

Section II: Local Agency Procedure Manual

II. Local Nutrition Services

C. Medical Formula and WIC-eligible Nutritionals

Purpose

To provide medical formula and nutritionals for participants with special medical or dietary needs.

Policy

Issuance of Food Package III requires appropriate medical assessment and documentation.

1. Food Package III

- Medical formula includes all infant formulas which meet the requirements for an exempt infant formula under:
 - Sections 412(h) of the Federal Food, Drug and Cosmetic Act 21 USC 350a(h) and the regulations at 21 CFR parts 106 and 107.
 - These formulas are intended for use by infants with special medical or dietary needs.
- WIC-eligible nutritionals include enteral products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional food is precluded, restricted or inadequate.
 - Not all products that meet the definition of a nutritional are eligible to be issued by WIC.
- Consider Medicaid coverage of medical formula and nutritionals prior to issuance.
 - Consult with State Office Nutritionists as needed
- Standard contract formula may be issued in Food Package III to infants with a medical prescription to eliminate infant foods for a medically fragile infant (at 6 months of age or older) due to such conditions as prematurity, feeding delays and tube feeding.
 - This will allow the issuance of the 4-5-month amount when the elimination of infant foods is appropriate.
- To issue a medical formula/WIC-eligible nutritional, complete documentation is required. See *Formula Prescription Form* as the preferred method of documentation
 - Prescriptions not contained on this form will be accepted if they contain all the information required.
 - The prescription will be from a health care provider (HCP) with prescriptive authority.
 - Prescriptions will include:
 - Name of participant
 - Date (will be within 30 days of WIC request unless transferring from another state)
 - Specific name of formula or WIC-eligible nutritional
 - Prescribed amount of the formula or WIC-eligible nutritional requested

- Appropriate medical diagnosis/justification warranting the formula or medical nutritional use
- Length of time the formula or WIC-eligible nutritional is medically necessary
- Prescribed supplemental foods including the amount requested (for infants 6 months and older, children and women) or the box checked to indicate the Registered Dietitian (RD) may select the appropriate foods and duration of their issuance.
 - ❖ If the RD is designated to select the foods, this may include the assignment of “no foods” with documentation supporting the decision and additional formula.
 - A “no foods” selection will be reviewed by the RD at each visit.
 - ❖ Transferring participants from another state with an original prescription containing all the required information will be issued formula or a WIC-eligible nutritional through the end of the certification, or the prescription end date, whichever is shorter.
- Approval of Food Package III
 - A CPA will review prescriptions for medical formulas and WIC nutritionals for compliance with WIC policies and federal regulation.
 - Prescriptions must be completed fully by the HCP.
 - The length of time requested for the prescription may be adjusted based on RD or CPA’s assessment.
 - Products prescribed must be appropriate for the diagnosis. Contact the State Nutritionist with questions concerning medical diagnoses or for issuance of a medical formula/WIC-eligible nutritional not listed.
 - Whole milk may be prescribed for children two years of age and older and women for a medical condition requiring additional calories along with a WIC-eligible nutritional/medical food.
 - The CPA will defer to RD for review and approval of supplemental foods when the HCP indicates this on the prescription.
 - Once the prescription is determined to be complete and approved, the CPA/RD must ensure this is documented in the chart.
 - The following conditions do not qualify for approval of Food Package III:
 - ❖ General intolerance to the formula, nutritional or food which does not require the use of an exempt infant formula
 - ❖ Conditions or intolerances that can be effectively managed with standard substitutions in the food package
 - ❖ Enhancing nutrient intake or managing body weight without an underlying qualifying condition
 - If an exempt formula/WIC-eligible nutritional is not available through local authorized retailers, the State Office will order the formula at the request of the local agency.

- The local agency CPA/RD who approved the prescription will complete a *Formula Order Form* and email to montanawicprogram@mt.gov.
- A State Nutritionist will evaluate and order the product, which will be shipped directly to the requesting local agency/clinic.
 - ❖ A State Nutritionist reserves the ability to request a modification on the order, or deny, if deemed inappropriate.
- Upon receipt of product, local agency staff will email montanawicprogram@mt.gov the product(s) and amount(s) received.
 - ❖ If the State Office has not received a confirmation of the delivery at the local agency by the expected delivery date, the State Nutritionist will follow up.
- All products received must be visually inspected for any damage or defect upon delivery.
- All products must be stored in a secured location, out of sight, and in accordance with all manufacture's storage guidelines.
- Formula received, issued, and destroyed must be documented on the *Formula Tracking Log* for inventory and integrity purposes.

2. Standard Food Package III for Children

Food Item	Children < 2 Years old	Children ≥2 Years old
Medical Formula/WIC-eligible nutritional	910 oz.	910 oz.
Milk	Whole 4 gallons	Non-fat Skim, or 1% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	32 oz.	32 oz.
Legume Choice	1	1
Vegetable and Fruit benefit	\$26	\$26

3. Standard Food Package III for Women

Food Item	Pregnant (A) or Substantially Breastfeeding(B)	Partially Breastfeeding or Non-Breastfeeding (<6 mo. post-partum)	Fully Breastfeeding and Sub. or Fully Breastfeeding or Pregnant with multiples	Fully Breastfeeding Multiples
Medical Food	910 oz.	910 oz.	910 oz.	910 oz.
Milk	Non-fat, Skim or 1% 5.5 gallons	Non-fat, Skim or 1% 4 gallons	Non-fat, Skim or 1% 6 gallons	Non-fat, Skim or 1% 9 gallons
Cheese	0	0	1 pound	1.5 pound
Eggs	1 dozen	1 dozen	2 dozen	3 dozen
Juice	3 11.5-12 oz. frozen (144 oz.)	2 11.5-12 oz. frozen (96 oz.)	3 11.5-12 oz. frozen (144 oz.)	Alternate 4 & 5 11.5-12 oz. frozen (192 oz.) every other month
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grain Choice	16 oz.	0	16 oz.	24 oz.
Legume Choice	2	1	2	3
Fish	0	0	30 oz.	45 oz.
Fruits & Vegetables	A: \$47 B: \$52	\$47	\$52	\$78