

Infant Food Packages

Policy

USDA Federal Regulations: 246.10(e) Food packages. The authorized supplemental foods must be prescribed from food packages according to the category and nutritional needs of the participants. The intent of the WIC Program is that all breastfeeding women be supported to exclusively breastfeed their infants and to choose the fully breastfeeding food package without infant formula. Breastfeeding mothers whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal supplementation with infant formula. Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs.

246.10(e)(1)(i-v) Food Package I—Infants birth through 5 months—

(i) Participant category served. This food package is designed for issuance to infant participants from birth through age 5 months who do not have a condition qualifying them to receive Food Package III. The following infant feeding variations are defined for the purposes of assigning food quantities and types in Food Packages I: Fully breastfeeding (the infant doesn't receive formula from the WIC Program); partially (mostly) breastfeeding (the infant is breastfed but also receives infant formula from WIC up to the maximum allowance described for partially (mostly) breastfed infants in Table 1 of paragraph (e)(9) of this section; and fully formula fed (the infant is not breastfed or is breastfed minimally (the infant receives infant formula from WIC in quantities that exceed those allowed for partially (mostly) breastfed infants).

(ii) Infant feeding age categories— Birth through five months. Three infant food packages are available from birth through 5 months—fully breastfeeding, partially (mostly) breastfeeding, or fully formula-fed.

(iii) Infant formula requirements. This food package provides iron-fortified infant formula that is not an exempt infant formula and that meets the requirements in Table 4 of paragraph (e)(12) of this section. The issuance of any contract brand or non-contract brand infant formula that contains less than 10 milligrams of iron per liter (at least 1.5 milligrams iron per 100 kilocalories) at standard dilution is prohibited. Except as specified in paragraph (d) of this section, local agencies must issue as the first choice of issuance the primary contract infant formula, as defined in §246.2, with all other infant formulas issued as an alternative to the primary contract infant formula. Non-contract brand infant formula and any contract brand infant formula that does not meet the requirements in Table 4 of paragraph (e)(12) of this section may be issued in this food package only with medical documentation of the qualifying condition. A health care professional licensed by the State to write prescriptions must make a medical determination and provide medical documentation that indicates the need for the infant formula. For situations that do not require the use of an exempt infant formula, such determinations include, but are not limited to, documented formula intolerance, food allergy or inappropriate growth pattern. Medical documentation must meet the requirements described in paragraph (d) of this section.

(iv) Physical forms. Local agencies must issue all WIC formulas (WIC formulas mean all infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the competent professional authority determines and documents that:

(A) The participant's household has an unsanitary or restricted water supply or poor refrigeration;

(B) The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or

(C) The WIC infant formula is only available in ready-to-feed.

(v) Authorized category of supplemental foods. Infant formula is the only category of supplemental foods authorized in this food package. Exempt infant formulas and WIC-eligible nutritionals are authorized only in Food Package III. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages I are stated in Table 1 of paragraph (e)(9) of this section.

246.10(e)(2)(i-iv) Food Package II—Infants 6 through 11 months—

(i) Participant category served. This food package is designed for issuance to infant participants from 6 through 11 months of age who do not have a condition qualifying them to receive Food Package III.

(ii) Infant food packages. Three food packages for infants 6 through 11 months are available — fully breastfeeding, partially (mostly) breastfeeding, or fully formula fed.

(iii) Infant formula requirements. The requirements for issuance of infant formula in Food Package I, specified in paragraphs (e)(1)(iii) and (e)(1)(iv) of this section, also apply to the issuance of infant formula in Food Package II.

(iv) Authorized categories of supplemental foods. Infant formula, infant cereal, and infant foods are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages II are stated in Table 1 of paragraph (e)(9) of this section.

246.10(e)(3)(i-ii)(A)(1-2) Food Package III—Participants with qualifying conditions—

(i) Participant category served and qualifying conditions. This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in paragraph (d) of this section. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescriptions under State law. The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition

status. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

(ii) Non-authorized issuance of Food Package III. This food package is not authorized for:

(A) Infants whose only condition is:

(1) A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or (2) A non-specific formula or food intolerance.

