initial certification visit, and
- Provide benefits which are used by the participant to purchase approved foods at authorized retail stores.

To enroll a participant in the computerized food delivery system, the local staff person completes the certification process. The certification process is used to capture all necessary information about new participants including demographic, health, and risk information. If a participant qualifies for the WIC program, a Competent Professional Authority (CPA) assigns the appropriate food package during this process.

Benefits are issued while the participant waits. A maximum of three months of benefits may be issued at one time. The participant will be issued a shopping/benefits list which specifies the type and amount of food to be purchased as well as the valid dates of use.

A family will be issued one card for all WIC eligible participants. Family members' benefits will be aggregated.

For example: If a mother has three children participating on WIC, they will receive one benefit list. Their benefit list may look like this:

.You can anticipate receiving the following WIC foods for September 23, 2016 to October 22, 2016.

However, if the WIC status of a family member changes before the benefits are available, the foods you receive may also change.

Ethan ID#: 201401753

1 LB	CHEESE - ALL AUTHORIZED
1 DOZ	EGGS - LARGE ONLY -ALL AUTHORIZED
36 OZ	BREAKFAST CEREAL - ALL AUTHORIZED HOT AND COLD
1 LB	LEGUMES-DRY OR CANNED BEANS, PEAS OR LENTILS AND/OR PEANUT BUTTER
2 LB	WHOLE WHEAT/WHOLE GRAIN BREAD, SOFT CORN OR WHOLE WHEAT TORTILLAS, BROWN RICE, WHOLE WHEAT/WHOLE GRAIN PASTA
8 \$\$\$	FRUITS AND VEGETABLES - CASH VALUE VOUCHER
1 QT	YOGURT - ALL AUTHORIZED
3 GAL	MILK - WHOLE-FLUID, EVAPORATED, LACTOSE FREE/LACTOSE REDUCED, GOAT, KOSHER
128 OZ	JUICE - ALL CATEGORIES - 12 OZ FROZEN (=48 OZ LIQUID) OR 64 OZ LIQUID

SECTION: Food Delivery**SUBJECT: Initial Enrollment in the Food Delivery System**

Federal Regulations: §246.12 (e)-(f), 246.10 (b)(2)(ii) and 246.10(e)

POLICY

The foods allowed on the WIC program have been selected according to their nutrient content, cost, availability and acceptability. These foods are grouped into "food packages" designed to supplement the participant's nutrient and caloric needs.

The local agency staff shall explain to participants the type and amount of foods which are pertinent to their needs.

Explain verbally the type of foods approved for the WIC program. An audio-visual presentation may be used for reinforcement purposes only.

Instruct the Authorized Person or Caretaker to sign the Family Benefits List for benefits received.

SECTION: Food Delivery

SUBJECT: WIC Approved Food Guide

See WIC 200-16 and WIC 400-02

POLICY

The local agency staff shall issue and explain the WIC Approved Food Guide to each participant/family upon enrollment in the Program. Review of WIC foods and Food Guide may need to occur at mid or re-certifications or more often as needed.

The least expensive brand is no longer required, but due to cost saving measures, the WIC participant may be encouraged to purchase the least expensive product. The participant will have a choice to purchase National or Store brand WIC approved food items where it is indicated in the WIC Approved Food Guide.

Both English and Spanish Food Guides are available through the State agency.

MILK

Purchase size and type shown on the WIC Family Benefits List

Fluid milk: Fat Free, 1% Lowfat, 2% Reduced Fat, Whole milk

NO: Buttermilk, flavored or raw milk



SOY MILK

64 oz/Half gallon, refrigerated

8th Continent Original

Silk Original

Pacific Ultra Soy Original Non Dairy Beverage

(shelf Stable) 32 oz



ONLY WHEN SPECIFIED ON BENEFITS LIST:

Lactose Reduced/Lactose Free milk, 64 oz/half gallon paper carton: Skim, 1%, Whole

Evaporated milk, 12 oz can: Fat Free, 2% Whole milk,

Kosher milk: 2%, Whole milk

Nonfat Dry milk: 9.6 oz box

UHT (shelf-stable) milk: 1%, 2% or Whole

GOAT'S MILK

Meyenberg (canned, packets, fluid quarts)



CHEESE

One package only, 16 oz/1 lb (or as specified on your Family Benefit List)

Any brand: American, Colby, Cheddar, Monterey Jack, Mozzarella, Muenster

Fat Free Mozzarella, prepackaged: Calabro, Polly-O

Not Allowed

Deli or sliced cheese (except American), individually wrapped slices, shredded or string cheese, cheese food, cheese product or spreads, cream cheese or cottage cheese, imported, flavored, organic cheese

EGGS

Large, 1 dozen, carton

White or brown

NO: Organic eggs



TOFU

Plain, 14-16 oz package

Nasoya: Cubed, Super Firm, Firm, Lite

Firm, Lite Silken, Silken, Soft

Azumaya: Firm, Extra Firm

Nature's Promise: Firm, Extra Firm

NO: Organic tofu



YOGURT

1 quart or 32 oz container only

Plain or vanilla flavored only

Non-fat or Low fat

Whole fat/whole milk yogurt

(for children 1-2 years old)

NO: Greek or organic yogurt

NO: Artificial sweeteners



To make shopping for WIC foods easier look for the WIC Approved shelf labels.



Remember to keep your eWIC card and the latest receipt with your remaining benefits and the last day to use.

JUICES

BOTTLED JUICE-100% fruit juice only

64 oz plastic bottles



NATIONAL BRANDS

Juicy Juice-Apple, White Grape, Purple Grape, All 100% juice mixtures

Old Orchard Juice- Apple, White Grape, Purple Grape, All 100% juice mixtures, Pineapple

Mott's-Apple

Welch's-All varieties

Langers- Pineapple

Libby's- Pineapple

STORE BRANDS

America's Choice- Apple, White Grape, Purple Grape, Grapefruit Juice/Blends, All 100% juice mixtures

Best Yet- Apple, White Grape, Purple Grape, Grapefruit Juice/Blends, Pineapple

Big Y- Apple, White Grape, Purple Grape, Juice A Lot All 100% juice mixtures

Food Club- Apple, White Grape, Grapefruit Juice/Blends, Pineapple Purple Grape

Great Value- Apple, White Grape, Grapefruit Juice/Blends Purple Grape, All 100% juice mixtures

Harvest Classic- Apple

HY-TOP- Apple, White Grape, Grapefruit Juice/Blends Purple Grape

IGA- Apple, White Grape, Grapefruit Juice/Blends Purple Grape; Juice mixtures- Grape, Fruit Punch, Berry, Cherry

Krasdale- Apple, White Grape, Purple Grape

Market Pantry- Apple, White Grape, Purple Grape, All 100% juice mixtures

Parade- Apple, White Grape, Purple Grape

Price Chopper- Apple Grapefruit Juice/Blends, Pineapple, White Grape, Purple Grape, All 100% juice mixtures

Sav-a-Lot/Ruby Kist- Apple Pineapple

Shop Rite- Apple, White Grape, Grapefruit Juice/Blends Purple Grape

Stop & Shop- Apple, White Grape, Purple Grape, Grapefruit Juice/Blends, Pineapple, All 100% juice mixtures

JUICES

Shurfine- Apple, White Grape, Grapefruit Juice/Blends Purple Grape

Valu Time- White Grape, Purple Grape

White House-Apple

White Rose- Apple, White Grape, Grapefruit Juice/Blends Purple Grape

Tipton Grove- Apple, White Grape, Purple Grape

VEGETABLE JUICES

64 oz.plastic containers

V8 Low Sodium Vegetable Juice

Price Chopper Low Sodium Vegetable Juice

Campbell's Low Sodium Tomato Juice

REFRIGERATED JUICE

100% Orange Juice- 64 or 128 oz

JUICE CONCENTRATE 11.5-12 oz FROZEN

Apple- America's Choice, Best Yet, Clear Value, FoodClub, Great Value, HY-TOP, IGA, Langers, MarketPantry, Old Orchard, Parade, Price Chopper, Seneca, ShopRite, Shurfine, Stop & Shop, Tipton Grove, Tree Top, Valu Time

Grape- America's Choice, Best Yet, Great Value, Langers, Market Pantry, Old Orchard, Seneca, ShopRite, Stop & Shop, Welch's

Grapefruit- Any brand

Orange- Any brand

Orange Juice with Calcium (for women only)

Juice Mixtures - all flavors Dole 100% Juice, Great Value, Langers, Market Pantry, Old Orchard, Welch's 100% (yellow cap-)

Pineapple- Dole, Langers, Old Orchard, Market Pantry

NON-FROZEN

Welches- All Varieties



FRUITS and VEGETABLES

FRESH FRUITS & VEGETABLES

- Any variety
- May be sold by the piece, package or pound
- Whole or cut
- Bagged salad mixtures, bagged vegetables



NO: Items from the salad bar, party trays, fruit baskets, dried fruit, fruit snacks, fruit rollups, herbs, spices, olives

FROZEN FRUITS

- Any brand/variety and size
- Any plain fruit, plain fruit mixtures



FROZEN VEGETABLES

- Any brand/variety and size
- Any plain vegetable, plain vegetable mixtures



NO: Added sweeteners, sugar, syrup, added fats, oils, french fries, hash browns, tater tots or other shaped potatoes.

Must not be packed with sauce, pasta or rice

CANNED FRUITS

- Any brand and size
- May be packed in water or juice

NO: Added sweeteners, sugars, syrup, added fats, oils, salt, cranberry sauce, pie fillings, fruit cocktail, fruit rollups, fruit snacks

CANNED TOMATO SAUCE

- Plain canned tomato sauce/plain spaghetti sauce

NO: Added sweeteners, sugars, syrup, added fats, oils



CANNED VEGETABLES

- Any brand and size
- May be regular or lower in sodium

NO: Added sweeteners, sugars, syrups, added fats, oils, pickled (vegetables), creamed or sauced vegetables, baked beans, pork & beans, soups, ketchup, relishes, olives

HOW TO USE YOUR FRUIT AND VEGETABLE BENEFIT

The Fruit and Vegetable benefits will have a maximum dollar amount, shown on your WIC Family Benefits List.

If your fruit and vegetable purchase costs more than the maximum dollar amount, you have the option to pay the difference with cash, EBT, SNAP or another form of payment accepted by the store.

If your fruit and vegetable costs less than the maximum dollar amount, your balance will remain on your eWIC card. Please be sure to check your store receipt for the expiration date for your monthly benefits.

INFANT PRODUCTS

INFANT FORMULA - with iron

Purchase size and type shown on the WIC Family Benefits List

INFANT CEREAL (DRY) - 8 oz boxes

BEECH-NUT

Rice, Oatmeal, Multigrain



NO: Added fruits, crisps, formula or DHA

INFANT FOOD - FRUITS AND VEGETABLES

4 oz jar only

BEECH-NUT - CLASSICS Stage 2

Apples

Chiquita® Bananas

Pears

Mango

Peaches

Squash

Sweet Potatoes

Sweet Carrots

Sweet Peas

Green Beans



NO: Mixtures with cereal, desserts, dinners or food combinations (e.g. meat and vegetable, rice, pasta, yogurt or noodles)

NO: Meat sticks, organic, added sugar, starch, salt, DHA or ARA

For Certain Categories of Breastfeeding Babies:

INFANT FOOD - MEATS

2.5 oz jar only

BEECH-NUT - Classics Stage 1

Beef & Beef Broth

Chicken & Chicken Broth

Turkey & Turkey Broth



Shopping with the eWIC card is a safer, easier and more convenient way to shop!

Connecticut
NUTRITION IS JUST the BEGINNING.



6103 0123 4567 8910

WIC Nutrition Program
CT Department of Public Health
www.ct.gov/dph/wic
1-800-741-2142

This institution is an equal opportunity provider.

JANUARY 2016

CEREALS

14 oz boxes or larger. No single serving packets.

NATIONAL BRANDS

- General Mills** Cheerios (Plain, Multi Grain)
Chex Cereal (Corn*, Rice*, Wheat)
Kix (Original)
Total
- Kellogg's** All Bran Complete Wheat Flakes
Corn flakes (plain)
Shredded Wheat (frosted, unfrosted)
Special K (original)
Bran Flakes
Grape Nuts, Grape Nut Flakes
- Post** Oat Bran
Oat Life
- MOM Brands** Crispy Rice
Frosted Mini Spooners
Honey and Oat Blenders
- Sunbelt Bakery** Simple or Low-fat Granola

HOT CEREAL

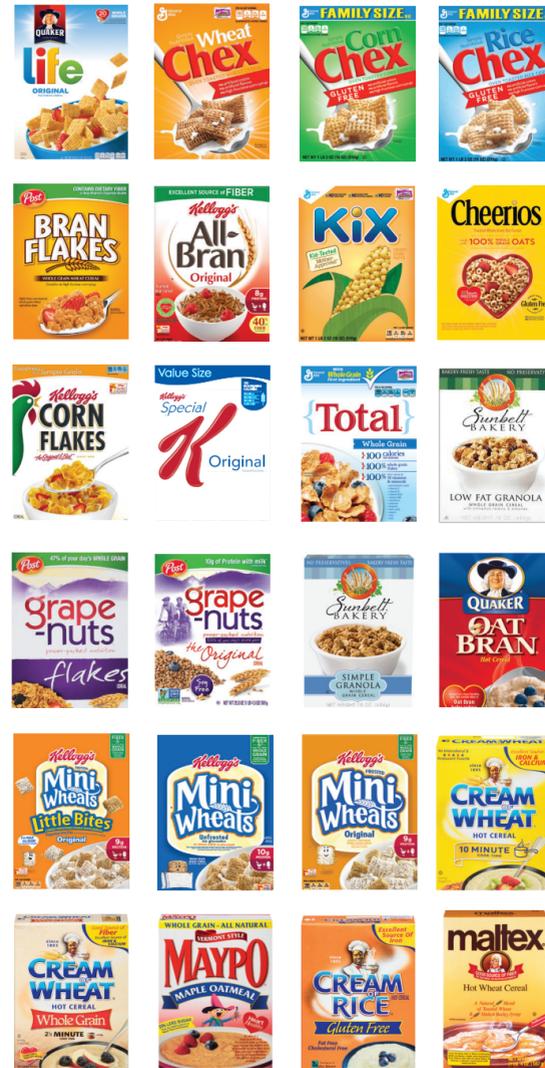
- America's Choice Original Hot Wheat
Best Yet Creamy Wheat
Cream of Rice*
Cream of Wheat (1 minute, 2 ½ minute, 10 minute)
Cream of Whole Grain
Farina Mills Original Farina
Maltex
Malt-O-Meal Original Hot Wheat Cereal
Maypo Vermont Style Maple Oatmeal
Price Chopper Enriched Quick Cream Farina
Ralston Creamy Wheat
*Gluten Free Cereal

Tips for your eWIC purchase:

- Swipe your eWIC card before any other form of payment
- Know your exact fruit and vegetable balance
- All registers are now programmed to only allow WIC approved foods

CEREALS

14 oz boxes or larger. No single serving packets.



STORE BRANDS

- America's Choice- Bran Flakes, Corn Flakes, Toasted/Crunchy Corn, Shredded Wheat (frosted), Toasted Oats (plain)
Best Yet- Bran Flakes, Corn Flakes, Crispy Rice, Shredded Wheat (frosted, unfrosted), Nutty Nuggets, Oat Wise, Honey Oats & Flakes, Toasted Oats (plain), Crunchy Wheat
Big Y- Bran Flakes, Corn Flakes, Crispy Corn Squares, Shredded Wheat (frosted), Toasted Oats (plain)
Clear Value- Shredded Wheat (frosted), Crispy Rice
Food Club- Bran Flakes, Corn Flakes, Shredded Wheat (frosted), Toasted Oats (plain)
Essential Choice- Bran Flakes
Great Value- Corn Flakes, Crispy Rice
HY-TOP- Bran Flakes, Corn Flakes, Shredded Wheat (frosted, unfrosted), Honey Oat Flakes, Toasted Oats (plain), Multi Grain Flakes
IGA- Bran Flakes, Corn Flakes, Square shaped Biscuits (Corn, Crispy Rice), Shredded Wheat (frosted, unfrosted), Honey Oats & Flakes, Toasted Oats (plain)
Kiggins- Bran Flakes, Corn Flakes, Shredded Wheat (frosted, unfrosted), Rollin Oats
Krasdale- Corn Flakes, Toasted Oats (plain)
Market Pantry- Shredded Wheat (frosted), Honey & Oat Mixers, Toasted Oats (plain)
Parade- Bran Flakes, Corn Flakes, Shredded Wheat (frosted), Toasted Oats (plain)
Price Chopper- High Fiber Bran Flakes, Corn Flakes, Crispy Honey Oat & Flakes, Oat Squares, Toasted Corn Crisp, Shredded Wheat (frosted, unfrosted), Nutty Nuggets, Toasted Oats (plain)
PriceRite- Corn Squares, Toasted Oats, Bite Size Frosted Shredded Wheat-18 oz, Bran Flakes-14 oz
Shop Rite- Bran Flakes, Crispy Rice, Corn Flakes, Crispy Corn Squares, Honey Oat Clusters, Oats & More with Honey, Shredded Wheat (frosted, unfrosted), Natural Wheat & Barley, Toasted Oats (plain)
Stop & Shop- Bran Flakes, Crispy Rice, Corn Flakes, Corn Squares, Honey Crunchin' Oats, Oat Squares, Oat's & O's, Shredded Wheat (frosted)
Shurfine- Corn Flakes, Corn Squares, Oats & More, Wheat Bran, Toasted Oats (plain)
Valu Time- Fat Free Corn Flakes, Shredded Wheat (frosted, unfrosted), Toasted Oats (plain)
White Rose- Corn Flakes, Toasted Oats (plain)

BREAD/WHOLE GRAINS

100% WHOLE WHEAT BREAD/WHOLE GRAIN BREAD*
1 pound (1b) or 16 oz loaf

NATIONAL BRANDS

- Alvarado Street Bakery
Arnold Stoneground
Bimbo
Country Kitchen
Country Kitchen Wheat Italian*
Geissler's Whole Wheat Bread
Gold Medal Bakery
Gold Medal Bakery Wheat with Flaxseed
Holsum
Krasdale 100% Whole Wheat Bread
Pas Yisroel
Penn Street
Pepperidge Farm Light Style
Pepperidge Farm Stoneground
Pepperidge Farm Very Thin Sliced Soft
Pepperidge Farm Whole Grain Seeded Rye*
Sara Lee
Stern's
Sunbeam
Weight Watchers
Weight Watchers Multi-Grain*
Windmill Farms Stone Ground-Menzanos
Windmill Farms Stone Ground-Hamotze
Wonder

STORE BRANDS

- America's Choice, Best Yet, Big Y, Central Market Classics, Great Value, Nature's Harvest, ShopRite Whole Wheat
ShopRite 12 Grain*, Stop & Shop, Stop & Shop Whole Wheat with Flaxseed, Stop & Shop No-Salt Added Whole Wheat

Reasons your WIC purchase may be denied:

- There are no benefits available for the current month.
- Your PIN may be locked. If you have entered an incorrect PIN three times your PIN will be locked. Call the number on the back of your eWIC card to reset.
- The food item(s) you selected may not be WIC approved.

