

Subject: Direct Shipments of Specialized Formulas

Effective Date: December 1, 2016

Revised from: June 15, 2016

Policy: Metabolic and certain other hard-to-find formulas (including exempt infant formulas and WIC eligible nutritionals are purchased by the SA and shipped to the WIC Clinic to be given to the client/caregiver rather than be purchased at a WIC vendor. WIC checks will be issued for any remaining food products that should be issued to the client.

State Nutritionists are available for consultation and review on any questions regarding formula use.

Procedure:

1. Formulas included in this policy are:
 - a. Metabolic Formulas - All formulas and WIC eligible nutritionals (medical foods) intended for individuals with phenylketonuria (PKU), maple syrup urine disease (MSUD) or other inborn error of metabolism.
 - b. Hard-to-find Formulas as listed below.

Child Food Packages			
Food Item	Maximum Amount per month		
13.2 oz Calcilo XD powder	10		
8 oz boxes EO28 Splash ready-to-feed	114		
11 oz containers KetoCal 3:1 powder	13		
11 oz containers KetoCal 4:1 powder	13		
8 oz containers KetoCal 4:1 Liquid	114		
8 oz Pediasure Enteral or Pediasure Enteral w/Fiber RTF	114		
13 oz RCF concentrate liquid	35		
14.1 oz (400 gm) Cyclinex Powder	11		
Infant Food Packages			
Food Item	Maximum Amount per month		
	< 4 mo old	4 & 5 mo old	6 – 12 mo old
13.2 oz Calcilo XD powder	9	10	7
13 oz containers RCF concentrate liquid	31	34	24
14 oz containers Monogen powder	11	12	9
6 oz Enfaport RTF calculate caloric needs to determine amount needed (30 cal/oz)			
.90 gram packet Human Milk Fortifier – see #12 below	# as ordered by physician up to 8 packets per day	Not issued	Not issued

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- c. Other formulas will be added to this list as determined by the SA.
2. Follow the appropriate policy to determine if special formula issuance is warranted
 - a. Infants – see policy [FCI 02.01.05 – Infant Food Packages-Special Formulas](#).
 - b. Children – see policy [FCI 02.02.01 – Child Food Packages-Special Formulas](#).
 - c. Women – see policy [FCI 02.03.04 – Women Food Packages-Special Formulas](#).
3. Contact a SA nutritionist to place the initial order.
 - a. Be sure to mention that a WIC client needs formula to be ordered and include the following information:
 - Clinic Name, address and phone number;
 - Client first and last name;
 - Client ID;
 - Client birth date;
 - Product name (specify flavor, if applicable);
 - Amount needed for 1 month as specified on Special Authorization Form; and
 - Number of month's worth of formula needed. Generally a three month supply should be ordered unless:
 - The client will become categorically ineligible;
 - The client's eligibility will end; or
 - The primary care provider has requested a shorter time frame.
 - b. It will usually take approximately one week for the product to arrive at the WIC Clinic. Let the nutritionist know if the order needs to be sent overnight.
 - c. Document the date the product was ordered on the notes screen in KWIC.
4. Issue checks for any other food products to be issued as instructed in policy [FCI: 04.00.00 – Check Issuance](#).
5. When the formula ordered arrives at the WIC agency, if not previously arranged, contact the client's caregiver and make arrangements for the formula to be picked up. Contact the SA if returning to the clinic will be an extreme hardship for the family.
6. Use the Special Formula Authorization screen in KWIC to assign the food package when the formula is given to caregiver/proxy:
 - a. Enter appropriate information on the Special Formula Authorization screen.
 - If checks were printed in step 4
 - Use the Special Formula Authorization link next to the checks in a current use period in the Food Package Assignments For Printed Checks With Current or Future Dates section on the Assign Food Package window, and
 - Enter an Active Date for the Special Authorization that is on or before the first use date of those checks.
 - If no checks were printed in step 4, enter the special authorization as normal
 - b. On the Tailor Food Package window
 - Select the item "Direct Shipped Formula" in the formula basket and enter a quantity of "1"