246.10(e)(3)i-ii)(C) Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

246.10(e)(3)(iii-v) (iii) Restrictions on the issuance of WIC formulas in ready-to-feed (RTF) forms. WIC State agencies must issue WIC formulas (infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms unless the requirements for issuing RTF are met as described in paragraph (e)(1)(iv) of this section. In addition to those requirements, there are two additional conditions which may be used to issue RTF in Food Package III:

(A) If a ready-to-feed form better accommodates the participant's condition; or

(B) If it improves the participant's compliance in consuming the prescribed WIC formula.

(iv) Unauthorized WIC costs. All apparatus or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

(v) Authorized categories of supplemental foods. The supplemental foods authorized in this food package require medical documentation for issuance and include WIC formula (infant formula, exempt infant formula, and WIC-eligible nutritionals), infant cereal, infant foods and other State-authorized forms of fruits and vegetables. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Package III are stated in Table 1 of paragraph (e)(9) of this section.

246.10(e)(9) Full nutrition benefit and maximum monthly allowances, options and substitution rates of supplemental foods for infants in Food Packages I, II and III are stated in Table 1 as follows:

TABLE 1 TO PARAGRAPH (E)(9)—FOOD PACKAGES I, II, AND III: FULL NUTRITION BENEFIT (FNB) AND MAXIMUM MONTHLY ALLOWANCES (MMA) OF SUPPLEMENTAL FOODS FOR INFANTS BY FEEDING OPTION AND FOOD PACKAGE TIMEFRAME

Foods ¹	Fully Formula Fed (FF)		Partially (mostly) Breastfed (BF/FF)		Fully Breastfed (BF)	
	Food Packages I-FF & III-FF A: 0 through 3 months B: 4 through 5 months	Food Packages II-FF & III-FF 6 through 11 months	Food Packages IBF/FF & III BF/FF A: 0 through 3 months B: 4 through 5 months	Food Packages II BF/FF & III BF/FF 6 through 11 months	Food Package I-BF 0 through 5 months	Food Package II-BF 6 through 11 months
WIC Formula ^{2 3 4 5 6 7 8}	A: FNB = Up to 806 fl oz. MMA= 823 fl reconstituted liquid concentrate or 832 fl oz RTF or 870 fl oz reconstituted powder B: FNB = Up to 884 fl oz. MMA = 896 fl oz reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder	FNB = Up to 624 fl oz. MMA = 630 fl oz reconstituted liquid concentrate or 643 fl oz RTF or 696 fl oz reconstituted powder	A: FNB = Up to 364 fl oz. MMA = 388 fl oz reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder B: FNB = Up to 442 fl oz. MMA = 460 fl oz reconstituted liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder	FNB = Up to 312 fl oz. MMA = 315 fl oz reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder	N/A	N/A.
Infant Cereal ^{9 10 11}	N/A	8 oz	N/A	8 oz	N/A	16 oz.
Infant food fruits and vegetables ^{9 10 11 12 13}	N/A	128 oz	N/A	128 oz	N/A	128 oz.
Infant food meat ^{9 10}	N/A	N/A	N/A	N/A	N/A	40 oz.

Notes: Abbreviations in order of appearance in table: FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = ready-to-feed; N/A = Not applicable (the supplemental food is not authorized in the corresponding food package).

¹ Table 4 to [paragraph \(e\)\(12\)](#) of this section describes the minimum requirements and specifications for supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods in Food Packages I, II, and III (see [paragraphs \(e\)\(1\), \(2\), and \(3\)](#) of this section) (per medical documentation), as established by State agency policy. Food Package III is issued to participants with qualifying medical conditions. A WIC formula is issued to participants receiving Food Package III under the direction of a health care provider.

² Amounts represent the FNB defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation. The FNB is based on a 13-ounce can that formed the basis of substitution rates for other physical forms of infant formula (*i.e.*, powder and RTF infant formula).

³ Following a WIC nutrition and breastfeeding assessment of the needs of the dyad, breastfed infants, even those in the fully formula fed category, should be issued the quantity of formula needed to support any level of breastfeeding up to the FNB. This amount may be less than the FNB.

⁴ WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of WIC formula and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

⁵ State agencies must issue whole containers that are all the same size of the same physical form.

⁶ The MMA is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container. Formula provided to infants in any form may not exceed the MMA.

⁷ The FNB is intended to provide close to 100 percent of the nutritional needs of a non-breastfed infant from birth to 6 months. State agencies must provide at least the FNB authorized to non-breastfed infants up to the MMA for the physical form of the product specified for each food package category unless the food package is tailored to allow “up to” amounts to support breastfeeding.