TORTILLAS

1 pound (lb) or 16 oz bag
Soft Corn or Whole Wheat Tortillas



NATIONAL BRANDS

- Chi-Chi's, Chi-Chi's White Corn, Don Pancho, Don Pancho White Corn, LaFe, La Banderita, La Banderita Corn, La Poblanita Corn, Mayan Farms, Mission, Mission Yellow Corn, Pepito, Pepito Corn Tortilla, Tropical

STORE BRANDS

- Big Y, Food Club, IGA, Nature's Promise Whole Grain, Nature's Promise Whole Grain Corn, ShopRite, Stop & Shop, Stop & Shop White Corn

BROWN RICE

1 pound (lb) or 14-16 oz bag/box



NATIONAL BRANDS

- America's Choice Long Grain, Best Yet Instant, Best Yet Long Grain, Carolina, Goya, Minute, Mahatma, Success, C & F Boil-in-Bag, C & F Instant, C & F Long/short grain, Riceland Natural, Uncle Ben's Fast & Natural Whole Grain Instant, Uncle Ben's Natural Whole Grain, Uncle Ben's Whole Grain Boil-in-Bag

STORE BRANDS

- Big Y Instant, Food Club Boil-in-Bag, Food Club Instant, IGA Instant Long Grain, Price Chopper Boil-in-Bag, Price Chopper Instant, Shurfine, Stop & Shop Boil-in-Bag, Stop & Shop Instant, White Rose

100% WHOLE WHEAT/WHOLE GRAIN PASTA
16 oz package

- Barilla, Gia Russa, Hodgson Mill Whole Wheat Whole Grain, Ronzoni Healthy Harvest, ShopRite 100% Whole Wheat Pasta, Shurfine



PEANUT BUTTER

16 to 18 oz jars
Unflavored smooth, creamy or chunky
Natural allowed



NO: Flavored or organic

DRIED BEANS, PEAS AND LENTILS

1 pound bag
Any variety



CANNED BEANS

15-16 oz can
Plain or vegetarian

NO: Added sugars, fats, oil, vegetables, fruits or meats, baked beans

For Certain Categories of Pregnant and Breastfeeding Women:

CANNED FISH

Packed in water or oil
Added sauces or flavorings are allowed

TUNA FISH

5 oz can
Chunk Light only

SALMON

6-15 oz cans

SARDINES

3.75 oz can



Breastmilk is Environmentally Friendly
Breastmilk is packaged and stored by mother
with little to no waste!

CONNECTICUT WIC APPROVED FOOD GUIDE



NUTRITION IS JUST *the* BEGINNING.

SECTION: Food Delivery**SUBJECT: EBT Account Setup and Maintenance**

Federal Regulations: §246.2 and 246.12(r)(1)

Also see WIC 400-08 Theft or Loss of eWIC cards

POLICY**eWIC CARD ISSUANCE**

The local agency staff shall issue and explain the eWIC card and WIC Approved Food Guide together. A eWIC card will be issued to **only** the Authorized Person (AP). If a new eWIC card is needed the authorized person must visit the local agency with proper identification for a replacement card. A replacement eWIC card cannot be issued to the Caretaker unless the WIC Coordinator or CPA on staff documents special hardship.

EBT ACCOUNT SETUP

Once the authorized person has been issued a eWIC card, local agency staff must explain how to activate the card. The participant must call Xerox for card activation. The card will be activated after the Authorized Person has provided the following information; eWIC card number, authorized person's date of birth and zip code of the street address provided to the WIC clinic. Once this personal information has been provided the Authorized Person will be prompted to select a personal identification number or PIN. See below for additional information regarding PIN security.

eWIC CARD SAFETY

Inform the authorized person of ways to ensure eWIC card safety. The following are ways to ensure cards continue to work effectively.

The eWIC card should:

- Be kept in a safe place (purse or wallet)
- Never be bent
- Be kept clean and safe
- Be kept away from direct sunlight, magnets, cell phones, TVs and microwaves

PIN SECURITY

A Personal Identification Number is a 4 digit secret number that, along with the eWIC card allows the Authorized Person access to WIC benefits. When selecting a PIN, remind the authorized person to choose four numbers that are easy to remember but difficult for someone else to figure out. Additionally, inform the Authorized Person that they should never write their PIN on their eWIC card and to consider safety when providing someone else with their PIN. While a PIN could be shared with anyone, the Authorized Person should select only individuals who can be trusted. WIC benefits

that were used without consent from the Authorized Person cannot be replaced if the person had access to the family's eWIC card and had knowledge of the PIN.

For additional information refer to *The eWIC Card brochure*.

eWIC CARD REISSUANCE

Damaged cards presented to the local agency should be replaced immediately. For information regarding reissuance of a eWIC card that has been lost or stolen refer to policy 400-08 Theft or Loss of eWIC Cards.

WIC participants should bring their eWIC card to every WIC appointment.

SECTION: Food Delivery**SUBJECT: Benefit Issuance, Prorating, Voiding and Reissuance**

See Also: CT WIC Policy 200-29 (Transfer of Foster Children Between Families)

POLICY

Families will be issued one eWIC card. All active participants' benefits will be aggregated on the family's card.

Benefit Loaded Thru (BLT) Date

The BLT date is the last day of the current month's benefits. Although a participant may be set for three month issuance, only one month of benefits is loaded at a time. Food benefits for the current month expire at 12:00 midnight on the ending or BLT date. **For example**, if benefits are issued on June 16, the BLT date is July 15.

Benefit Valid Thru (BVT) Date

When a participant is issued 3 months of benefits, the BVT is the last day of the third month.

For example, if benefits are issued on June 16 the BVT date is September 15. Essentially benefits are valid until 1 day before the next Benefits Start Date (BSD).

Benefit Start Date (BSD)

The benefit start date is the first day benefits are issued for a family. Once benefits are issued for a Family ID, the BSD cannot be changed; it remains the same for all existing and future family members. This date represents the first day benefits are valid. Food benefits for upcoming months will be deposited at 12:00 midnight on the beginning date.

Benefit Prorating

Benefits will only be prorated to align a participant's benefit issuance date to the family Benefit Start Date. Benefits are prorated based on a 10-day cycle and are prorated by 1/3 of the monthly benefits.

For example, a pregnant woman starts WIC on June 16th. Her benefits will always begin on the 16th of the month. She comes back 2 weeks later (July 1st) to certify her child. While the child wasn't added to WIC until July 1st their BSD is the 16th, which is the same as other family members. Since this is 14 days into the cycle the child will receive 2/3 of the full amount issued for monthly benefits. If she came in on July 10th the child would receive 1/3 of the full amount issued for monthly benefits.

Participants who are reaching categorical termination will be issued 30 days of full benefits regardless of date of termination.

Benefit Issuance

When scheduling the participant's future appointment date, consider the benefit start date.

For example, the participant's next benefit start date may be June 16. Since this date is a Sunday, the participant's future appointment date may be the Friday before, June 14, or the following Monday, June 17.

Benefit Reissuance

There are several reasons why a WIC staff member would need to void, and then re-issue benefits.

- Change in custody/foster care situation (see CT WIC Policy 200-29)
- Emergency or disaster situation
- Food package change
- Food package change/formula return

Food Prescription Changes

To change a participant's food benefits go to the Food Prescription screen. If a change is requested prior to benefit issuance, remove the current prescription and then add the new food prescription. Determine the new food benefit package to be issued, including the type and quantity of foods to be given.

If a change is requested after benefit issuance, check the disable box on the food prescription screen prior to adding the new food prescription.

The screenshot shows the 'Food Prescription - Current' screen in Internet Explorer. The browser address bar shows a URL from ctwic.dph.ct.gov. The page title is 'Food Prescription - Current - Windows Internet Explorer'. The user is logged in as 'BLACK, LINDSAY (C2) 300 871 235' on 'Wed 1/13/2016'. The page has a navigation menu with 'File', 'Scheduler', 'Certification', 'Benefits', 'Miscellaneous', 'Reports', 'Help', and 'Messages'. The main content area is divided into 'Current' and 'History' tabs. Under 'Current', it shows 'Certification Complete' by 'LAWRENCE, AIMEE'. The 'Benefits Start Date' is 3/4/2016 and the 'Frequency' is 3. There are checkboxes for 'Assign 4-5 mo Pkg', 'Assign BE Pkg', 'Assign BE Multiples Pkg', 'Prescription Formula', and 'Contract'. The 'Flags' section includes 'Medical Condition', 'Inadequate Storage', 'Milk Allergy', 'Egg Allergy', 'Peanut Allergy', 'Soy Allergy', and 'Kosher'. Below this is a table with columns: Description, Effect Date, End Date, Exp. Date, Disable, Note, and Created. The table contains two rows of 'Custom - CHILD 24-60 MONTHS FNS PA...' with 'Effect Date' 1/4/2016 and 'End Date' 7/31/2016. The first row has the 'Disable' box checked, and the second row has it unchecked. At the bottom of the table are buttons for 'Add', 'Remove', 'Edit', and 'Display'. Below the table are buttons for 'Formula Calculator', 'Void Benefits', 'Save', 'Cancel', and 'Next'. The footer shows 'Version: 0.2.0.7', 'BOTELLOA', '010301 Family Strides: Main office', and 'CTWIC'.

Description	Effect Date	End Date	Exp. Date	Disable	Note	Created
Custom - CHILD 24-60 MONTHS FNS PA...	1/4/2016	7/31/2016		<input checked="" type="checkbox"/>		BOTELLOA
Custom - CHILD 24-60 MONTHS FNS PA...	1/4/2016	7/31/2016		<input type="checkbox"/>		BOTELLOA

Voiding/Reissuing

Prior to re-issuance of benefits, the current and future benefits must be voided. In CT-WIC benefits are issued at the family level, meaning when an individual in a family requires a change in food prescription (formula/food) this will require a complete void of all benefits for both current and future months. Once you have reissued benefits it is necessary to partially void out any benefits that have been redeemed in the current month.

For example: If the family BSD is June 16th and the authorized person comes to the WIC office for a food package change; first determine what if any of the benefits for the current month have been redeemed, take note of the food items and totals. Next, void out both current and future benefits for all family members. Partially voiding future month's benefits is not allowable. After changing the food prescription screen to reflect the requested/required food prescription, reissue both current and future month's benefits for all family members. Finally go to the Benefits Void screen and perform a

partial void (current month's benefits) of the previously redeemed food items, i.e. 1 gallon of milk and 1 pound of cheese.

Formula change: When an authorized person is requesting a formula package change the Nutritionist can take note of the quantity of formula purchased in the current month, then complete a void all for the formula only. After changing the food prescription reissue both current (infant only) and future month's benefits (all family members). Finally go to the Benefits Void screen and perform a partial void of the previously redeemed formula.

The nutrition staff is expected to:

- Preview the food prescription to ensure the current food package reflects the necessary changes, prior to issuing the benefits. Then select the "Issue Benefits" tab to issue benefits; the new food package will be loaded to the eWIC card.
- Have the Authorized Person or Caretaker sign for the food benefits.
- Print and give a copy of the Family Benefits List-FBL.
- Review the updated FBL with the family.

Guidance

Q: Can payees' of 6-11 month infants have the option of requesting all formula vs. baby food?

STATE AGENCY RESPONSE:

No. The food packages are issued based on the age of the infant. The mother will not have an option to select more formula instead of baby foods. Adjustments in amounts of formula for 6-11 month infants (getting formula in amounts of 4-5 month old package) can only be made with medical documentation.

Q: Interim Food Package Rule Table 3-Food Package III, footnote 15 states "32 dry ounces of infant cereal may be substituted for 36 oz of breakfast cereal. Can we offer infant cereal to those children with medical issues requesting it by the MD?

STATE AGENCY RESPONSE:

Yes, children receiving Food Package III will be able to receive four (4) 8 oz. cartons of Beechnut infant cereal instead of 36 oz of breakfast cereal. Medical documentation is needed to make this substitution, as it is only allowed in FP III and the form is necessary for all foods provided in this food package. All other items must be tailored out if necessary and no other substitutions are allowed.

Q: If a child is prescribed Pediasure and the doctor doesn't mark whole milk, would they still get LF [lowfat] milk? What if the doctor wants whole milk and no other medical food? Could we give just whole milk with no medical food and document as to why?

STATE AGENCY RESPONSE:

A doctor wouldn't necessarily require whole milk for a child on Pediasure as a rule. We would issue checks for lowfat milk and suggest the mom purchase 2%. The difference in calories between whole and 2% is negligible and it is a more heart healthy alternative. Additionally, you may also be concerned that if the child is consuming 3 cans of Pediasure per day and the entire allotment of fluid milk they may not be able to eat (due to sheer volume) adequate amounts of solids which could also present a nutritional problem.

No, Food Package III is used to provide medical foods and conventional supplemental foods. There is no option to provide whole milk without the issuance of a formula or medical food to a child over 2 years of age. Whole milk for children 2 years and older and women is not authorized in any food package but Food Package III.

Q: Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist? Can a tool for food preferences/frequency be developed (or is this contained in the new SWIS) to assist the local agency with the interview re: food benefits choices (to decrease time expended on process?) Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist?

STATE AGENCY RESPONSE:

We may consider this for returning participants, however, since the food package prescription is individualized and based on a complete nutrition assessment we may not want to provide this option for new applicants or those participants changing categories i.e. pregnant mom to breastfeeding mom. Additionally, if specific health related issues come up during the course of the assessment, certain food items or options may not apply to all participants. New system allows more choices among food categories and subcategories, which confer more participant responsibilities in selecting adequate food.

SECTION: Food Delivery

SUBJECT: Changing Food Package

POLICY

To change a participant's food package determine the new food package to be issued, including the type and quantity of foods to be given.

If the change is not immediate, inform the payee/alternate/caregiver when the new food package will take effect.

If the change is immediate, prepare checks for the new food package.

Void the previously issued checks with the proper code. Use the "Void in Hand" code only if you are in possession of the checks.

Use the "Void as Used" code if the checks have been used at an Authorized WIC Vendor. Mark each check as Void and file them with that day's WIC check stubs.

Issue the checks for the new food package.

Guidance

Q: Can payees' of 6-11 month infants have the option of requesting all formula vs. baby food?

STATE AGENCY RESPONSE:

No. The food packages are issued based on the age of the infant. The mother will not have an option to select more formula instead of baby foods. Adjustments in amounts of formula for 6-11 month infants (getting formula in amounts of 4-5 month old package) can only be made with medical documentation.

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STATE AGENCY RESPONSE:

A doctor wouldn't necessarily require whole milk for a child on Pediasure as a rule. We would issue checks for lowfat milk and suggest the mom purchase 2%. The difference in calories between whole and 2% is negligible and it is a more heart healthy alternative. Additionally, you may also be concerned that if the child is consuming 3 cans of Pediasure per day and the entire allotment of fluid milk they may not be able to eat (due to sheer volume) adequate amounts of solids which could also present a nutritional problem.

No, Food Package III is used to provide medical foods and conventional supplemental foods. There is no option to provide whole milk without the issuance of a formula or medical food to a child over 2 years of age. Whole milk for children 2 years and older and women is not authorized in any food package but Food Package III.

Q: Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist? Can a tool for food preferences/frequency be developed (or is this contained in the new SWIS) to assist the local agency with the interview re: food package choices (to decrease time expended on process?) Can we have a food item checklist so people can pre-select their food items prior to sitting w/the nutritionist?