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- Remember to prescribe the appropriate foods as specified on the Special Formula form for the remainder of the food package, even if checks were already issued for foods.
 - c. Document the type and monthly quantity of formula provided in lieu of checks on the “Notes” field on the Tailor Food Package window. (for example, “114 - 8 oz boxes EO28 Splash ready-to-feed / month to be given to client/caregiver in addition to the foods issued on the checks.”)
7. The caregiver/proxy will need to sign the electronic signature pad or actual check stubs to acknowledge receipt of the formula. To print the check:
 - a. If the client received checks in Step 4 use the “Reissue Formula Checks” screen.
 - b. If the client did not receive checks in Step 4 use the “Print Checks” screen.
 - c. Client/Caregiver will sign for the check either electronically or manually to document the formula was provided.
 - Do not give the check that says “formula provided at WIC clinic, see notes for type and amount” to the client.
 - The actual check should be shredded.
 8. Reorder formula from SA by the 20th of each month, allowing two to three weeks before the client’s next appointment to receive the order. Be sure to mention that a WIC client needs formula to be ordered and include the following information:
 - a. Clinic Name, address and phone number;
 - b. Client first and last name;
 - c. Client ID;
 - d. Client birth date;
 - e. Date of client’s next WIC appointment;
 - f. Product name (specify flavor, if applicable);
 - g. Amount needed for 1 month as specified on Special Authorization Form; and
 - h. Number of months worth of formula needed. Generally a three month supply should be ordered unless:
 - The client will become categorically ineligible;
 - The client’s eligibility will end; or
 - The primary care provider has requested a shorter time frame.
 9. Contact the SA nutritionist if the caregiver/proxy missed an appointment to pick up the formula and has not contacted the LA for 10 days.
 10. Contact the SA if the client
 - a. No longer needs the formula,
 - b. Is determined to be ineligible for WIC at a recertification appointment, or
 - c. Becomes categorically ineligible.
 11. When the initial or subsequent formula order is received, the following information must be documented outside of KWIC on either an electronic or a paper tracking form.
 - a. Client first and last name;
 - b. Client ID number;

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- c. Formula name (specify flavor, if applicable);
- d. Amount needed for one month as specified on Special Authorization Form;
- e. Date Formula requested from SA;
- f. Date Formula received;
- g. Amount formula received;
- h. Name of WIC staff receiving the product
- i. Date Formula provided to WIC caregiver/proxy
- j. Amount of formula provided to WIC caregiver/proxy
- k. Name of WIC staff issuing product to WIC caregiver/proxy.

12. Provision of Human Milk Fortifier (HMF)

- a. WIC provides only the powdered form of HMF.
- b. WIC will not provide more than 8 packets of HMF per day. Provide only a 4-5 week supply at a time.
 - if using 4 packets of Similac HMF per day, 1 case of HMF (150 packets) will last approximately 5 weeks.
 - If using 8 packets of Similac per day, 2 cases of HMF (150 packets) will last approximately 5 weeks.
- c. Do not issue more than approximately 4-5 weeks of HMF at a time. Make the infant an appointment in approximately one month for assessment and follow up. The infant must be weighed and measured to evaluate growth. If the infant is growing appropriately, assess intake and reduce HMF or discontinue.
- d. WIC will provide HMF up to 3 months of age. Mothers requesting HMF beyond age 3 months for their infant must provide a new special formula issuance form to show that their infants have been reevaluated by the primary care provider (PCP.)
- e. If there is a request for HMF beyond 3 months of age and supplementation is still needed for calories and protein, suggest the use of Enfacare or Neosure to the primary care provider.
- f. Unopened packets of HMF should be kept at room temperature. Unused breastmilk with HMF added should be stored in the refrigerator and used within 24 hours.