⁸ State agencies may round up to issue whole containers of infant formula over the food package timeframe. State agencies must use the methodology described in accordance with [paragraph \(h\)\(1\)](#) of this section.

⁹ Per [paragraph \(b\)\(2\)\(ii\)\(A\)](#) of this section, State agencies must make the full MMA of all foods available to participants by providing at least one package size (or combination of sizes) that add up to the full MMA. However, per [paragraph \(b\)\(1\)\(iii\)](#) of this section, State agencies may authorize other package sizes (excluding WIC formula) to increase participant variety and choice.

¹⁰ State agencies may round up to issue whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the food package timeframe. State agencies must use the methodology described in accordance with [paragraph \(h\)\(2\)](#) of this section.

¹¹ In lieu of infant foods (cereal, fruit, and vegetables), infants older than 6 months of age in Food Package III may receive WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritionals) at the same MMA as infants ages 4 through 5 months of age of the same feeding option.

¹² At State agency option, infants 6 through 11 months in Food Packages II and III may receive a cash-value voucher (CVV) to purchase fruits and vegetables in lieu of the infant food fruits and vegetables. Fully breastfed infants, partially (mostly) breastfed infants, and fully formula fed infants may substitute half (64 oz.) or all (128 oz.) of jarred infant fruits and vegetables with a \$11 or \$22 CVV, respectively. The monthly value of the CVV substitution amounts for infant fruits and vegetables will be adjusted annually for inflation consistent with the annual inflation adjustments made to CVV values for women and children. State agencies must authorize fresh and one other form (frozen or canned). Dried fruits and vegetables are not authorized for infants. The CVV may be redeemed for any eligible fruit and vegetable (refer to table 4 of [paragraph \(e\)\(12\)](#) of this section and its footnotes).

¹³ State agencies may not categorically issue a CVV for infants 6 through 11 months. The CVV is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing developmental readiness, safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner.

246.10(e)(12) Minimum requirements and specifications for supplemental foods. Table 4 describes the minimum requirements and specifications for supplemental foods in all food packages:

TABLE 4—MINIMUM REQUIREMENTS AND SPECIFICATIONS FOR SUPPLEMENTAL FOODS

Categories/foods	Minimum requirements and specifications
WIC FORMULA:	
Infant formula	<p>All authorized infant formulas must:</p> <ul style="list-style-type: none"> (1) Meet the definition for an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug and Cosmetic Act, as amended (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107; (2) Be designed for enteral digestion via an oral or tube feeding; (3) Provide at least 10 mg iron per liter (at least 1.5 mg iron/100 kilocalories) at standard dilution; (4) Provide at least 67 kilocalories per 100 milliliters (approximately 20 kilocalories per fluid ounce) at standard dilution. (5) Not require the addition of any ingredients other prior to being served in a liquid state.
Exempt infant formula	<p>All authorized exempt infant formula must:</p> <ul style="list-style-type: none"> (1) Meet the definition and requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act as amended (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107; and (2) Be designed for enteral digestion via an oral or tube feeding.
WIC-eligible nutritionals. ¹	<p>Certain enteral products that are specifically formulated and commercially manufactured (as opposed to a naturally occurring foodstuff used in its natural state) to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal, or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme</p>