STATE AGENCY RESPONSE:

We may consider this for returning participants, however, since the food package prescription is individualized and based on a complete nutrition assessment we may not want to provide this option for new applicants or those participants changing categories i.e. pregnant mom to breastfeeding mom. Additionally, if specific health related issues come up during the course of the assessment, certain food items or options may not apply to all participants. To avoid the awkwardness or confusion of participant selecting milk- then stating they have a milk allergy – it may not be such a good idea. This is something we need to think about in more detail. We understand the need for efficiency and will consider this when programming the system (SWIS) to be as user-friendly as possible.

SECTION: Food Delivery**SUBJECT: eWIC card Theft, Loss, Damage and Replacement**

See also CT_WIC CLINIC Manual 22.2 eWIC Account Maintenance pgs. 159-164

POLICY

WIC benefits can be reissued under a new eWIC card. Consider the following when reissuing an eWIC card to participants:

- Determine why the card is being replaced and educate the participant on the importance of securing their eWIC card (securing their PIN and considering who they allow access to their eWIC card and PIN).
- The benefits are connected to the account and not the card, so replacement can occur real time. Participants should contact their local agency to report lost or stolen eWIC cards, or Xerox if they are unable to contact their local agency. Xerox cannot reissue eWIC cards, but will stop access to the benefits remaining on the lost/stolen card. Card replacement can only occur in the local agency.
- Used benefits may only be replaced in the event of documented loss of benefits due to Fire or Natural Disaster (hurricane, tornado, flood, etc).
- A foster parent who is unable to obtain issued benefits from the last Authorized Person may receive replacement benefits. (See WIC 200-29)

Call the State agency for guidance under any other circumstance.

Card Replacement

- First occurrence – the eWIC card may be replaced immediately
- 2nd or subsequent occurrence – the eWIC card shall be replaced 48 hours after the card has been reported as lost or stolen (unless the participant is present for a scheduled appointment – then follow protocol for proof of identity in policy WIC 200-03)

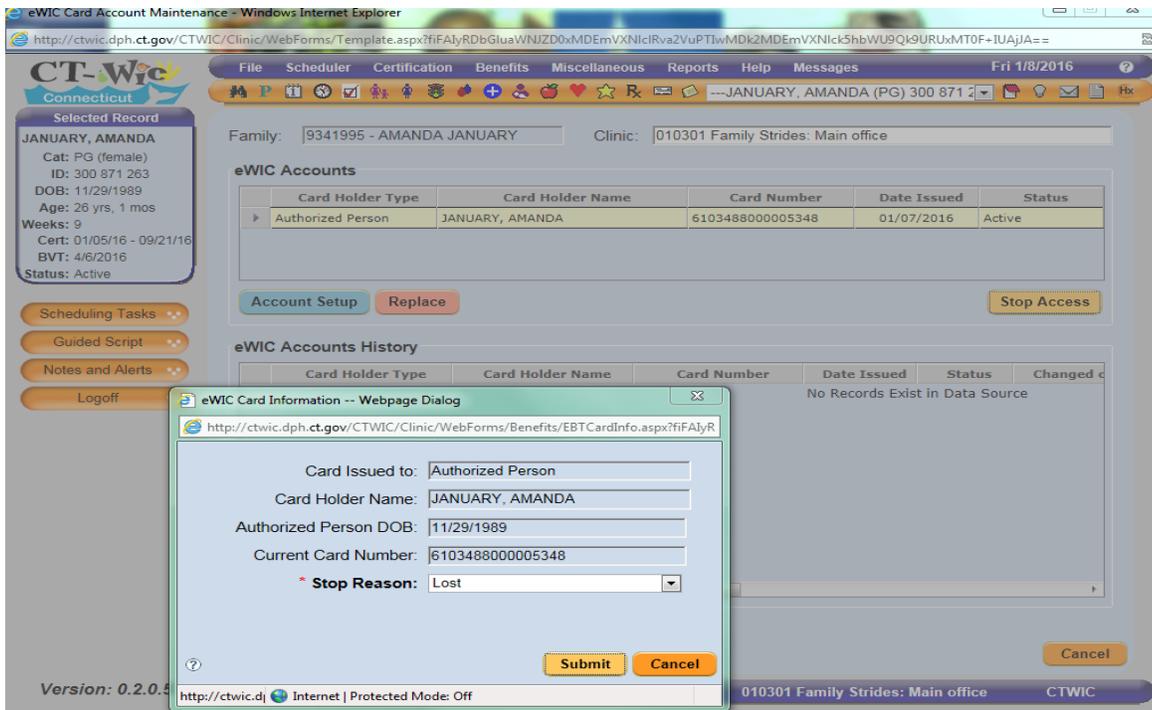
When a participant reports a card as lost or stolen, local agency staff should inform the participant that once an eWIC card has been deactivated it cannot be reactivated. Therefore, if the card is located once it has been deactivated they will not be able to access their benefits with the “old” card.

eWIC card Deactivation Procedure

In the Benefits Menu, go to eWIC card Account Maintenance, and click “Stop Access”.

Select the eWIC Account for which the Stop Access is to be performed.

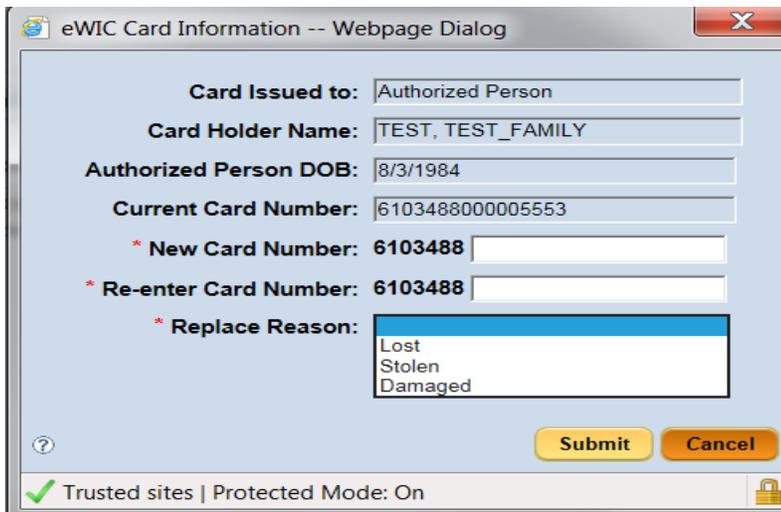
Select the Stop Reason from the drop down menu and click “Submit”.



eWIC Card Reissuance Procedure in CT-WIC

To replace an eWIC Card:

1. Access the eWIC Account Maintenance screen with the desired family record selected.
2. Select the row of the eWIC Account for which the card is being replaced.
3. Click on the "Replace" button. The eWIC Card pop-up will be displayed.



4. Enter the *New Card Number*, including the check digit, in the *New Card Number* field. The numbers entered will not be displayed as entered in this field.
5. Re-enter the eWIC card number, including the check digit, in the *Re-Enter Card Number* field. The numbers entered will be displayed as entered in this field.

6. Select the reason the card is being replaced from the *Replacement Reason* dropdown list, then click on the "Submit" button. The previously assigned card will appear in the *eWIC Accounts History* grid at the bottom of the screen.
7. Destroy eWIC cards that have been coded as damaged and discard.

SECTION: Food Delivery**SUBJECT: Unused eWIC Card Stock Inventory****POLICY**

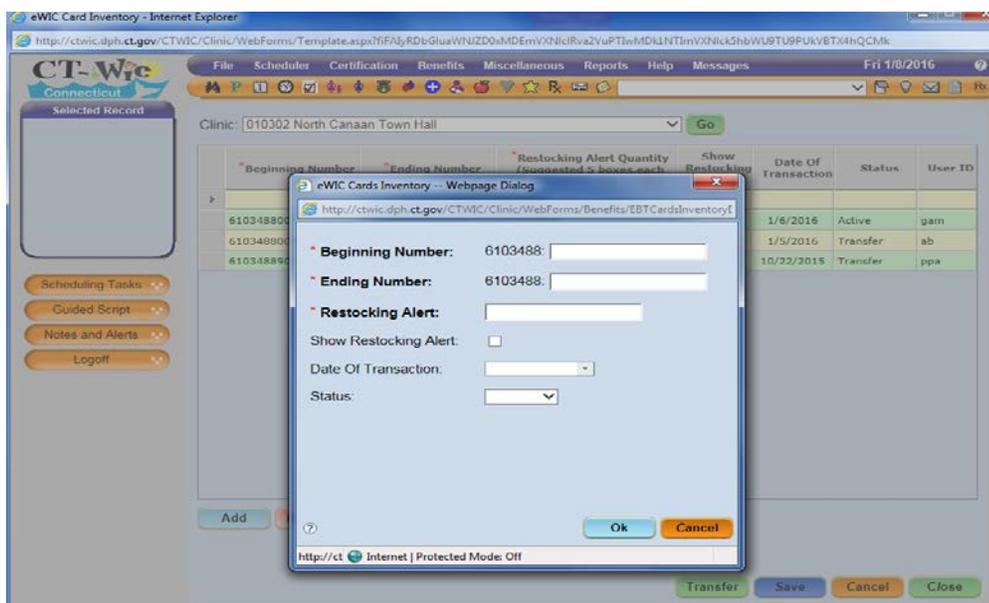
In order to minimize the chances of a theft or loss of unissued eWIC card stock on hand, local agencies will use a locked storage area for all eWIC card stock that is intended for immediate use.

The unused eWIC card stock distribution report provides the ranges of eWIC card numbers and total number of eWIC cards in each agency. Cards are ordered as needed and shipped to local agencies from the State Office.

The Food Resource and Vendor Management (FRVM) Supervisor manages the unused eWIC card stock process at the State WIC Office. Each month the local agencies must perform a reconciliation of physical inventories of the unissued eWIC card stock in CT-WIC.

For reordering purposes, the Coordinator must set a Restocking Alert in CT-WIC to a manageable number for the agency. Once an alert is received, complete and submit the Supply Order Form. Order in quantities of boxes of 500. Once the eWIC cards have been received, follow the instructions below.

- In Clinic Module, select only the Main Office or Permanent Satellite Site/Office
- Go to "Benefits" Screen, "eWIC Card Inventory" screen
- Select the Main Office or Permanent Satellite Site/Office and "Add" the range(s) of the eWIC card stock (500 per box). Do not enter the last digit in each card range.
- Once delivered, verify the card numbers received with the information in the email sent by the WIC Secretary. Email the WIC Secretary with confirmation of receipt within three (3) days of the delivery.



The Coordinator or his/her designee must run the Unused eWIC Card Stock report for their own agency and conduct a physical inventory of eWIC cards on hand. The Unused eWIC card Stock

Inventory Report must be reconciled to the physical inventory of the eWIC card stock on the premises by making a notation confirming each batch of eWIC card stock that has been located and explain any missing eWIC card stock in the notes.

These procedures will be followed for all reported occurrences of damaged eWIC cards or in cases involving a theft and/or loss of unissued WIC eWIC card stock at local agencies:

- Determine the extent of the loss and make a list of all eWIC card numbers involved.
- Notify the local police department and the State WIC office immediately.
- Local agency staff must write a description of the theft and/or loss including date and time discovered and surrounding circumstances.
- Forward copies of both the police report and local agency reports to the State WIC office.

SECTION: Food Delivery**SUBJECT: Issuance of Contract Standard Formula, WIC Special Formula, WIC Approved Foods and Religious Preference Formula Issuance**

Federal Regulations 246.10(d) (2) (i)

POLICY

The Connecticut WIC Program promotes breastfeeding as the normal and optimal method to feed infants for at least the first year of life with a special emphasis on the health benefits derived by exclusive breastfeeding for the first six months. If infants do consume formula, the program supports the American Academy of Pediatrics (AAP) recommendation that all formula fed infants receive iron-fortified formula for the first year.

In accordance with the recommendation, the Connecticut WIC program has a sole source contract with Mead Johnson® to provide standard iron-fortified milk and soy based formulas ***Enfamil PREMIUM Infant***® and ***Enfamil ProSobee***® for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. **Effective October 1, 2013**, Connecticut WIC has approved ***Enfamil Gentlease*** as a contract standard formula no longer requiring a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

Women who make the decision to use formula should receive support in their decision and receive complete and accurate information regarding the proper preparation, use and storage of formula. http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf

All local agency staff should be trained about WIC formula policies and procedures and the infant formula contract. All staff can help assure parents of WIC infants that the WIC contract formula can be appropriately used with most generally healthy, full term infants.

The Program provides special and exempt infant formulas, such as protein hydrolysate, hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition related ICD-9 medical diagnosis.

General symptoms such as fussiness, colic, spitting-up and constipation *will not* be acceptable justification for formula changes. Although small differences in protein, fat and carbohydrate exist among all standard formulas, there are no medically proven advantages to any of the brand name formulas. While health care providers and/or parents/guardians may have a personal preference for a particular brand of formula, funding constraints and WIC regulations limit the issuance of non-contract, special/exempt formulas only to participants with qualifying medical conditions.

If a supplemental (vs. complete) soy formula is prescribed for children ages 12-24 months any approved toddler soy formula can be issued as of *October 1, 2011* because the State no longer has a rebate on one brand of formula.

Special Formula/WIC Approved Foods

Medical Documentation is required for the issuance of the following formulas and/or supplemental foods: See Food Delivery, *WIC 400-11 Use of Medical Documentation Form* for more details.

- Any special or exempt infant formula
- Any formula provided to a child or adult who receives Food Package III (must have a qualifying medical condition)
- Any WIC eligible medical food
- Any authorized supplemental foods issued to participants receiving Food Package III
- Any authorized soy-based beverage or tofu issued to children (\geq 12 months of age) who receive Food Package IV
- Any additional authorized cheese issued to children who receive Food Package IV that exceeds the maximum substitution rate
- Any additional authorized tofu and cheese issued to women who receives Food Package V and VII that exceeds the maximum substitution rate

Religious Preferences and Formula Issuance

Both contract standard formulas offered by the Connecticut WIC program ***Enfamil PREMIUM Infant***[®] and ***Enfamil ProSobee***[®] meet the requirements for participants requesting a Kosher or Halal infant formula due to religious preference. Non-contract formulas will not be provided for religious reasons.

Labeling of Kosher/Pareve and Halal foods:

Letters or words printed next to the kosher certification symbol on food packages. These are added to inform the consumer of the product's kosher category.

Kosher categories are Meat (*Fleishig* in Yiddish, *Basari* in Hebrew), Dairy (*Milchig* in Yiddish, *Chalavi* in Hebrew) or neither meat or dairy (*Pareve* in Yiddish, *Parve* in Hebrew). According to Jewish Dietary Laws, meat and dairy food must be prepared and consumed separately, and pareve food can be eaten with either meat or dairy dishes.

Meat:

"Meat", "M" or "Glatt" printed near the kosher symbol on the food package indicates the product is kosher and contains some meat or meat derivative.

Dairy:

"Dairy" or "D" printed near the kosher symbol on the food package indicates the product is kosher and contains some milk or milk derivative.

Fish:

"F" printed near the kosher symbol on the food package indicates the product is kosher and contains fish ingredients.

Pareve:

"Pareve", "Parev", or "Parve" printed near the kosher symbol on the food package indicates the item is neither meat or dairy.

Passover:

"P" printed near the kosher symbol on the food package does not stand for pareve, but instead it means the product is kosher for Passover and all year round.

Furthermore, D-P means dairy and kosher for Passover and all year round. M-P or Glatt-P means meat and kosher for Passover and all year round. F-P means fish and kosher for Passover and all year round.

Definition of Halal

In Arabic, the word *halal* means permitted or lawful. Halal foods are foods that are allowed under Islamic dietary guidelines. According to these guidelines gathered from the Qu'ran, Muslim followers cannot consume the following:

- pork or pork by products
- animals that were dead prior to slaughtering
- animals not slaughtered properly or not slaughtered in the name of Allah
- blood and blood by products
- alcohol
- carnivorous animals
- birds of prey
- land animals without external ears

These prohibited foods and ingredients are called *haram*, meaning forbidden in Arabic.

Halal is One of the Most Humane Methods of Animal Slaughter

Muslims are taught through the Qu'ran that all animals should be treated with respect and well cared for. The goal is to slaughter the animal, limiting the amount of pain the animal will endure.

When an animal is slaughtered, the jugular vein is cut and the blood is allowed to drain from the animal. Muslims are prohibited from consuming animal blood.

SECTION: Food Delivery**SUBJECT: Policy Background and Definitions for Issuance of Contract Standard Formula and WIC Special Formula and WIC Approved Foods**

Federal Regulations: § 246.2 and §246.16a (c)(1)

Background:

Like many hospitals and health maintenance organizations, the Connecticut WIC Program has a sole source contract for infant formulas to effectively manage resources. Additionally, WIC State agencies are required by Federal law to obtain a competitive bid on infant formula for cost containment¹.

Connecticut WIC Program holds part of multi-state contract (NEATO) with 5 other New England WIC Programs, 3 Indian Tribal Organizations (ITO's) and Mead Johnson[®] which saves the taxpayers money. Non-contract standard infant formulas are purchased by the WIC Program at the retail price. Connecticut receives approximately a 77% rebate on Mead Johnson[®] formulas purchased. Therefore, infants receiving a non-contract standard infant formula cost the Program, four (4) times as much as infants on the WIC contract formula.

Many States including New York, Vermont, New Jersey, Virginia, Kansas and California do not approve or provide non-contract standard iron-fortified milk-and soy-based infant formulas to participants in order to contain costs and serve more nutritionally at-risk women, infants and children. **As of July 1, 2009, the Connecticut WIC Program no longer provides non-contract standard milk- and soy-based infant formula under any circumstances.**

¹ Oliveira, Vic & Prell, Mark & Smallwood, David & Frazao, Elizabeth, 2004. "[WIC And The Retail Price Of Infant Formula](#)," [Food Assistance and Nutrition Research Reports](#) 33873, United States Department of Agriculture, Economic Research Service.

Oliveira, Victor and Davis, David E. (2006): *Recent Trends and Economic Issues in the WIC Infant Formula Rebate Program*. Published in: Economic Research Report 22 (2006)

Definitions:

- **Contract Formulas:** The current contract formulas are Mead Johnson[®] iron-fortified milk- and soy-based formulas- *Enfamil PREMIUM Infant*[®] and *Enfamil ProSobee*[®]. These are standard infant formulas, which can be provided to most healthy, full-term infants. These formulas do not require a prescription². WIC provides formula in supplemental amounts and may not provide all that an infant needs for a given month. **Effective October 1, 2013, *Enfamil Gentlease*[®]** is approved in Connecticut as a standard contract formula and does not require a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.
- **Non-contract brand standard milk- and soy- based infant formulas:** Are formulas **not** covered by the current NEATO infant formula contract. These include all standard iron-fortified infant formulas manufactured by Abbott Laboratories and Nestle[®]). This list also includes generic and store brand formulas manufactured by PBM Nutritionals e.g. *Parent's Choice* (Walmart).
- **Special Medical Formula or Exempt Infant Formula:** Some infants or children have a medical diagnosis requiring a special medical formula such as protein hydrolysate, hypercaloric, elemental or metabolic. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis. **"Special" or Exempt infant formula is** an infant formula that meets the requirements under Section 412(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 350a(h)) and the regulations at CFR parts 106 and 107. (WIC Regulations (http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/7cfr246.2.pdf) An exempt infant formula can be authorized for infants or children when a health care provider determines and documents that the infant or child has a medical diagnosis that restricts the use of standard formulas and requires formulas such as protein hydrolysate, hypercaloric, elemental or metabolic. The quantities prescribed should be appropriate for the participant's age and special medical needs. These formulas are authorized when a participant has a documented nutrition-related medical diagnosis.
- **WIC-eligible Medical Food³:** Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional food is precluded, restricted, or inadequate. Such WIC-eligible medical foods 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 digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of a medical food in Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360 ee (b)(3)).

² Child participants requiring contract formula past one year of age need a completed Medical Documentation Form.

³ The following are not considered a WIC eligible medical food: Formulas used solely for the purpose of enhancing nutrient intake, managing body weight, addressing picky eaters or used for a condition other than a qualifying condition (e.g. vitamin pills, weight control products, etc.); medicines or drugs as defined by the Food, Drug and Cosmetic Act (21 U.S.C. 350a) as amended; enzymes, herbs, botanicals; oral rehydration fluids or electrolyte solutions; flavoring or thickening agents; and feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula. (WIC Regulations 246.10 Table 4. Footnote 1)

*State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing*

Product Name Description	CT WIC Cat/SubCa t	Company	Package/Size	Form	Reconstituted fluid ounces	Pt Category I=INFANT C=CHILD W=WOMAN	UPC ITEM Case	Quantity per Case	UPC ITEM Unit/ Carton
<i>Mead Johnson Company Contract Formula Listing Until September 30th, 2016</i>									
Enfamil Infant powder	21 / 001	Mead Johnson	12.5 oz	Powder	90	I-Term			300871365421
Enfamil Infant concentrate	21 / 002	Mead Johnson	(6) 8 oz carton	Concentrate Liq	96	I-Term			300875102442
Enfamil Infant Ready To Feed	21 / 003	Mead Johnson	(6) 8 oz carton	RTU	48	I-Term			300875102428
Enfamil Prosobee powder	21 / 010	Mead Johnson	12.9 oz	Powder	92	I-Term			300871214415
Enfamil Prosobee concentrate	21 / 014	Mead Johnson	(6) 8 oz carton	Concentrate Liq	96	I-Term			300875102527
Enfamil Prosobee Ready To Feed	21 / 012	Mead Johnson	(6) 8 oz carton	RTU	48	I-Term			300875102503
Enfamil Gentlease powder	21 / 018	Mead Johnson	12.4 oz	Powder	90	I-Term			300875100691
Enfamil Gentlease Ready To Feed	21 / 019	Mead Johnson	(6) 8 oz carton	RTU	48	I-Term			300875103418
<i>Abbott Company Contract Formula Listing on October 1st, 2016</i>									
Similac Advance Powder 20 calories	21/082	Abbott	12.4 oz	Powder	90	I-Term			70074559582
Similac Advance Concentrated Liquid 20 calories	21/083	Abbott	13 fl oz	Concentrate Liquid	26	I-Term			70074569741
Similac Advance RTF 20 calories	21/084	Abbott	32 oz bottle	RTF	32	I-Term			70074533643
Similac Soy Isomil Powder 20 calories	21/031	Abbott	12.4 oz	Powder	90	I-Term			70074559643
Similac Soy Isomil Concentrated Liquid 20 calories	21/032	Abbott	13 fl oz	Concentrate Liquid	26	I-Term			70074569765
Similac Soy Isomil RTF 20 calories	21/033	Abbott	32 oz bottle	RTF	32	I-Term			70074559681

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Similac Sensitive Powder 19 calories	21/034	Abbott	12 oz	Powder	90	I-Term			70074575414
Similac Sensitive RTF 19 calories	21/036	Abbott	32 oz bottle	RTF	32	I-Term			70074575346
Similac for Spit-Up Powder 19 calories	21/085	Abbott	12 oz	Powder	90	I-Term			70074509600
Similac for Spit-Up RTF19 calories	21/071	Abbott	32 oz bottle	RTF	32	I-Term			70074567310
Similac Total Comfort Powder 19 calories	21/088	Abbott	12 oz	Powder	90	I-Term			70074626000
BCAD1	31/016	Mead Johnson	16 oz	POWDER	113	I-Term,C (toddlers)	300875101858	6 cartons	300875101841 300874060422
BCAD2	41/272	Mead Johnson	16 oz	POWDER	74	C, W	300875101100	6 cartons	300875100158
Boost	41/173	Nestlé	(6) 8 oz carton	RTD	48	W			Strawberry 041679676660 Chocolate 041679675663 Vanilla 041679674666 041679674000
Boost Glucose Control	41/370	Nestlé	(6) 8 oz carton	RTD	48	W			Creamy Strawberry 041679158128 041679158111 Rich Chocolate 041679157916 Very Vanilla 041679157817
Boost Glucose Control	41/370	Nestlé	(12) 8 oz carton	RTD	96	W			Very Vanilla 041679651889 Rich Chocolate 041679652275

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Boost High Protein	41/225	Nestlé	(6) 8 oz carton	RTD	48	W			Creamy Strawberry 041679944660 041679944363 Rich Chocolate 041679940662 Vanilla 041679941669
Boost High Protein	41/225	Nestlé	(12) 8 oz carton	RTD	96	W			Rich Chocolate 041679021934 Vanilla 0041679022009
Boost Just for Kids Essentials 1.0 cal (institutional) vanilla, choc, or strawberry	41/226	Nestlé	8 oz	RTF	8	C	Creamy Strawberry 1004390033533 6 Rich Chocolate 1004390033522 0 Very Vanilla 1004390033511 4	27 tetra brik	Creamy Strawberry 043900335308 Rich Chocolate 043900335209 Very Vanilla 043900335117
Boost Just for Kids Essentials 1.5 cal Vanilla (institutional)	41/277	Nestlé	8 oz	RTF	8	C			Creamy Strawberry 043900335902 041679933008 Rich Chocolate 043900335889 041679932001 Very Vanilla 043900335407 041679931004 041679931363
Boost Just for Kids Essentials 1.5 cal Vanilla w/Fiber (institutional)	41/227	Nestlé	8 oz	RTF	8	C	Very Vanilla 100439003358	27 tetra brik	Very Vanilla 043900335001

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Boost Plus	41/172	Nestlé	(6) 8 oz carton	RTD	48	W			Creamy Strawberry 041679933664 Rich Chocolate 014679932667 Very Vanilla 041679931660
Bright Beginnings Soy Pediatric Drink (vanilla only)	41/092	PBM Products LLC	(6) 8 oz carton	RTF	48 oz	C			0066510195599 796841965638
Calcilo XD	31/025	Abbott	13.2 oz	POWDER	96	IC	070074533285	6 cans	070074053329 070074533292
Duocal (unflavored)	41/074	Nutricia	400 gm	POWDER	88	C, W	749735182628	6 cans	749735002803
Elecare for Infants DHA & ARA	31/042	Abbott	14.1 oz.	POWDER	95	I			070074053511
Elecare Junior (formerly Elecare Vanilla)	41/241	Abbott	14.1 oz	POWDER	62	C			Vanilla 070074565859 070074565866 Unflavored 070074552538 070074552545
EnfaGrow Soy Toddler	31/100	Mead Johnson	20 oz	POWDER	141	C 1-2 yrs	300871409057	4 cans	300871409446
Enfamil AR	31/122	Mead Johnson	12.9 oz	POWDER	93	I-Term	300870201027	6 cans	300870201423
Enfamil AR	31/123	Mead Johnson	(6) 8 oz carton	RTU	48	I-Term	300875103012	4 six packs	300875103005
Enfamil EnfaCare	31/011	Mead Johnson	12.8 oz	POWDER	82	I-Preterm	300870019042	6 cans	300870019448 030087001944
Enfamil EnfaCare	31/066	Mead Johnson	(6) 8 oz carton	RTU	48	I-Preterm			300875102985
Enfamil Human Milk Fortifier	31/308	Mead Johnson	.71 gms	POWDER	74	I-Term	300872014182	2 cartons	300871463417 300872014489
Enfamil Premature with Iron Nursette 20 cal	31/079	Mead Johnson	(6) 2 oz carton	RTF	12	I-Preterm	300871392014 300875115718	8 cartons	300871392410 300875115701
Enfamil Premature with Iron Nursette 24 cal	31/080	Mead Johnson	(6) 2 oz carton	RTF	12	I-Preterm	300871393011 300875115695	8 cartons	300871393417 300875115688
Enfamil Nursette 24 cal	31/087	Mead Johnson	(6) 2 oz carton	RTF	12	I-Term	300875108246	8 cartons	300875108239

*State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing*

Enfaport	31/075	Mead Johnson	(6) 6 oz carton	RTU	36	I-Term			300875105252
Ensure	41/005	Abbott	(6) 8 oz carton	RTF	8	W			Chocolate 070074407012 Strawberry 070074407050 Butter Pecan 070074517858 Vanilla 070074407111
Ensure High Protein	41/008	Abbott	(6) 8 oz	RTF	48	W			Vanilla 070074641188 Chocolate 070074641164
Ensure Plus	41/012	Abbott	(6) 8 oz carton	RTF	48	W			Vanilla 070074407074 Milk Chocolate 070074407029 Rich Dark Chocolate 070074538099 Strawberry 070074407180 Butter Pecan 70074517872
GA	31/017	Mead Johnson	16 oz	POWDER	113	I-Term, C	300875101896	6 cans	300875101889 300870198419
GA-1 Anamix Early Years	31/060	Nutricia	400 gm	POWDER	90.5	I-Term	749735102176	6 cans	749735002179
Gerber Graduates Soy	31/307	Nestlé	24 oz	POWDER	170	C (1-2 yr. olds)			050000630219 050000630226

*State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing*

Glucerna (1.0 cal)	41/015	Abbott	(6) 8 oz carton	RTF	8	W			Vanilla 70074578026 Butter Pecan 70074578125 Creamy Strawberry 70074578095 70074578071 70074578088 Rich Chocolate 70074578064
HCU Anamix Early Years	31/061	Nutricia	400 gm	POWDER	90.5	I-Term	749735101698	6 cans	749735001691
HCY 1	31/018	Mead Johnson	16 oz	POWDER	113	I-Term, C (toddlers)	300875102039	6 cans	300875102022 300870095411
HCY 2	41/120	Mead Johnson	16 oz	POWDER	74	C, W	300875101148	6 cans	300875100271
IVA Anamix Early Years	31/059	Nutricia	400 gm	POWDER	90.5	I-Term	749735102114	6 cans	749735002117
KetoCal 3.1	41/274	Nutricia	11 oz (300 gm)	POWDER	70	C	749735166727	6 cans	749735066720
KetoCal 4.1	41/275	Nutricia	11 oz (300 gm)	POWDER	70	C	749735166703	6 cans	749735018422
LMD	31/019	Mead Johnson	16 oz	POWDER	113	I-Term, C	300875101971	6 cans	300875101964 300870078414
Lophlex	41/244	Nutricia	14.3 gm	POWDER	115	W	Orange 749735121672 Berry 749735121696	4 cans	Orange 749735021675 Berry 749735021699
MMA-PA Anamix Early Years	31/062	Nutricia	400 gm	POWDER	90.5	I-Term	749735102152	6 cans	749735002155
Monogen	41/248	Nutricia	400 gm	POWDER	56	C, W	749735170977	6 cans	749735097083
MSUD Anamix Early Years	31/053	Nutricia	400 gm	POWDER	90.5	I-Term	749735101681	6 cans	749735001684
MSUD Maxamaid	41/061	Nutricia	454 gm	POWDER	49	C	749735177815	6 cans	749735023600
MSUD Maxamum	41/062	Nutricia	454 gm	POWDER	60	W	749735177891	6 cans	749735023402
Neocate EO28 Splash	41/066	Nutricia	8 oz	RTF	8	C	Grape 749735126707 Orange- Pineapple 749735110508 Tropical Fruit 749735126660	27 tetra brik	Grape 749735026700 Orange-Pineapple 749735010501 Tropical Fruit 749735026663

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Neocate Infant with DHA/ARA	31/072	Nutricia	14 oz	POWDER	97	I-Term	749735125953	4 cans	749735025956
Neocate Junior	41/063	Nutricia	14 oz	POWDER	60.1	C	Chocolate 749735126905 Tropical Fruit 749735121245 Unflavored 749735117903	4 cans	Cherry-Vanilla 749735129104 Chocolate 749735026908 Tropical Fruit 749735021248 Unflavored 749735017906
Novasource Renal	41/198	Nestlé	8 oz	RTF	8	W			Vanilla 043900351117
Nutramigen	31/003	Mead Johnson	(6) 8 oz carton	RTU	48	I-Term	300875102473	4 six packs	300875102466 300875102480
Nutramigen Enflora LGG	31/070	Mead Johnson	12.6 oz	POWDER	87	I-Term	300871239012	6 cans	300871239418
Nutren Junior	41/142	Nestlé	8.45 oz, 24 per case	RTF	8.45 oz individual, 203 oz per case	C	Vanilla 0798716160629 066556391238 066561550859	24 tetra	Vanilla 798716060622
Nutren Junior with Fiber	41/143	Nestlé	8.45 oz, 24 per case	RTF	8.45 oz individual, 203 oz per case	C	Vanilla 0079871616063 6	24 tetra	Vanilla 798716060639
OA 1	31/020	Mead Johnson	16 oz	POWDER	113	I-Term, C (toddlers)	300875102008	6 cans	300875101995
OA 2	41/065	Mead Johnson	16 oz	POWDER	74	C	300875101124	6 cans	300875100226 0300870191410

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Pediasure	41/036	Abbott	(6) 8 oz carton	RTF	48	C			Vanilla 070074518091 070074058050 070074580500 Banana 70074058053 070074580524 070074580531 Strawberry 70074058056 070074580562 Chocolate 070074058059 070074580586 070074580593 Berry 070074538181 070074538198 70074053819
PediaSure 1.5 cal	41/256	Abbott	8 oz, 24 per case	RTF	192	C	Vanilla 70074564104 70074564098 741360161450	24 cans/bottles	
PediaSure 1.5 cal with fiber	41/257	Abbott	8 oz	RTF	8	C	070074564111	24 cans/bottles	741360161474
Pediasure Enteral 1.0 cal	41/037	Abbott	8 oz	RTF	8	C	Vanilla 70074518046	24 cans/bottles	Vanilla 070074518053
Pediasure Enteral with Fiber 1.0 cal	41/039	Abbott	8 oz	RTF	8	C	Vanilla 070074518060	24 cans/bottles	Vanilla 070074518077
PediaSure Peptide 1.0 cal	41/228	Abbott	8 oz	RTF	8	C	Strawberry 070074621210 Unflavored 070074621234 Vanilla 070074621197	24 cans/bottles	Strawberry 070074621227 Unflavored 070074621241 Vanilla 070074621203
PediaSure Peptide 1.5 cal	41/258	Abbott	8 oz	RTF	8	C	Vanilla 070074566559	24 cans/bottles	Vanilla 070074566566