<p>Fruits and Vegetables (fresh and processed)³ <small>4 5 6 7</small></p>	<p>Any variety of fresh (as defined by 21 CFR 101.95) whole or cut fruit without added sugars.</p> <p>Any variety of fresh (as defined by 21 CFR 101.95) whole or cut vegetable without added sugars, fats, or oils.</p>
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	<p>Any variety of canned fruits (must conform to FDA standard of identity as appropriate (21 CFR part 145)); including applesauce, juice pack or water pack without added sugars, fats, oils, or salt (<i>i.e.</i>, sodium). The fruit must be listed as the first ingredient.</p> <p>Any variety of frozen fruits without added sugars, fats, oils, or salt (<i>i.e.</i>, sodium).</p> <p>Any variety of canned or frozen vegetables without added sugars, fats, or oils. Vegetable must be listed as the first ingredient. May be regular or lower in sodium. Must conform to FDA standard of identity as appropriate (21 CFR part 155).</p> <p>Any type of immature beans, peas, or lentils, fresh or in canned⁴ forms.</p> <p>Any type of frozen beans (immature or mature). Beans purchased with the CVV may contain added vegetables and fruits, but may not contain added sugars, fats, oils, or meat as purchased. Canned beans, peas, or lentils may be regular or lower in sodium content.</p> <p>State agencies must allow organic forms of WIC-eligible fruits and vegetables.</p> <p>Fresh herbs, cut at the root or with the root intact.</p>
INFANT FOODS:	
Infant Cereal	Infant cereal must contain a minimum of 45 mg of iron per 100 g of dry cereal. ¹²
Infant Fruits	Any variety of single ingredient commercial infant food fruit without added sugars, starches, or salt (<i>i.e.</i> , sodium). Texture may range from strained through diced. The fruit must be listed as the first ingredient. ¹³
Infant Vegetables	Any variety of single ingredient commercial infant food vegetables without added sugars, starches, or salt (<i>i.e.</i> , sodium). Texture may range from strained through diced. The vegetable must be listed as the first ingredient. ¹⁴
Infant Meat	Any variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy. Added sugars or salt (<i>i.e.</i> sodium) are not allowed. Texture may range from pureed through diced. ¹⁵

Note: FDA = Food and Drug Administration of the U.S. Department of Health and Human Services. Foods must comply with labeling requirements consistent with [21 CFR parts 130](#) and [101](#).

¹The following are not considered a WIC-eligible nutritional: 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, or 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.

³ Processed refers to frozen, canned (see footnote 4 to this table 4), or dried.

⁴ Canned refers to processed food items in cans or other shelf-stable containers, e.g., jars, pouches.

⁵ Fresh herbs, cut at the root or with the root intact, are authorized. The following are not authorized: spices and dried herbs; seeds; potted plants with vegetables, fruits or herbs; creamed vegetables or vegetables with added sauces; fresh fruits and/or vegetables packaged with dips, sauces, or glazes; mixed vegetables containing noodles, nuts, or sauce packets; vegetable-grain (e.g., pasta, rice) mixtures; fruit-nut mixtures; breaded vegetables; fruits and vegetables for purchase on salad bars; peanuts or other nuts; ornamental and decorative fruits and vegetables such as chili peppers or garlic on a string, gourds, painted pumpkins, fruit baskets, and decorative blossoms and flowers; and foods containing fruits such as blueberry muffins and other baked goods. Home-canned and home-preserved fruits and vegetables are not authorized.

⁶ Excludes catsup or other condiments; pickled vegetables; olives; soups; juices; and fruit leathers and fruit roll-ups. Canned tomato sauce, tomato paste, salsa, and spaghetti sauce without added sugar, fats, or oils are authorized.

⁷ State agencies have the option to allow only lower sodium canned vegetables for purchase with the cash-value voucher.

¹² Infant cereals containing infant formula, milk, fruit, or other non-cereal ingredients are not allowed.

¹³ Mixtures with cereal or infant food desserts (e.g., peach cobbler) are not authorized; however, combinations of single ingredients (e.g., apple-banana) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed.

¹⁴ Combinations of single ingredients (e.g., peas and carrots) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed. Mixed vegetables with white potato as an ingredient (e.g., mixed vegetables) are authorized.

¹⁵ Infant food combinations (e.g., meat and vegetables) and dinners (e.g., spaghetti and meatballs) are not allowed.

Authority

7 CFR Part 246.10(e)*excerpt*
7 CFR Part 246.10(e)(1)(i-v)
7 CFR Part 246.10(e)(2)(i-iv)
7 CFR part 246.10(e)(3)i-ii)(A)(1-2)
7 CFR part 246.10(e)(3)i-ii)(C)
7 CFR Part 246.10(e)(3)(iii-v)*excerpt*
7 CFR Part 246.10(e)(9)
7 CFR Part 246.10(e)(9)(Table 1)
7 CFR Part 246.10(e)(12)
7 CFR Part 246.10(e)(12)(Table 4)*excerpt*

Procedures

Local agencies must issue as the first choice of issuance a primary contract brand infant formula to the majority of healthy full-term infants.

Formula will not be offered routinely to breastfed infants and instead provided on a case by case basis following an assessment and conversation with the parent.