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Pediasure with Fiber	41/038	Abbott	(6) 8 oz carton	RTF	48	C			Vanilla 07007458062 70074580616 70074580623 Strawberry 07007456369 70074563695
Peptamen	41/158	Nestlé	8.45oz, 24 per case	RTF	203 oz, per case	W	Vanilla 098716162600 798716062602 798716162609 Unflavored 798716062695 798716162692	24 per case	
Peptamen 1.5	41/161	Nestlé	8.45oz, 24 per case	RTF	203 oz, per case	W	Vanilla 798716181907 311917122342 798716081900 Unflavored 300659088702 798716081924	24 per case	
Peptamen AF	41/162	Nestlé	8.45oz, 24 per case	RTF	203 oz, per case	W	Unflavored 0079871666370 0 798716663601	24 per case	
Peptamen Junior Fiber Flavored	41/154	Nestlé	8.45 oz	RTU	8.45 oz	C	Vanilla 0079871660210 5	24 per case	Vanilla 798716602006

**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Peptamen Junior	41/153	Nestlé	8.45 oz	RTF	8.45 oz	C	Vanilla 0079871616252 4 0066510623917 0098716162525 Strawberry 0079871660130 6 Chocolate 0798716601214 Unflavored 0079816162531 0798716181921	24 per case	Vanilla 798716062527 Strawberry 798716601405 Chocolate 0798716601108 Unflavored 798716062534
PFD Toddler	31/021	Mead Johnson	16 oz	POWDER	120	I-Term, C (toddlers)	300875101797	6 cans	300875101780
PFD2	41/125	Mead Johnson	16 oz	POWDER	73	C	300875101117	6 cans	300875100189
Phenex-1	31/027	Abbott	14.1 oz	POWDER	96	I-Term, C (toddlers)	70074511214	6 cans	70074051121 70074511207
Phenex-2	41/041	Abbott	14.1 oz	POWDER	55	C, W	70074511238	6 cans	70074051123
Phenyl-free 1	31/013	Mead Johnson	16 oz	POWDER	113	I-Term, C (toddlers)	300875101735	6 cans	300875101728
Phenyl-free 2	41/126	Mead Johnson	16 oz	POWDER	74	C, W	300875101087	6 cans	300875100035
Phenyl-free 2HP	41/127	Mead Johnson	16 oz	POWDER	71	C, W	300875101094	6 cans	300875100103
PKU Periflex Early Years	31/063	Nutricia	14.1 oz	POWDER	90.1	I-Term	749735101643	6 cans	749735001646
Portagen	41/128	Mead Johnson	16 oz	POWDER	70 oz	C, W	300870387219	6 cans	300870387011 300875117286
Pregestimil	31/007	Mead Johnson	16 oz	POWDER	112	I-Term	300870367211	6 cans	300870367013
Pregestimil 20 cal	31/010	Mead Johnson	(6) 2 oz carton	RTF	12	I-Term	300871433014	8 cartons	300871433410

*State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing*

Pregestimil 24 cal	31/008	Mead Johnson	(6) 2 oz carton	RTF	12	I-Term	300871434011	8 cartons	300871434417
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**State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing**

Propimex-1	31/047	Abbott	14.1 oz	POWDER	96	I-Term, C (toddlers)			70074511337
Propimex-2	41/047	Abbott	14.1 oz	POWDER	55	C, W			70074511351 70074511344
ProViMin-	31/048	Abbott	5.3 oz (150 gm)	POWDER		I, C			70074502618
PurAmino (formerly Nutramigen AA)	31/069	Mead Johnson	14.1 oz	POWDER	98	I-Term	300875104811	4 cans	300875104804 300875104781
Rena Start	41/263	Vitaflo	14.11 oz	POWDER	64	C			5060014054623
Similac Alimentum	31/032	Abbott	32 oz	RTF	32	I-Term	70074575124	6 bottles	70074575131
Similac Alimentum	31/094	Abbott	12.1 oz	POWDER	87	I-Term			70074647128
Similac Neosure	31/030	Abbott	13.1 oz	POWDER	87	I-Preterm	70074574301	6 cans	70074574318
Similac Neosure	31/031	Abbott	32 oz	RTF	32	I-Preterm	70074574554	6 bottles	70074057456 70074574561
Similac Human Milk Fortifier	31/050	Abbott	.9 gms	POWDER	37	I-Preterm	70074545981	3 cans	70074111759
Similac PM 60:40	31/036	Abbott	14.1 oz	POWDER	102	I-Term	70074008509	6 cans	0700745998
Similac Special Care 20 with Iron	31/039	Abbott	2 oz	RTF	2	I-Preterm	070047562650 (48)		
Similac Special Care 24 with Iron	31/040	Abbott	2 oz	RTF	2	I-Preterm	070074562674 (48) 070074562704 (48)		070074562681 70074563138 70074114859
TYR Anamix Early Years	31/064	Nutricia	400 gm	POWDER	90.1	I-Term	749735102183	3 cans	749735002186
TYROS 1	31/024	Mead Johnson	16 oz	POWDER	113	I-Term, C (toddlers)	300875101926	6 cans	300875101919 300870194411
TYROS 2	41/130	Mead Johnson	16 oz	POWDER	74	C, W	300875101131	6 cans	300875100240 300870082411
Vivonex Pediatric, unflavored	41/217	Nestlé	1.7 oz packet	POWDER	8.45 oz	C	1004390071310 3	6 packets	043900713199 043900713106
Vivonex RTF, unflavored	41/219	Nestlé	8.45 oz	RTF	8.45 oz	W	1004390036250 9 002123625511		043900362502
WND 1	31/015	Mead Johnson	16 oz	POWDER	113	I-Term, C (toddlers)	300875102060	6 cans	300875102053 300870092410
WND 2	41/131	Mead Johnson	16 oz	POWDER	74	C, W	300875101155	6 cans	300875100295 300870093417
Xleu Maxamaid	41/077	Nutricia	454 gm	POWDER	105	C	749735177914	6 cans	749735023648

*State of Connecticut-Special Supplemental Nutrition Program for Women, Infants, and Children
Approved Contract and Specialized Formulas/Medical Food Listing*

Xleu Maxamum	41/078	Nutricia	454 gm	POWDER	80	W	749735177907	6 cans	749735023433
Xlys, Xtrp Maxamaid	41/079	Nutricia	454 gm	POWDER	105	C	749735177808	6 cans	749735023594
Xlys, Xtrp Maxamum	41/080	Nutricia	454 gm	POWDER	80	W	749735177884	6 cans	749735023440
Xmet Maxamaid	41/081	Nutricia	454 gm	POWDER	105	C	749735177877	6 cans	749735023631
Xmet Maxamum	41/082	Nutricia	454 gm	POWDER	80	W	749735177952	6 cans	749735023419
XMTVI Maxamaid	41/083	Nutricia	454 gm	POWDER	104	C	749735177853	6 cans	749735023617
XMTVI Maxamum	41/084	Nutricia	454 gm	POWDER	80	W	749735177792	6 cans	749735023426
Xphe Maxamaid	41/085	Nutricia	454 gm	POWDER	105	C	Orange 749735177921 Strawberry 749735177945 Unflavored 749735177938	6 cans	Orange 749735023570 Strawberry 749735023716 Unflavored 749735023587
Xphe Maxamum	41/270	Nutricia	454 gm	POWDER	75	W	Orange 749735183243 Unflavored 749735183236	6 cans	Orange 749735023020 749735025512 Unflavored 749735023013
Xphe, Xtyr Maxamaid	41/087	Nutricia	454 gm	POWDER	105	C	749735177860	6 cans	749735023624
Revised August 2016									

CT WIC Program Guide to Formula References

WIC 400-10

- Policy Background and Definitions for Issuance of Contract Standard Formula, WIC Special Formula and WIC Approved Foods
- Issuance of Contract Standard Formula, WIC Special Formula, WIC Approved Foods and Religious Preference Formula Issuance

Additional References

- CT WIC Approved Common Infant Formulas: Indications For Usage
- CT WIC Approved Most Common Children's Formulas Ordered through the State: Indications for Usage
- WIC Approved Special Formulas (Now also includes age appropriate guidelines)
- Special Formulas Ordered through the State: Infant Formula Maximum Issuance and Ordering Amounts
- Special Formulas Ordered through the State: Child Formula Maximum Issuance and Ordering Amounts
- CT WIC Program Guide to Formula References

WIC 400-11

Use of Medical Documentation Form

WIC Medical Documentation Form(s) Infants and Children & Women

WIC Special Formula-Guidelines for Clinicians

ICD-9 codes WIC

WIC 400-12

Ordering Special Formula

Special Formula Request Form

WIC 400-13

Special Formula Reconciliation Form

WIC 400-14

New Special Formula Product Approval

WIC 400-15

WIC Formula Return Policy

WIC 400-16

Formula Quality Complaint Procedure and Required Documentation

WIC 400-17

Formula Storage Guidelines

WIC 400-18

Coordination between Public and Private Insurance for Issuance of Special Formula

WIC 200-24

Phenylketonuria or Metabolic Disorders with Nutrition Implications

Other References/Forms

Special Formula Product Code List

Connecticut WIC Program
CT WIC Approved Common Infant Formulas: Indications for Usage

Term Infant Formulas (Whole, Intact Protein or Large Peptides: These formulas are not hypoallergenic and are *not* indicated for infants with known or suspected cow's milk allergy)

1. Cow's Milk Based

a) For most healthy infants who are not exclusively breastfeeding

Enfamil Premium Infant

b) *Enfamil Gentlease*-low lactose, large peptides. Indicated where some lactose is tolerated and low lactose formula desired. Like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

c) For Some Infants with GE Reflux

- *Enfamil AR*
- *Similac for Spit Up (formerly Similac Sensitive for Spit up)* (this product is also Lactose-free)

2) Soy Based (For infants with cow's milk protein allergy* or lactose intolerance)

Enfamil ProSobee

*25-50% of infants with cow's milk allergy are prone to develop a soy allergy. Certain high-risk infants should be put on a hypoallergenic formula only (rather than a soy based formula) if they have a cow's milk allergy-the physician will decide this based on the specific infant's medical history.

Term Infant Formulas (Small Peptides or Amino Acids. These formulas are hypoallergenic.)

i. Peptide Based

For infants with cows milk protein allergy, soy protein allergy, or lactose intolerance

- *Nutramigen*
- *Nutramigen Enflora LGG (contains Probiotics)*

ii. Semi-Elemental Peptide Based

For infants with cows milk protein allergy, soy protein allergy, lactose intolerance, or maldigestion/malabsorption syndromes

(In addition to the protein being in peptide form, the carbohydrate and fat in these formulas are also in a simpler form, which is easier to digest)

- *Similac Expert Care Alimentum*
- *Pregestimil*

iii. Amino Acid Based

For infants with severe protein allergies (cow's milk, soy, and/or other proteins) or protein maldigestion/malabsorption (but not for maldigestion/malabsorption of Fat and/or CHO).

- *Neocate Infant with DHA/ARA*
- *Puramino (formerly Nutramigen AA)*
- *Elecare for Infants DHA & ARA*

Preterm Infant Formulas and Human Milk Fortifiers (all are cow's milk based and are not indicated for infants with known or suspected cow's milk allergy)

1. Formulas

For premature infants who are not exclusively receiving breast milk. Preterm infant formula is higher in many nutrients than term infant formula and is designed to meet the preterm infant's special nutritional needs.

- *Enfamil Premature* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Special Care* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Expert Care Neosure* (formerly *Neosure*)-designed for post-hospital discharge needs
- *Enfamil EnfaCare* (formerly *EnfaCare*)-designed for post-hospital discharge needs

2. Human Milk Fortifiers

For infants who are receiving breast milk. The fortifier supplements breast milk to meet the increased nutritional needs of premature infants.

- *Enfamil Human Milk Fortifier* (usually 2 packs/100ml breast milk; no higher than 4 packs/100ml breast milk) -usually given in hospital, and may be continued post-hospital discharge
- *Similac Human Milk Fortifier* (usually 2 packs/100 ml breast milk; no higher than 4 packs/100 ml breast milk) -usually given in hospital, and may be continued post-hospital discharge

Connecticut WIC Program
Special Formulas Ordered Through the State WIC Office
Infant Formula Maximum Issuance and Ordering Amounts

			0-4m	0-4m	4-5m	4-5m	6-11m	6-11m	
Formula	Formula Packaging	Number of months	Cans/Packets maximum amount allowed (Rounded per Federal Regulations)	Cases: for ordering purposes (Assuming only full cases can be ordered)	Cans/Packets maximum amount allowed (Rounded per Federal Regulations)	Cases: for ordering purposes (Assuming only full cases can be ordered)	Cans/Packets maximum amount allowed (Rounded per Federal Regulations)	Cases: for ordering purposes (Assuming only full cases can be ordered)	Comments
<i>Neocate Infant with DHA and ARA</i>	14 oz cans (powder), 4 cans/case	1	9 cans (2 cases and 1 can)	3	10 cans (2 cases, 2 cans)	3	7 cans (1 case, 3 cans)	2	1 can yields 97 oz. when reconstituted to standard dilution
		2	18 cans (4 cases, 2 cans)	5	20 cans (5 cases)	5	14 cans (3 cases, 2 cans)	4	
		3	27 cans (6 cases and 3 cans)	7	30 (7 cases, 2 cans)	8	21 (5 cases, 1 can)	6	
<i>Similac Special Care with Iron 20 cal or 24 cal 2 oz. RTF</i>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	

Connecticut WIC Program
Special Formulas Ordered Through the State WIC Office
Infant Formula Maximum Issuance and Ordering Amounts

<i>Enfamil Premature with Iron 20 cal or 24 cal, Enfamil with iron 24 cal,</i>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	
<i>Pregestimil 20 cal or 24 cal 2 oz RTF</i>	2 oz bottles, 48 bottles/case	1	403 bottles (8 cases and 19 bottles)	9	442 bottles (9 cases, 10 bottles)	10	312 bottles (6 cases, 24 bottles)	7	
		2	806 bottles (16 cases and 38 bottles)	17	884 (18 cases, 20 bottles)	19	624 bottles (13 cases)	13	
		3	1209 bottles (25 cases and 9 bottles)	26	1326 (27 cases, 30 bottles)	28	936 bottles (19 cases, 24 bottles)	20	
<i>Elecare for Infants DHA &ARA</i>	14.1 oz powder cans/ 6 cans/case	1	9 (1 case and 3 cans)	2	10 (1 case and 4 cans)	2	7 (1 case and 1 can)	2	1 can yields 95 oz. when reconstituted to standard dilution
		2	18 (3 cases)	3	20 (3 cases and 2 cans)	4	14 (2 cases and 2 cans)	3	
		3	27 (4 cases and 3 cans)	5	30 (5 cases)	5	21 (3 cases and 3 cans)	4	

Connecticut WIC Program
CT WIC Approved Common Infant Formulas: Indications For Usage

Term Infant Formulas (Whole, Intact Protein or Large Peptides: These formulas are not hypoallergenic and are *not* indicated for infants with known or suspected cow's milk allergy)

1. Cow's Milk Based

a) For most healthy infants who are not exclusively breastfeeding

Enfamil Infant (formerly Enfamil Premium Infant)

b) *Enfamil Gentlease*-low lactose, large peptides. Indicated where some lactose is tolerated and low lactose formula desired. Like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated.

c) For Some Infants with GE Reflux

- *Enfamil AR*

2) Soy Based (For infants with cow's milk protein allergy* or lactose intolerance)

Enfamil ProSobee

*25-50% of infants with cow's milk allergy are prone to develop a soy allergy. Certain high-risk infants should be put on a hypoallergenic formula only (rather than a soy based formula) if they have a cow's milk allergy-the physician will decide this based on the specific infant's medical history.

Term Infant Formulas (Small Peptides or Amino Acids) These formulas are hypoallergenic.

i. Peptide Based

For infants with cows' milk protein allergy, soy protein allergy, or lactose intolerance

- *Nutramigen*
- *Nutramigen Enflora LGG (contains Probiotics)*

ii. Semi-Elemental Peptide Based

For infants with cow's milk protein allergy, soy protein allergy, lactose intolerance, or maldigestion/malabsorption syndromes

(In addition to the protein being in peptide form, the carbohydrate and fat in these formulas are also in a simpler form, which is easier to digest)

- *Similac Expert Care Alimentum*
- *Pregestimil*

iii. Amino Acid Based

For infants with severe protein allergies (cows' milk, soy, and/or other proteins) or protein maldigestion/malabsorption (but not for maldigestion/malabsorption of Fat and/or CHO).

- *Neocate Infant with DHA/ARA*
- *Puramino (formerly Nutramigen AA)*
- *Elecare for Infants DHA & ARA*

Preterm Infant Formulas and Human Milk Fortifiers (all are cow's milk based and are not indicated for infants with known or suspected cow's milk allergy)

1. Formulas

For premature infants who are not exclusively receiving breast milk. Preterm infant formula is higher in many nutrients than term infant formula and is designed to meet the preterm infant's special nutritional needs.

- *Enfamil Premature* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Special Care* -usually given in hospital, sometimes continued post-hospital discharge
- *Similac Expert Care Neosure* (formerly *Neosure*)-designed for post-hospital discharge needs
- *Enfamil EnfaCare* (formerly *EnfaCare*)-designed for post-hospital discharge needs

2. Human Milk Fortifiers

For infants who are receiving breast milk. The fortifier supplements breast milk to meet the increased nutritional needs of premature infants.