The full food package of formula is not to be used as the standard for issuance unless the mother is not breastfeeding at all. For all infants who are breastfeeding and being supplemented with formula, the number of the cans issued must be based on an assessment of the individual participant's breastfeeding and nutritional needs and may not exceed current intake. Documentation of the assessment and determination of need is required in the care plan.

Use of the model food packages in the WIC data system meets the requirements for providing the full nutrition benefit (FNB) but not more than the maximum monthly allowance (MMA) for the physical form of the product. The model food packages available to select from will be based on infant age and feeding status. The data system will present the model food packages available based upon the infant's age on the first day of the month after staff has selected a breastfeeding description on the breastfeeding panel. Definitions of model food package descriptors are as follows:

- BF Full – A Food package for infants that will include only infant foods and/or CVB if chosen, and no formula. It will be available only for infants 6 months of age (as of the first day of the month) and older.
- BF Part In – A Food package for infants who are partially (mostly) breastfed and receiving less than a half of a formula food package. This model food package will provide the maximum number of cans of formula an infant can receive to stay considered partially (mostly) breastfeeding (and infant foods and/or CVB if chosen and when age appropriate). Staff will tailor down the number of cans formula based on the assessment and conversation with parent.

- BF Part Out – A food package for infants who are partially breastfeeding but receiving more than a half of a formula food package. This model food package will provide the minimum number of cans of formula an infant can receive that no longer allows them to be considered partially (mostly) breastfed (and infant foods and/or CVB if chosen and when age appropriate). Staff will tailor up the number of cans formula provided (up to the maximum allowed) based on the assessment and conversation with parent.
- Form Inf – A food package for infants that are doing no breastfeeding and will receive the maximum amount of formula allowable (and infant foods and/or CVB if chosen and when age appropriate).

Powdered formulas are not recommended for hospitalized infants (including premature infants and immune-compromised infants) because they may contain Cronobacter contamination. Some health care providers may also prescribe liquid formulas (concentrate or ready-to-feed) after hospital discharge for at-risk infants such as premature infants and immune-compromised infants. The length of time that an infant requires a sterile liquid formula is a medical determination made by the prescribing authority.

CPAs should confirm the type of formula (i.e., powder vs. liquid) prescribed for infants born before 37 weeks gestation (WIC nutrition risk 142a - Preterm) or infants who were hospitalized in the neonatal period (birth to first 28 days of life) for a serious illness or for those that are immunocompromised as potentially higher risk via a telephone call or a written prescription. If the health care provider cannot be reached, issue a liquid formula for that month in order to prevent an unnecessary barrier to service. Benefits for subsequent months can be issued once the health care provider has been reached.

All non-contract infant formulas (i.e. category 21 products in the WIC data system that are not covered by the infant formula contract) require a prescription, medical documentation and approval from the state WIC office.

Non-contract infant formulas will not be provided to WIC infants based solely on a parent or health care provider's personal preference. The feeding history and medical diagnosis must indicate a need for that specific non-contract infant formula. Infants who are new to WIC and who have been using a non-contract formula since birth must complete feeding trials of the primary contract infant formula.

The CPA must contact their state nutrition consultant for approval prior to issuing non-contract infant formulas. The length of authorization for a non-contract formula is based on the documentation from the prescribing authority.

Non-contract brands of infant formula also include exempt infant formulas (formulas for infants with inborn errors of metabolism, low birth weight, or other unusual medical or dietary problems). A CPA may authorize exempt infant formulas written for by the prescribing authority from the state-approved list (i.e. category 31 products in the WIC data system). The length of the authorization is based on the documentation from the prescribing authority. If the exempt infant formula is not available in the WIC data system, the CPA must work with the State Office to complete the Iowa WIC Formula Application. The application and the Iowa WIC Formula Issuance Guide can be found on the WIC web portal.

Medical documentation is required to authorize supplemental foods to:

- Any infant 6 months and older receiving an exempt infant formula, non-contract formula or medical nutritional

See Medical Documentation policy for more information on requirements and what to do for information provided over the phone but when adequate medical documentation is provided:

- Design the food package,
- Issue FIs and work with the participant to identify the vendor they will use.
- Scan the medical documentation into the participant's record.

When documentation is not adequate:

- Design the food package,
- Provide one month of FIs and work and with the participant to identify the vendor they will use.
- Determine the best way to obtain written documentation from the health care provider.
- Follow-up with the provider as needed to obtain the written documentation or to clarify the prescription.
- When adequate medical documentation is received, issue two more months of benefits and scan the documentation into the participant's record.