- *Enfamil Human Milk Fortifier* (usually 2 packs/100ml breast milk; no higher than 4 packs/100ml breast milk) -usually given in hospital, and may be continued post-hospital discharge
- *Similac Human Milk Fortifier* (usually 2 packs/100 ml breast milk; no higher than 4 packs/100 ml breast milk) -usually given in hospital, and may be continued post-hospital discharge

Connecticut WIC Program
CT WIC Approved Most Common Children's Formulas Ordered through the State:
Indications for Usage
(Note that this is not a complete list of all products)

Formula	Indications for Usage	Age range	Comments
<i>EO28 Splash</i>	Amino acid based <ul style="list-style-type: none"> • Gastrointestinal tract impairment • Cow and soy milk allergy • Multiple food protein intolerance • Eosinophilic esophagitis • Gastroesophageal reflux disease • Short bowel syndrome • Other medical conditions for which an amino acid-based diet is required 	<i>1-10 years</i>	Ready to feed. (Formerly <i>Pediatric EO28</i>) comes in three (3) flavors; grape, tropical fruit, and orange-pineapple (not available unflavored). The product is hypoallergenic so may be ordered for the food allergic client. However, some people may be allergic to or at high risk of allergic reaction to the flavoring in the product, and therefore should only be recommended/provided if the health care provider has ordered this product for the patient and the flavoring is not an issue.
<i>Neocate Junior</i>	Amino acid based <ul style="list-style-type: none"> • Gastrointestinal tract impairment • Malabsorption • Cow and soy milk allergy • Multiple food protein intolerance • Eosinophilic esophagitis • Short bowel syndrome • Other medical conditions for which an amino acid-based diet is required 	<i>1-10 years</i>	Powder. Comes flavored and unflavored-flavored should only be recommended/provided if the health care provider has ok'd the flavoring for the allergic patient.
<i>Elecare Jr</i>	Amino-acid based <ul style="list-style-type: none"> • Severe food allergies • Protein maldigestion, depending on the degree of fat malabsorption present in an individual, Elecare is also indicated for use in Crohn's disease, Cystic Fibrosis, pancreatic disease and certain other mild to moderate malabsorption conditions where a semi-elemental formula is indicated 	1-10 years,	Powder. Comes flavored and unflavored. Flavored should only be recommended/provided if the health care provider has ok'd the flavoring for the allergic child.
<i>PediaSure Peptide 1 cal</i>	Peptide based Malabsorption Maldigestion	1-13 years	Certified Kosher. Product is not hypoallergenic and is not indicated for the food allergic client.
<i>PediaSure Peptide 1.5 cal</i>	Same as above but for those who need higher caloric intake	1-13 years	Certified Kosher. Product is not hypoallergenic and is not indicated for the food allergic client.
<i>Peptamen Junior</i>	Peptide based (not amino acid based) product. Indicated for several conditions related to GI impairment.	1-10 years	Ready to Feed. Comes flavored and unflavored. Product is not hypoallergenic and is not indicated for the food allergic client.
<i>Vivonex Pediatric</i>	Amino acid based. Indicated for several conditions related to GI impairment.	1-10 years	Powder. Unflavored. While traditionally ordered more for clients with GI impairment issues, this product is amino acid based so could be ordered for the food allergic client.

Connecticut WIC Program
Special Formulas Ordered through the State
Child Formula Maximum Issuance and Ordering Amounts

Formula	Packaging	# of mths	Cans/packets *Total maximum amount given to participant	Cases: for ordering	Comments
<i>EO28 Splash</i>	8 oz RTF packs 27 packs/case	1	114 packs (4 cases & 6 packs)	5	
		2	228 packs (8 cases & 12 packs)	9	
		3	342 packs (12 cases & 18 packs)	13	
<i>Neocate Junior unflavored</i>	14 oz cans (powder) 4 cans/case	1	15 cans (3 cases and 3 cans)	4	1 can of unflavored yields 61 oz when reconstituted to standard dilution
		2	30 cans (7 cases & 2 cans)	8	
		3	45 cans (11 cases & 1 can)	12	
<i>Neocate Junior flavored</i>	14 oz cans (powder) 4 cans/case	1	16 cans (4 cases)	4	1 can of flavored yields 59 oz when reconstituted to standard dilution
		2	32 cans (8 cases)	8	
		3	48 cans (12 cases)	12	
<i>Elecare JR (unflavored) and Elecare (vanilla)</i>	14.1 oz powder cans 6 cans/case	1	15 cans (2 cases & 3 cans)	3	1 can yields 62 oz when reconstituted to standard dilution
		2	30 cans (5 cases)	5	
		3	45 cans (7 cases & 3 cans)	8	
<i>Peptamen Junior (RTF)</i>	8.45 oz RTF cans 24 cans/case	1	108 cans (4 cases & 12 cans)	5	Need to specify whether flavored or unflavored
		2	216 cans (9 cases)	9	
		3	324 cans (13 cases & 12 cans)	14	

Connecticut WIC Program
Special Formulas Ordered through the State
Child Formula Maximum Issuance and Ordering Amounts

Formula	Packaging	# of mths	Cans/packets *Total maximum amount given to participant	# Cases for ordering	Comments
<i>PediaSure Peptide (1 or 1.5 calorie)</i>	8 oz RTF bottles 24 bottles/case	1	114	5	
		2	228	10	
		3	342	15	
<i>Vivonex Pediatric</i>	1.7 oz powder packets 6 packets/box 6 boxes/case	1	108 packets (3 cases)	3	1 packet yields 8.45 oz when reconstituted to standard dilution
		2	216 packets (6 cases)	6	
		3	324 packets (9 cases)	9	

SECTION: Food Delivery**SUBJECT: Use of Medical Documentation Form**

POLICY

A WIC Medical Documentation Form is required in order to provide special/exempt formula and/or medical foods. Only formulas/medical foods that are approved by USDA and the Connecticut WIC program shall be authorized for use in the Connecticut WIC program. Refer to the *WIC Approved Special Formulas List*.

If a participant (women, infant, or child) requires a special/exempt infant formula or medical food due to a specific nutrition-related ICD-9 medical diagnosis, the health care provider is required to fill out a form. Instructions for completion are located on the back of each form.

In Connecticut, only a Medical Doctor (MD), and Advanced Practice Registered Nurse (APRN) or a Physician's Assistant (PA) who is authorized to write prescriptions in Connecticut can sign the form.

Medical documentation must be written and may be provided as an original written document, an electronic document, by facsimile, in person or by telephone to a WIC Nutritionist until written confirmation is received.

Formula Prescriptions

Any formula prescription received shall be followed up on promptly. If a new formula prescription order is received, the new order will invalidate any previous order. The prescription order on the WIC Medical Documentation Form shall be valid until the length of issuance has expired or until the next recertification. However, under no circumstances shall a prescription be valid if the medical documentation form is more than six months sold.

Ensure that all parts of the form are filled out, including the following:

- Patient's name
- Date of birth
- Name of parent or guardian
- Medical rationale (ICD-9) code
- Prescribed formula
- Name of formula and packaging if appropriate; ready to feed, powder, etc.
- Caloric density when appropriate (24 cal/oz, 20 cal/oz)
- Daily amount needed (unless ad lib)
- Length of issuance
- Health care provider signature with credentials and the date

A nutritionist shall, when indicated, contact the health care provider who wrote the prescription to clarify the order, to obtain any missing information, relay any concerns regarding medical rationale for the product, and/or if the daily amount needed/consumed exceeds what WIC can provide. Appropriately document your communications.

If the order is written on a prescription pad, attach the prescription to the form.

Verbal Orders

In an emergency, a verbal order may be accepted, but must be followed by appropriate documentation received by the local agency within **one** business day.

Document on the Medical Documentation form that the order is a verbal order (V.O.), date it, and sign your name. Also specify the name/credentials of the health care provider who gave the verbal order.

Example:

Neocate One Plus Powder V.O. Dr. Smith, MD received by Jane Doe, WIC Nutritionist 6/30/11.

- When the local agency receives the appropriate documentation, attach it to the original form.

Once all necessary information is obtained, a local agency CPA must sign and date the form.

ICD-9 Code	Medical diagnosis
570	Acute liver disease
558.3	Allergic gastroenteritis and colitis
579.0	Celiac Disease
571	Chronic liver disease and cirrhosis
585.9	Chronic Renal Insufficiency
457.8	Chylothorax
558.9	Colitis
648.8	Diabetes, gestational
562.1	Diverticula, diverticulosis
562.11	Diverticulitis, (acute)
758.0	Downs Syndrome
557	Enterocolitis, necrotizing
777.5	Enterocolitis, necrotizing, newborn
760.71	Fetal alcohol syndrome
693.1	Food Allergy: Dermatitis Food
558.9	Gastroenteritis and colitis other and unspecified
783.43	Growth Failure: Short Stature
275.3	Hyper/Hypophosphatemia
275.42	Hypercalcemia
643	Hyperemesis, gravidarum
273.8	Hypoalbuminemia
275.41	Hypocalcemia
251.2	Hypoglycemia, Unspecified
276.8	Hypokalemia
280.9	iron deficiency anemia
275	iron storage disease
564.1	Irritable bowel syndrome
260	Kwashiorkor
579.9	Malabsorption
263.1	Malnutrition; mild
263.0	Malnutrition; moderate
261	Marasmus, Nutritional
277.9	Metabolism disorder/ inborn errors of metabolism)
199.1	neoplasm, malignant (cancer)
581.9	Nephrotic Syndrome with unspec path lesion kidney
733.90	Osteopenia
262	Protein calorie malnutrition severe (other)
593.9	Renal insufficiency Acute
268.0	Rickets, active
780.39	Seizures NOS
783.22	Underweight
783.21	Weight Loss
779.5	Drug Withdrawal syndrome in a newborn

State of Connecticut WIC Program-Department of Public Health
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
WOMEN

1. **Patient's First & Last Name:** _____
Date of Birth (DOB): ___/___/___

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

2. Please check qualifying medical condition(s)/ICD-9 code(s)

- | | |
|--|--|
| <input type="checkbox"/> 693.1 Allergy, Food | <input type="checkbox"/> 783.2 Maternal Weight Loss During Pregnancy |
| <input type="checkbox"/> 343.9 Cerebral Palsy | <input type="checkbox"/> 651 Multifetal Gestation |
| <input type="checkbox"/> 250.01 Diabetes Mellitus Type I | <input type="checkbox"/> 358.9 Neuromuscular Disorder |
| <input type="checkbox"/> 271.1 Galactosemia | <input type="checkbox"/> 270.1 Phenylketonuria (PKU) |
| <input type="checkbox"/> 279.3 Immunodeficiency | <input type="checkbox"/> _____ Other diagnosis with ICD-9 code |
| <input type="checkbox"/> 646.8 Low Maternal Weight Gain | Specify _____ |
| <input type="checkbox"/> 271.3 Lactose Intolerance | |

3. **Formula requested:** _____

Prescribed ounces per day* (unless ad lib): _____ Powder Concentrate Other _____

***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____

Length of use: 1 mo 3 mos 6 mos

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition. **No prescription is valid for more than six months.**

4. WIC Supplemental Foods Available Check foods that are **contraindicated** based on medical diagnosis

- | | |
|---|--|
| <input type="checkbox"/> Breakfast cereal | <input type="checkbox"/> Vegetables and Fruits |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Whole wheat bread or other allowed whole grains |
| <input type="checkbox"/> Juice | |
| <input type="checkbox"/> Legumes or peanut butter | |
| <input type="checkbox"/> Milk; Specify: _____ or Milk substitutes; Specify: _____ | |

All food contraindicated

Restriction(s) in amounts?

Explain:

Length of use: 1 mo 3 mos 6 mos

5. Milk substitute(s) requested: Tofu and cheese above the WIC maximum substitution amounts requires a qualifying condition.

Tofu Cheese Amount per day: _____

Length of use: 1 mo 3 mos 6 mos

6. HEALTH CARE PROVIDER SIGNATURE:

(MD, APRN or PA)

Date:

Printed Name (Health Care Provider):

Medical Office/Clinic/Hospital:

Phone:

Address:

Fax:

Instructions for Physicians or Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

- Item #1:** Write patient's complete name and date of birth (DOB).
- Item #2:** From the list of most common nutrition related ICD-9 medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.
- Item #3:** Indicate the special/exempt formula requested instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. No prescription is valid for more than six months.
For cost containment purposes, physical forms routinely provided by WIC are powder or concentrate forms. Ready-to-Feed (RTF) formula or medical foods may be authorized when the product is only available in ready-to-feed, when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, or the participant may have difficulty in correctly diluting the concentrated liquid or powdered formula.
- Item #4** The patient will receive supplemental foods from the WIC Program, appropriate to their participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition.
- Item #5** Provision of calcium-set (fortified) tofu in amounts **over 4 pounds** (for all women) or provision of cheese in amounts **over 1 pound** (for pregnant, partially breastfeeding or formula feeding women) or **amounts over 2 pounds** (for fully breastfeeding women) requires a qualifying condition such as lactose intolerance or other medical diagnosis. Medical documentation is **not needed** for cheese substitutions of 1 pound or less. If either of these foods are needed, indicate the amount prescribed per day and the intended length of use.
- Item #6** A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

WIC Office Use:
CPA Signature: _____ Date: _____
WIC Staff instructions: Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.

WIC is an equal opportunity provider.

State of Connecticut WIC Program-Department of Public Health
 MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
INFANTS AND CHILDREN

Patient's Name: _____ **Date of Birth (DOB):** ___/___/___

Parent/Guardian: _____ **Weeks Gestation (premature infants):** _____

The Connecticut WIC Program strongly endorses breastfeeding as the optimal method to feed most infants. For infants that do consume formula, Connecticut WIC standard formulas are *Similac® Advance® 20cal/oz.* and *Similac® Isomil® Soy 20cal/oz.* *Similac® Sensitive® 19cal/oz.* and *Similac® Total Comfort® 19cal/oz.* are standard formulas approved in Connecticut requiring medical documentation. For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ Powder Concentrate Other _____
 Check here to request one of the following: *Similac® Sensitive® (19 cal/oz.)* or *Similac® Total Comfort® (19 cal/oz.)*
 Check here to request *Similac® For Spit-Up® (19 cal/oz.)* must have documented Gastroesophageal Reflux or Other ICD-10 code.

Instructions for preparation: _____

Caloric density: 19cal/oz. 20cal/oz. 22cal/oz. 24cal/oz. 26cal/oz. 30cal/oz. Other: _____

Length of use: 1 month 2 months 3 months 4 months 5 months 6 months

In order to obtain an exempt/special formula from WIC, an ICD code(s) and qualifying medical condition must be identified. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.** A WIC Nutrition Professional will complete a dietary assessment to determine the need for the requested formula. Significant findings will be communicated to you with the participant's permission. It is WIC's policy to re-evaluate the continued need for the formula on a periodic basis. The WIC Program does not provide whole cow's milk for infants. ***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Prescription is subject to WIC approval and provision is based on Program policy and procedure. **No prescription is valid for more than six months.**

REQUIRED: Select qualifying medical condition(s)/ICD-10 code(s)

<input type="checkbox"/> Allergy, Food (L27.2)	<input type="checkbox"/> Cystic Fibrosis (E84.9)	<input type="checkbox"/> Lactose Intolerance (E74.39)
<input type="checkbox"/> Anemia (D53.9)	<input type="checkbox"/> Developmental Delay (R62.50)	<input type="checkbox"/> Malabsorption (K90.9)
<input type="checkbox"/> Autoimmune Disorder (M35.9)	<input type="checkbox"/> Diabetes Mellitus Type I (E10.9)	<input type="checkbox"/> Neuromuscular Disorder (G70.9)
<input type="checkbox"/> Congenital Heart Disease (Q24.9)	<input type="checkbox"/> Failure to Thrive/Inadequate Growth (R62.51)	<input type="checkbox"/> Prematurity (P07.30)
<input type="checkbox"/> Congenital Anomaly, Respiratory (Q34.9)	<input type="checkbox"/> Galactosemia (E74.21)	<input type="checkbox"/> Phenylketonuria (PKU) (E70.0)
<input type="checkbox"/> Congenital Anomaly, GI (Q45.9)	<input type="checkbox"/> Gastroesophageal Reflux (K21.9)	<input type="checkbox"/> Other diagnosis with ICD-10 code
<input type="checkbox"/> Cleft Palate (Q35.9)	<input type="checkbox"/> Immunodeficiency (D84.9)	Specify _____
<input type="checkbox"/> Cerebral Palsy (G80.9)		

Medical Documentation for Whole Milk for Children 2-5 Years of Age:

If child is over 2 years of age, does he/she require whole milk based on a qualifying condition? Yes No
 Children age 2 or older who are receiving formula for a qualifying medical condition and also receive milk are provided fat reduced milk. Whole milk can be provided if based on a documented qualifying medical condition that warrants the use of a high calorie special formula or supplement.

Medical Documentation for Fat-Reduced Milks for Children 12-23 Months of Age:

If the child is 12-23 months of age does he/she require fat reduced milk based on overweight or obesity? Yes No **Specify:** _____
Please specify 2%, 1% or skim. Whole milk is the standard milk given to children 12-23 months of age. Fat-reduced milk (2%, 1% or skim) can be provided for children 12-23 months when overweight or obesity is a concern.

WIC Supplemental Foods Available Please check foods that are **not allowed** based on medical diagnosis

<input type="checkbox"/> Milk, Specify type: _____	<input type="checkbox"/> Whole wheat bread /whole grains	<input type="checkbox"/> Peanut butter	<input type="checkbox"/> All foods contraindicated
<input type="checkbox"/> Soy Milk/ Tofu	<input type="checkbox"/> Breakfast cereal	<input type="checkbox"/> Vegetables and fruits	<input type="checkbox"/> Restrictions in amounts:
<input type="checkbox"/> Cheese	<input type="checkbox"/> Whole grain pasta	<input type="checkbox"/> Infant cereal	Explain: _____
<input type="checkbox"/> Yogurt	<input type="checkbox"/> Legumes (beans/peas)	<input type="checkbox"/> Infant food vegetables/ fruits	_____
<input type="checkbox"/> Juice	<input type="checkbox"/> Eggs		

REQUIRED: Refer to WIC Nutrition Professional to identify appropriate types and amounts of WIC supplemental foods*. Yes No

***By checking this box you authorize the WIC Nutrition Professional to make future decisions about WIC supplemental foods.**

HEALTH CARE PROVIDER SIGNATURE: _____	Date: _____
(MD, APRN or PA)	
Printed Name (Health Care Provider): _____	Phone: _____
Provider Stamp or Address: _____	Fax: _____

WIC Use Only: Date received _____	Contacted HCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
CPA Signature: _____	Date: _____

Connecticut Department of Public Health

Special Supplemental Nutrition Program for Women, Infants and Children

Guidelines for Clinicians Regarding WIC Standard Contract Formulas and WIC Special Formula Processing

1. WIC program eligibility is based on income, category (pregnant, breastfeeding or postpartum woman, infant or child up to age 5), residency and nutritional need. In most cases, the WIC program can accommodate requests for special medical or exempt infant formulas also referred to as WIC eligible nutritionals, based on a medical diagnosis (ICD-10 code).
2. Effective October 1, 2016, the Connecticut WIC Program has a sole-source rebate contract with Abbott Laboratories for standard infant formulas: **Similac® Advance®** and **Similac® Isomil® Soy**. For infants, **Similac® Advance®** and **Similac® Isomil® Soy** (powdered or liquid concentrate) do not require a doctor's prescription. However, if an infant requires, **Similac® Isomil® Soy** a completed **WIC Medical Documentation Form** can help clarify the rationale for issuing a soy product.

Effective October 1, 2016, **Similac® Sensitive®** and **Similac® Total Comfort®** are standard formulas that are approved in Connecticut requiring a completed WIC Medical Documentation Form. However, like all other cow's milk based formulas, these products should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, these products are contraindicated when a totally lactose free diet is indicated. Please note both **Similac® Sensitive®** and **Similac® Total Comfort®** are 19 calorie per fluid ounce products at standard dilution. Contact Abbott customer service www.abbottnutrition.com for medical rationale for this change in calorie density. WIC Participants will still receive up to the maximum amount of formula per Federal Regulations based on reconstituted ounces and age of the infant. The Connecticut WIC Program no longer provides **non-contract** standard milk and soy based infant formulas.

3. Effective October 1, 2016 **Enfamil Gentlease is no longer a WIC approved formula. It is not available for issuance in Connecticut.** **Similac® Sensitive®** and **Similac® Total Comfort®** are options for those patients that formally required **Enfamil® Gentlease®**.
4. Issuance of exempt infant formulas (WIC Special Formulas) approved for use in the Connecticut WIC Program require a WIC Medical Documentation Form with an ICD-10 code diagnosis, based on indications for usage, medical rationale and age appropriateness. The maximum amount of reconstituted oz. of infant formula at standard dilution that can be given to an infant depends on the age of the infant. For your convenience, the WIC Medical Documentation Form lists common diagnosis and the corresponding ICD-10 codes. For conditions such as Auto-Immune Disorders and Neonatal Abstinence Syndrome where a wide range of codes apply, please record the diagnosis and ICD-10 code in the "Other" section.
5. Medically indicated enteral nutritional products (WIC eligible nutritionals) for women or children also require a completed WIC Medical Documentation Form. The maximum amount of formula prescribed to a woman or child (1 year and older) is 910 reconstituted oz per month (based on the product's standard dilution).
6. A Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), or a Physician's Assistant (PA) who is authorized to write prescriptions can prescribe or request WIC approved Special Formulas. The medical documentation should include the patient's name, date of birth, medical rationale for the formula, the caloric density (e.g.; 24 cal/oz, 27 cal/oz), packaging (powder, concentrate or ready to use), length of issuance, and total volume per day (unless ad lib). It is useful to indicate any special instructions (e.g., if anything is to be added to the formula, special mixing instructions, etc.). The health care provider's signature should include his/her credentials (MD, APRN, or PA).



**Connecticut Department of Public Health
Special Supplemental Nutrition Program for Women, Infants and Children**

Guidelines for Clinicians Regarding WIC Standard Contract Formulas and WIC Special Formula Processing

7. Effective January 1, 2016 all WIC Special Formulas can be obtained at retail grocery stores and pharmacies by WIC participants.

8. Generally, allow ten days to two weeks from the time an individual applies to the WIC program until Special Formulas can be purchased by your patient at a retail outlet. For this reason, it is advisable to have the infant/child's parent or guardian bring the **WIC Certification Form and WIC Medical Documentation Form** to the local WIC office at preferably two weeks (minimum one week) before hospital discharge when possible. The clinician should call the local WIC Program Nutritionist to inform her/him of how soon the client will be discharged. The health care provider can fax a prescription or WIC Medical Documentation Form to the local agency to facilitate the process.



SECTION: Food Delivery**SUBJECT: Retail Purchase of Special (Exempt) Formula**

Federal Regulations:**POLICY**

Special formulas must be purchased at WIC authorized retail and grocery store pharmacies.

WIC Nutritionists should use these guidelines to assist WIC participants in obtaining WIC Special (Exempt) Infant Formula and/or WIC- Eligible Nutritionals at retail and grocery store pharmacies.

1. Ensure that a participant has a valid Medical Documentation Form on file.
2. Determine the size and packaging of the Special formula requested. Reference WIC 400-10 [Approved Special Formula Listing](#) for the manufacturer's product information. If you are unsure of formula size or packaging contact Luz Hago at the State agency by phone or by e-mail at Luz.Hago@ct.gov.
3. Proceed to Food Prescription screen in CT-WIC and issue WIC Special Formula benefits directly to participants.
4. For a first-time order, assist the authorized person/caretaker in identifying and contacting at least one WIC authorized retail and/or grocery store pharmacies. The nutritionist or other CPA will call the authorized pharmacy to inquire if the prescribed formula is in stock. If it is not, assist the participant in placing the initial order.
5. The nutritionist or other CPA has the option to provide the authorized person/caretaker with a Formula Ticket. Reference the [WIC Retailer webpage or the Formula Resources webpage](#) to access the Formula Ticket which will include UPC numbers and specific item codes for formula. This list will contain the following information:
 - Special formula name
 - Formula packaging (can/bottle/tetrapak size, can/bottle/tetrapak per case)
 - UPC number
 - Item code (optional)
 - Pharmacy name and phone number
6. Educate the authorized person/caretaker in securing future WIC Special formula orders at their local WIC authorized retail or grocery store pharmacies.
7. In the case where a WIC participant is prescribed a different product (Special Formula or Standard, Contract Formula) within the issuance period (the current date is within the first day to use and the last day to use), the WIC Nutritionist or other CPA should request that the participant return the unused and unopened WIC Special formula to the local agency. Please refer to [WIC 400-15 WIC Formula Return Policy](#) for more details on safe handling of returned formula.

Common Scenarios:

Scenario #1

What do I do if I can't reach the specific pharmacy that the participant typically shops at to place an order?

Guidance: Access the Authorized Vendor List and identify other pharmacies in your local agency area. Ask the participant which pharmacy would be preferred and attempt contact. If you are unable to contact any local area pharmacy, provide the Authorized Vendor List and the completed Formula Ticket to the participant. Follow up with the participant on the status of the formula order within 1 business day.

Scenario #2

Do I need to assist the participant in placing a first time order if they already have experience in placing special formula orders at a pharmacy?

Guidance: No, but verify that the pharmacy is a WIC Authorized Vendor. If the pharmacy is not a WIC Authorized Vendor, provide the Authorized Vendor List to the participant and assist with the order as needed for that participant.

SECTION: Food Delivery

SUBJECT: Special Formula Reconciliation

POLICY

Each month, the special formula reconciliation form must be forwarded to the State WIC office along with the signed original WIC voucher.

Document the quantity of special formula received. As the formula is issued, fill in the family number, recipient name and number; check number, date and amount of formula issued. A running balance should be kept of formula on hand.

FORMULA INVENTORY RECONCILIATION FORM

Local Agency: _____

Payee Name & Family #	Payee Initials	Check #'s	Date Issued	Formula Name & PO #	Quantity *You must fill in all three rows
Example: Carol Jones 011111	CJ Received Cans/Cases: 5 cases	22222222 22222223	10/1/2010	Neocate Jr, 32222	Beginning Balance: 10 cases
					Amount Given: 5 cases
					Ending Balance: 5 cases
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:
	Received Cans/Cases:				Beginning Balance:
					Amount Given:
					Ending Balance:

* SEND ORIGINAL CHECKS & ORIGINAL FORMULA RECONCILIATION LIST BACK TO THE STATE WIC OFFICE

SECTION: Food Delivery**SUBJECT: New Special Formula Product Approval**

POLICY

New products will be considered for approval for addition to the approved formula list on an annual basis in an effort to more effectively utilize staffing resources and research and inventory new formulas and medical foods. Only formulas/medical foods that are approved by USDA shall be considered for authorization for use in the Connecticut WIC program.

New product approval can encompass reformulations of previously approved products. The State agency also reserves the right to add formulas to its approved lists at any time during the year if the product will meet a previously unmet need in the clinical field.

If products are added in between the annual cycle, local agencies and vendors will be informed in a timely manner via the local agency memorandum process and/or vendor bulletins.

SECTION: Food Delivery**SUBJECT: WIC Formula Return Policy**

POLICY

It should not be the practice of the WIC local agency to act in the role of a WIC vendor and issue contract standard formulas above the supplemental amounts listed on the Family Benefits List for eWIC benefits, to WIC participants on a routine basis, for several reasons:

- Jeopardizes WIC's role to promote and support breastfeeding
- Requires more oversight and management to ensure safety of stock formula
- Liability stemming from unsafe formula
- May result in participants being issued excess program benefits

If cans of formula are provided to participants directly from the WIC local agency, it should be properly documented in the participant's file.

Formula purchased with WIC benefits must not be returned to any retail store, as WIC vendors have agreed to the following policy:

"Never provide refunds or permit exchanges for authorized WIC foods obtained with WIC benefits, except for exchanges of an identical authorized WIC food item when the original authorized WIC food item is defective, spoiled, or has exceeded its "sell by," "best if used by" or other date limiting the sale or use of the food item. An identical authorized WIC food item means the exact brand and size as the original authorized WIC food item obtained and returned by the participant."

Local agencies should understand that reissuance of formula *returned by participants* is the responsibility of the **local agency**, since the State agency cannot guarantee that it was not tampered with or that it was stored properly.

The following scenarios address several common situations regarding returned formulas.

WIC Special/Exempt Infant Formula Purchased from an Authorized WIC vendor:

Situation: A participant redeemed eWIC benefits for special/exempt infant formula at a WIC vendor for 3 cans of Pregestimil 16 oz powder. The participant returns 3 cans to the local agency because of a change in formula prescription.

Guidance:

Only sealed, undamaged, unexpired cans are to be accepted.

Keep in stock. If another participant has a valid script for Pregestimil 16 oz powder, you can use this stock to supply one (1) emergency can. Appropriately document what was provided to the participant.

Do not issue stock formula as part of the benefits for the participant with what was returned by a participant. eWIC benefits shall not be redeemed at the local agency.

Revised 10-2015

Standard Contract Formula Purchased from an Authorized WIC Vendor

Local agencies may ONLY accept returned cans if they are sealed, undamaged, and unexpired. Keep returned cans in stock. If a participant is regularly issued the type of returned formula and there is an additional need, you can supply them with *one or two* "emergency cans". Document in the participant file how much and what was provided by the local agency.

Do not issue stock formula as part of the benefits for the participant with what was returned by a participant. eWIC benefits shall not be redeemed at the local agency.

What if a participant loses the eWIC benefit card?

WIC benefits can be reissued under a new eWIC card at any time. See WIC Policy 400-08: Theft and/or Loss of eWIC cards.

Do not provide the stock formula that you have on hand as a replacement for WIC formula benefits that a participant loses.

Donated Formula:

Local agency shall NOT accept donated formula. In addition, local agencies should never accept returns of opened, damaged or expired cans.

Reminder: Regular stock rotation is the local agencies responsibility as is the removal of outdated product.

** Expired or damaged infant formula products must be discarded in such a way as to prevent human consumption.

SECTION: Food Delivery**SUBJECT: Formula Quality Complaint Procedure and Required Documentation****POLICY**

All reports from local WIC agencies regarding formula quality/safety concerns from participants will be referred to the Connecticut Department of Public Health (DPH), Women, Infants and Children (WIC) Nutrition Unit. In the absence of any Nutrition Unit staff, all reports will be referred to one of the WIC supervising staff.

The DPH WIC Program staff will not contact the participant directly, but rather work through the local WIC agency to obtain any information needed. At the local agency level, a nutritionist will handle formula quality/safety concerns. In the absence of a nutritionist, the WIC Coordinator would handle the concerns.

The participant's health and safety is the priority. In the case of potential or adverse health consequences to the participant that is perceived to be due to consuming the formula in question, the local agency will immediately be advised to instruct the participant/caregiver to promptly contact his/her health care provider. In this case, the additional information needed by DPH WIC Program staff can be obtained from the local WIC agency's contact person after this has occurred.

If a participant should call the DPH WIC Program directly with a formula quality/safety concern, the DPH WIC Program will receive the information from the participant and advise the participant to contact his/her health care provider if any potential health issues are involved and/or if a substitute formula will need to be provided. The participant will then be referred to the local WIC office for further follow-up on the issue.

The DPH WIC Program and the local WIC Office should keep a written/electronic record of contacts made and information received/relayed. Use the Formula Quality/Safety Checklist to ensure all information is obtained.

Local Agency Part of Process/Procedures

1. Appropriate local agency staff should obtain the following information from the participant: *Use the Formula Quality/Safety Checklist* to ensure all information is obtained.

Participant contact information

- ✓ participant's and caregiver's (if applicable) name, address, telephone number, and the WIC Family ID number
- ✓ age of participant
- ✓ medical rationale for formula, if applicable
- ✓ when the participant started consuming the formula and length of time the formula was consumed
- ✓ whether the participant is currently still consuming the same formula
- ✓ reported/perceived health symptoms attributed to consumption of the formula in question, if any (for example; diarrhea, fever, vomiting, stomach pain, blood in the stools, rash, hives, trouble breathing)

- ✓ onset and duration of potential symptoms
- ✓ whether the health care provider was contacted or seen as a result of the reported/perceived symptoms
- ✓ health care provider's name
- ✓ relevant health/WIC background of participant, particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula, such as prematurity, compromised immune status, chronic medical conditions, pregnancy, etc.

Product information

- ✓ formula name
- ✓ packaging; ready-to-feed, powder, or concentrate, and can size
- ✓ batch or lot number
- ✓ expiration date
- ✓ where the product was purchased from and when the product was purchased
- ✓ how much formula the participant still has, including opened/unopened formula containers and formula in feeding bottles, if any
- ✓ how the product was prepared/stored by the participant/caregiver, if relevant to the situation (See 400-10 "Formula Storage Guidelines")
- ✓ product appearance
- ✓ any signs of compromised packaging integrity (dented container, holes in product, swollen cans)
- ✓ formula appearance (foreign objects/flecks/residue, unusual color or smell, curdling or separation of soluble parts of formula from the liquid portion)

2. Once it is determined that there is a possibility that the formula is compromised in quality or safety, the local WIC agency should advise the participant/caregiver to return the formula to the local WIC agency as soon as possible. The local WIC agency may want to pick up the formula from the participant's home to expedite the process, if needed.

State Agency Part of Process/Procedure

1. State agency promptly informs the WIC Director of the formula quality/safety complaint. The WIC Director will contact the Section Chief, who will inform the Branch Chief.
2. Once approval has been obtained from the Branch Chief, State agency staff will contact the following people/agencies:

Person	Agency	Position	Telephone number
Tim Spillane	Dept of Consumer Protection-State Office	Supervisor of the Food and Standards Division of Consumer Protection	Main number (860) 713-6160 Direct ext 6167
Tracy Weeks	Department of Public Health Food Protection Program	Supervising Environmental Sanitarian	Main number Ext. 7297 Direct ext 7398

When contacting these agencies, provide the following information:

- The name of the local WIC agency that reported the issue.
- Describe the situation. Apply WIC Confidentiality rules. Do not give out the participant's name or ID unless instructed otherwise by the Branch Chief.
- All written communication will be made between branches/agencies through the chain of command. Do not fill out any written reports even if requested by these agencies to do so.