A small group of 6-11 month old infants can receive more formula than the amounts listed in the table above. The maximum quantity of formula for these infants is the same as provided for infants who are 4-5 months old. This group includes infants who:

- Receive a contract, non-contract, exempt infant formula or a WIC-eligible nutritional, and
- Have medical documentation for a qualifying medical condition that prevents them from consuming solid foods, **aside from therapeutic feeding of small amounts of food.**

These infants must be reassessed for readiness to consume solids on a regular basis (i.e. the goal is to advance the diet and gain nutrition from foods). **Use professional judgement to determine how often follow up is needed.** Once solid foods can be introduced, the additional formula **must be discontinued**, and the infant foods and/or CVB added.

The infant food package can be tailored with a substitution for infant fruits and vegetables up to the maximums allowed per federal regulations to accommodate the needs of an individual participant based on the Competent Professional Authority's (CPA) assessment of the participant's nutrition risk(s), dietary needs, cultural practices and personal food preferences. Medical documentation will not be required but if substitutions are issued for infant fruits and vegetables, the reason must be documented on the food package panel or in the nutrition care plan. Reasons for substitution include accommodating special dietary needs, cultural practices and personal preferences.

- Infants 6-11 months of age may receive a cash-value voucher (CVB) to purchase fruits and vegetables in lieu of the infant food fruits and vegetables. Fully breastfed infants,

partially (mostly) breastfed infants, and fully formula fed infants may substitute half (64 oz.) or all (128 oz.) of jarred infant fruits and vegetables with a \$11 or \$22 CVV.

Infants may not be issued food package IV-A, the child's food package, until after they have turned one-year-old. The infant food package is required prior to the first birthday.

Any iron-fortified non-contract routine infant formula may be authorized without medical documentation to meet religious eating patterns (e.g. kosher dietary laws). Documentation about this substitution for religious reasons must be made in the infant's electronic record.

Best Practices

The Iowa WIC Program promotes breastfeeding as the normal, expected and the healthiest way to feed babies. To successfully establish milk supply, encourage mothers to exclusively breastfeed and not use formula during the first 4 to 6 weeks postpartum.

Breastfeeding infants that are being supplemented with formula should only be issued the number of cans needed to cover their current formula intake. This should be done, along with education and anticipatory guidance in order to promote and protect breastfeeding and help the mom achieve her breastfeeding goals. To determine how many cans of formula an infant needs for one month, complete the following steps:

- Determine how many ounces of formula the infant drinks in 24 hours. Questions to ask include:
 - How many ounces of formula does baby drink?
 - How big of bottles do you make? Does baby finish the entire bottle every time?
 - How often does baby eat, how many of those feedings are formula? Does that include overnight?
 - For older infants ask if baby attends daycare/babysitter and if the feeding routine is different there versus when they are with the parent.
 - How long does a can of formula typically last you? (This is a good question to ask to confirm the amount of formula the parent reports using.)
- Multiply the number of ounces baby takes in 24 hours by 30 to determine how many ounces they are drinking a month.
- Determine how many reconstituted ounces one can of the required formula makes (this can be found in the Iowa WIC Formula Product Guide). Divide the number of ounces baby is taking a month by the reconstituted ounces one can of the formula makes to determine how many cans of formula should be issued.

For more information on the different types of infant formula and their uses as well as guidelines to share with participants for preparing, feeding and storing formula use the following document: *USDA Infant Nutrition and Feeding A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*.

When presented with a request for a non-contract infant formula and a feeding trial using a primary contract or other approved formula has not been done, do the following:

- Complete an infant feeding assessment to determine other potential feeding problems that could cause symptoms for formula intolerance and summarize pertinent information in a nutrition care plan.
- Describe the primary contract infant formulas and the requirement and rationale for the infant formula cost containment contract;
- Discuss the results of the feeding assessment and the need for a feeding trial with an approved formula;
- Discuss how to do a feeding trial in a way most comfortable to the parent/guardian. (E.g. decide which primary contract formula to try and how to introduce it; i.e. instant switch, alternating bottles of formula or mixing current with potential formula, gradually increasing the amount of the new formula).
- Design the food package and provide one to three months of benefits depending on how and when the parent/guardian wants to follow up with how it's going.