3. If it is determined that the formula will be tested by either the Consumer Protection Agency or the Food Protection Program:
 - Contact the local WIC agency and instruct them to explain the appropriate "*Consent to Release Participant Information*" form to the participant/parent or legal caretaker and ask him/her to sign it when the formula is returned to the local agency. See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s)
 - The local WIC agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
 - Advise the local agency to make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
 - Instruct the local WIC agency to verify to the State agency by phone that the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
 - The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.
4. At the discretion of the State WIC Director or designated staff, the Northeast Regional Office (NERO) of USDA may be informed of the situation.
5. State agency staff will contact the Consumer Protection Agency and/or the Food Protection Program to obtain the test results and for guidance on their interpretation of the results. If preliminary or final test/investigative results indicate that more in-depth follow-up is required by either the Consumer Protection Agency or the Food Protection Program and contact with the participant is necessary, the State WIC Office will provide the agency testing the formula with the participant's contact information. This should only be done after permission has been obtained from the Section Chief and Branch Chief.
6. The State agency will inform the local WIC agency of the Consumer Protection Agency and/or the Food Protection Program's results/recommendations and relay that the participant's contact information has been provided to the agency that tested the formula.
7. If a recall is announced or other notification to local agencies is indicated:
 - The State agency, upon approval of the State WIC Director, will send a memo to the local WIC agencies to inform them of the issue.
 - If participants/caregivers will need to be contacted, a list of food packages (if applicable) containing the formula in question should be given to the MIS staff as soon as possible so that a SWIS food package participant report can be generated.
 - If the information is of an urgent nature, the memo can be faxed to the local agencies, along with any SWIS food package participant report, if indicated.
8. All documentation of the incident will be filed in the designated "Record of Contaminated Formula" notebook. The notebook will be secured as a confidential record

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Date: _____

Local agency staff taking complaint: _____

State agency staff contacted: _____

Participant contact information:

Participant's and caregiver's (if applicable) name: _____

Address: _____

Phone number: _____ Cell phone: _____

WIC Family ID #: _____

Participant age: _____

Medical rationale for formula, if applicable: _____

When did the participant start consuming the formula and how long was it consumed?

Is he/she currently still consuming the same formula? Yes No

What are the reported/perceived health symptoms attributed to consumption of the formula in question?

- | | | | |
|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Blood in stools | <input type="checkbox"/> Rash | <input type="checkbox"/> Hives | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Other _____ | | | |

When did the symptoms begin and for how long? _____

Have you contacted or seen your doctor/health care provider because of the perceived symptoms? Yes No

Health care provider's name _____

Any relevant health/WIC background of participant, (particularly information that would put the participant at higher risk for potential health consequences of an adverse reaction to the formula), such as:

- | | |
|---|--|
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Compromised immune status |
| <input type="checkbox"/> Chronic medical conditions, list _____ | |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other |

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Please obtain the following information about the product consumed:

Formula name: _____

Packaging: Ready-to-feed Powder Concentrate Can size _____

- Batch or lot number _____ Expiration date _____
- Where was the product purchased? _____
- When was the product purchased? _____
- How much of the product is left? (Including opened/unopened formula containers and formula in feeding bottles) _____
- How was the product prepared/stored by the participant/caregiver?

If relevant to the situation, refer to "WIC 400-10 *Formula Storage Guidelines*"

- Product appearance _____
 - Any signs of compromised packaging integrity (dented container, holes in product, swollen cans) Yes No
 - Formula appearance
 - Foreign objects/flecks/residue Unusual color or smell
 - Curdling or separation of soluble parts of formula from the liquid portion)

Obtain the participant's signature on the three (3) Consent to Release Participant Information forms.

1. Explain the three (3) Consent to Release Participant Information forms to the participant or guardian, and then ask him/her to sign each form:
 - Consumer Protection Agency Consent form
 - Food Protection Program Consent form
 - Food and Drug Administration consent form
2. If the participant is unable to come to the office promptly, obtain verbal consent and document on the forms. When the participant arrives at the office have them sign the form(s). (See WIC 400-16 "*Connecticut WIC Program Consent to Release Participant Information*" form(s))

Local Agency Formula Quality/Safety Checklist Connecticut WIC Program

Obtaining Participant Consent and Coordinating Formula Pick-up with the State Lab or Agricultural Experiment Station:

If it is determined that the formula will be tested by either the Consumer Protection Agency, Food Protection Program or the Food and Drug Administration:

- Arrange with the participant to have the formula dropped off at the local WIC office or picked up by the local WIC agency. This should be done at the earliest possible convenience of both parties.
- The local agency and the agency testing the formula will need to coordinate arrangements for pick-up of the product at the local WIC office.
- Make a list of the product(s) and item(s) received from the participant/caregiver and have this signed by the agency that picks up the formula, with the date and time noted.
- Notify the State agency by phone when the formula was picked up by the Consumer Protection Agency or the Food Protection Program.
- The formula will be tested either at the DPH state lab in Hartford and/or the Connecticut agricultural experiment station in New Haven. Consumer Protection and/or Food Protection will determine which lab(s) will test the formula.

**Connecticut WIC Program
Consent to Release Participant Information to the
United States Food and Drug Administration (FDA)**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC al Departamento de Drogas y Alimentos de los Estados Unidos
(United States Food and Drug Administration (FDA))**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección al **Departamento de
Administración de Drogas y Alimentos de los Estados Unidos** (United
States Food and Drug Administration) para facilitar los resultados de cualquier
test/prueba de fórmula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha _____

Testigo

Fecha

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Food Protection Program**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC al Programa de Protección de Alimentos del Estado de
Connecticut (State of Connecticut Food Protection Program)**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección al **Programa de Protección de
Alimentos del Estado de Connecticut** (State of Connecticut Food Protection
Program para facilitar los resultados de cualquier test/prueba de formula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha _____

Testigo

Fecha

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Consumer Protection Agency**

I _____ as a participant/parent/ or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **State of Connecticut Consumer Protection Agency** for the purposes of following up on formula testing results.

Signature of participant/parent /legal caretaker of participant Date

Witness Date

**Connecticut WIC Program
Consent to Release Participant Information to the
Connecticut Consumer Protection Agency**

**Program WIC de Connecticut
Cosentimiento para la Cesión de Información Sobre Participantes de
WIC a la Agencia de Protección al Consumidor
(Agency of Consumer Protection del Estado de Connecticut)**

Yo _____ como
participante/madre/padre o guardián legal de un participante del Program WIC,
doy mi consentimiento al Program WIC para proporcionar información sobre mi
nombre, número de teléfono, y dirección a la **Agencia de Protección al
Consumidor del Estado de Connecticut** (State of Connecticut Consumer
Protection Agency) para facilitar los resultados de cualquier test/prueba de
fórmula infantil.

Firma del/de la participante/madre/padre/guardián legal de un participante del
Program WIC

Fecha _____

Testigo

Fecha

SECTION: Food Delivery**SUBJECT: Guidelines for Storing Formula Safely at Local agencies**

Often, local agencies are required to store formula products at their agencies for a period of time prior to issuance to participant. Please be aware and follow these guidelines to ensure safe storage of these products.

General Storage Recommendations for UNOPENED products:***General Guidelines***

- The storage room temperature should be above 32 degrees Fahrenheit and below 85 degrees Fahrenheit. Temperatures outside the recommended limits can affect product quality. An "ideal" temperature range is 65-75 degrees Fahrenheit. Liquid based formulas are more susceptible to alterations in quality from temperature than powdered formula.
- The product should not be used after the expiration date.
- The product should not be stored near heaters, vents, air-conditioners, direct sunlight or areas where temperatures in the immediate area may differ from the room temperature.
- Frequent exposures to the lower and/or higher temperature accepted ranges over time may affect product quality.

Temperatures Below Freezing

When enteral products are subjected to low temperatures where freezing of the formula occurs, a number of changes occur during the thawing processes which are undesirable:

- Loss of emulsion stability (fat separates to the product surface).
- Loss of protein stability (protein can appear curdled and/or spoiled).
- Separation of sparingly soluble minerals/nutrients and/or the formation of relatively insoluble nutrient complexes.

These changes generally only affect aesthetic appearance, but the loss of product homogeneity can also affect nutrient deliveries when attempts are made to feed these products after components have separated. In addition, freezing can also damage the product packaging, resulting in loss of packaging integrity. Plastics may become brittle in freezing temperatures.

Any product that was subjected to freezing, even if temporary, should not be used. Any product suspected of having been subjected to freezing temperatures, where freezing and thawing could have occurred, should not be used. Participants should be instructed to return the product to the local WIC office for exchange.

High Temperatures

High temperature exposure for long periods may cause nutrient degradation, browning and physical change. If a product is exposed to high temperature:

- Check the look of the product's consistency and packaging.
- Do not use if it looks curdled, discolored, or has a different smell.
- If you are not sure what a product should look like or whether it is **safe** to use, contact someone who knows or call the formula company. Be very specific with descriptions of appearance and storage conditions. Do not use the formula until you can get further information.

Product Sterility/High Risk Populations

Unopened powdered infant formulas are not manufactured as commercially sterile. Liquid concentrate and ready to feed are classified as "commercially sterile". This factor is important to consider in populations that may have severe immune dysfunction or high risk of infections.

FDA recommends that powdered infant formulas not be used in hospital settings unless unavoidable. While FDA's recommendations did not include discharge-planning issues in high-risk infants, some health care providers may order ready-to-feed or liquid concentrate formula for home use in certain high-risk infants as a precaution. In addition, caregivers of high-risk infants may be given more stringent formula preparation instructions than standard home setting formula preparation procedures. WIC staff should be supportive of these families and work with them to provide a smooth transition home.

General Storage Recommendations for **OPENED** products:

General Guidelines

Opened, commercial formula for infants should be stored according to the manufacturer's instructions on the product label. * **If proper control of storage for opened containers is not possible, unused portions of formula for infants should be discarded.

Powder-opened (not reconstituted):

- Generally, opened infant formula powder can be stored in the original container for up to four weeks. **
- The container should be labeled with the date it was opened.
- The container should be covered and kept in a cool, dry area (not a refrigerator).
- Opened powder stored more than four weeks may become rancid and suffer excessive loss of Vitamin A and C.
- Formula subjected to conditions outside of manufacturers' recommendations should be discarded. **

Liquid-opened (*concentrate- not reconstituted, ready to feed*)

- Opened, commercial liquid formula can be stored in the original container. The container should be covered and can be stored in the refrigerator and used within 24-48 hours^{* **}. Liquid formula held for longer periods of time is at risk for loss of Vitamin C and some B vitamins, and bacterial growth.
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. ^{**}

Prepared Formula Storage (*from powder or liquid concentrate*):

- Prepared formula should be kept in the refrigerator and used within 24-48 hrs.^{*}
- Formula remaining in the bottle for more than one hour after initiating feeding should be discarded.^{**}
- Formula removed from the refrigerator and left unrefrigerated for **greater than one hour** should be discarded. ^{**}
- Refrigerator temperature range should be between **35-40 degrees Fahrenheit**.

^{*} Most semi-elemental or elemental products should be discarded after 24 hrs. Most health care facilities discard any formula after 24 hrs due to the nature of the setting (high-risk patients). ^{**} High-risk infants may require stricter guidelines than standard recommendations.

Expired, Recalled, or Damaged Products

Ensuring Proper Disposal

Expired, recalled, or damaged products must be discarded in such a way as to prevent human consumption. In the event that the product is being returned to the manufacturer as part of a recall/product analysis, the product must be temporarily stored in such a way as to prevent human consumption until the product is returned to the manufacturer. In the interim, a label should be placed directly on the product in a visible location stating that the can(s)/case should not be consumed because it is being recalled/is damaged.

Public Health Threat

In the event that a product is being recalled or is damaged as a result of an infectious disease or known/suspected bioterrorism, immediately consult with local/state health department officials for guidance on proper disposal of the product.

Formula Handling, Preparation and Storage for Parents of WIC Infants

For specific information for parents of infants, please see the link below regarding infant formula storage and preparation:

http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf

SECTION: Food Delivery**SUBJECT: Coordination between WIC & Medicaid (HUSKY) and Coordination between WIC & Private Insurance for Issuance of Special Formula**

Federal Regulations: § 246.10(c) 3 and § 246.10(e) 3(vi)

POLICY**Coordination between WIC and Medicaid (HUSKY) for Issuance of Special Formula**

The Connecticut WIC Program is currently the primary payer for exempt or special formula for WIC participants. However, in Connecticut, the Medicaid (HUSKY) Program does provide total or additional amounts of medically necessary formulas under the following situations for their members:

- The product is not a Connecticut WIC Approved Formula.
- The product is a Connecticut WIC Approved Formula but additional formula is required to meet the participant's needs beyond the amounts that WIC Federal regulations allow. Medical necessity must be based on medical diagnosis and documented by the health care provider in writing to Medicaid (HUSKY).
- The product is Connecticut WIC Approved Formula but it will take more than 2 weeks to obtain. In this case, the initial two-week supply should be provided by Medicaid (HUSKY) until WIC can obtain the supply through a local WIC authorized vendor.
- There may be limited exceptions where the State agency requests that the local agency staff advise the participant to pursue formula coverage through Medicaid (HUSKY) rather than through WIC. (i.e. difficulty in supply, infrequent requests, etc.)

When Medicaid (HUSKY) provides some or all of the formula, the local WIC nutritionist needs to communicate with the health care provider, participant/caregiver and if appropriate the Community Health Network of Connecticut (CHN-CT) Intensive Care Management program staff to ensure appropriate use of WIC and Medicaid (HUSKY) resources.

When any of the above scenarios apply:

- Determine if the participant is on Medicaid (HUSKY). If they are not, promptly refer them for enrollment.
- If the participant is enrolled in Medicaid (HUSKY), tell the participant and the health care provider any additional formula required to meet the participant's needs should be covered by Medicaid (HUSKY) and the health care provider needs to follow the process to request special formula through Medicaid (HUSKY) to get the formula covered.
- Inform the health care provider, the parent/caregiver and if appropriate the CHN-CT Intensive Care Management program staff the maximum amount of formula needed (if known), how much supplemental formula WIC can provide to determine how much that Medicaid (HUSKY) would need to provide. This coordination of care will improve communication and will limit under or oversupply of the product and save State resources.

- If a WIC participant receives no formula benefits through the WIC Program inform the participant/caregiver that WIC participation for the nutritional assessment and education can continue, even if the participant is not receiving supplemental formula from the Program. Emphasize the benefits of nutrition education and for infants, if appropriate, clarify that at 6 months there are additional supplemental foods i.e. infant cereal, fruits and vegetables that they can receive through WIC.
- Follow up with the health care provider and/or participant/caregiver to ensure that the formula was requested by the health care provider to Medicaid (HUSKY).
- Contact the State agency Vendor unit for local vendor product ordering/availability issues, nutrition unit for clinical issues)

Coordination between WIC and Private Insurance for Issuance of Special Formula

If the participant has private insurance and some or all formula needs cannot be met through WIC, encourage the parent/caregiver to check with her private insurance carrier to pursue potential approval for exempt formula coverage. Potential coverage for formula coverage will vary among companies.

- Contact the health care provider or request that the participant/caregiver contact their health care provider to submit a prescription or request to their private insurance company for formula coverage.
- Inform the participant and health care provider the maximum amount needed (if known), the amount that WIC will provide and how much that the private insurance company would need to supply to meet the participant's total needs.
- Provide appropriate follow-up to ensure the participant receives maximum amount of formula through WIC if it is not covered by private insurance. If private insurance covers some or all of the formula adjust the amount of WIC formula provided.

SECTION: Food Delivery Systems**SUBJECT: Conflict of Interest with Vendors**

Federal Regulations: 7 CFR 246.12 (t)

POLICY:

The State agency must ensure that no conflict of interest, as defined by applicable State laws, regulations and policies, exists between the State agency and any WIC authorized vendor or farmer, or between any local agency and any vendor or farmer under its jurisdiction.

All State agency and local agency WIC employees shall read and sign the Connecticut WIC Program Conflict of Interest with Vendors statement, which contains the following.

State and local agency staff shall not:

- Have any relatives that have any financial interest in any store authorized to accept WIC checks.
- Show any favoritism, by oral or written communication, posters, handouts or media presentations, toward any WIC authorized vendor.
- Endorse any WIC authorized vendor, or discourage WIC participants from using a specific WIC authorized vendor.
- Receive any gratuities including cash, food, or coupons from any WIC authorized vendor or vendor applicant.

State and local agency WIC staff must report any threat to or violation of this conflict of interest policy to the WIC State Director.

When a potential conflict of interest exists, State or local agency staff must disclose the information contained in the final section on the Connecticut WIC Program Conflict of Interest with Vendors statement.

The Connecticut WIC Program Conflict of Interest with Vendors statement must be read and signed by all current WIC State employees, current local agency staff, and newly hired staff during the first week of the orientation period. A copy of this statement must be kept in the employee file and another copy must be scanned and sent via email to the State agency at ctwic@ct.gov no later than 30 days after its completion.