



Trainee Edition

Arizona WIC Training

Advanced Formula Guidebook



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Training Notes

Module 1 Notes

Formula Type	Indication/Who it should be issued to
Standard Cow's-Milk-Based	
Soy	
Reduced Lactose	
Reduced Lactose/Partially Hydrolyzed	

1. To prepare Similac Advance powdered formula, add ____ unpacked level scoop to each ____ fl oz of water.

Formula	Forms Available (powder, concentrate, ready to feed)	What features does this formula have?	What are the indications for use of this formula?
Similac Neosure			
Enfamil Enfacare			
Similac Alimentum			
Enfamil Nutramigen			
Gerber Extensive HA			
Enfamil AR			
Pediasure			

2. How can you determine if a formula is covered by AZ WIC?

Module 2 Notes

1. When is medical documentation required?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
2. Acceptable forms of written medical documentation include:
 - 1.
 - 2.
 - 3.
3. Who has prescriptive authority in AZ?
4. Who does not have prescriptive authority in AZ?

	Follow-Up Needed
Partially Complete Documentation	
Invalid Medical Documentation	
Missing Medical Documentation	

Module 3 Notes

Formula Type	Requirements for Approval
Contract Formulas	
Special Formulas	
WIC Eligible Nutritionals	
Conditionally Special: WIC Eligible Nutritionals	

1. What are the 4 reasons a non-contract formula may be issued?

Transition Risk:

NICU Discharge:

Congenital Defect:

Hx of Disorder:

2. If a participant does not meet one of the criteria above, but you feel there are extenuating circumstances that merit issuance of a non-contract formula, what should you do next?



Module 4 Notes

Tailoring Topic	Question	Yes or No
Supplemental foods	If section 6 of the FFR is not completed, can an RDN/WIC Nutritionist tailor the supplemental foods?	
Formula Calorie Adjustments	If you receive an FFR requesting formula with additional calories per ounce, can you issue more formula than the WIC maximum to accommodate the request?	
Premature Infants	Can RDN/State-Approved Nutritionist(s) adjust the approvals for formula with no foods, and formula issuance based on Corrected Age?	

Practice Activities

1. Imagine you have received a complete FFR for a C3 to be issued Pediasure for 6 months due to autism and failure-to-thrive.
 - Discuss the conditions in which Pediasure can or cannot be issued.
 - Create or find a family with a C3 in training HANDS. Tailor the C3's food package to include 2 cans of Pediasure per day (and adjust the total for the month).
 - Enter an approval for 6 months.

2. Look at the FFR below and answer the following questions.



Formula and Food Request
for WIC Participants

◆ = optional

1. Patient's Name: Daisy Chain

2. Patient's Date of Birth: 06/14/2024

3. Parent/Guardian's Name ◆:

4. Parent/Guardian's Phone Number ◆:

5a. WIC Standard Formula (Diagnosis not required)

Formula Name	Powder	Concentrate	RTF	Any Form*
Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Sensitive	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Similac Total Comfort	<input type="checkbox"/>	NA	NA	NA

Medical Information ◆

Weight
Date Collected: _____ lbs _____ oz or _____ kg _____ gm

Length/Height (Recumbent Yes ☐ No ☐
Date Collected: _____ ft _____ in or _____ cm _____ mm

Hgb or Hct
Date Collected: _____ g/dl or _____ %

*If more than one form of formula is selected or no form of formula is selected, the form of formula issued will be based on what is most appropriate for the WIC Participant.

5b. WIC Special Formula

Formula Name	Powder	Concentrate	RTF	Any Form*
Alimentum**	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Nutramigen**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extensive HA**	<input type="checkbox"/>	NA	NA	NA
Similac NeoSure**	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Enfamil NeuroPro EnfaCare**	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Enfamil A.R.	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
PediaSure** (must meet WIC criteria for issuance)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis (select one or more diagnoses)

Developmental Disorder	<input type="checkbox"/>	Low Birth Weight	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>	Metabolic Disorder	<input type="checkbox"/>
Gastroesophageal Reflux Disease	<input type="checkbox"/>	Prematurity	<input type="checkbox"/>
Immune System Disorder	<input type="checkbox"/>	Severe Food Allergy	<input checked="" type="checkbox"/>
Intestinal Malabsorption	<input type="checkbox"/>		
Other Diagnosis:			

**WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies (see AHCCCS Policy 430, AHCCCS Policy 430 Attachment B)

6. Amount of Formula Requested Per Day

☐ WIC maximum or prepared fluid ounces per day: _____

☐ Until first birthday or number of months: _____

7. Length of Time for Food and/or Formula Request

8. WIC Foods

Depending on age and category, WIC foods may include infant fruits, infant vegetables, infant meats, whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, and juice.

The WIC Registered Dietitian/Nutritionist will determine which foods to provide unless indicated below


☐ Check this box to not give any WIC Foods to this patient starting at age six months and beyond or

List specific WIC Foods to not give to this patient starting at age six months

9. Healthcare Provider's Information

Healthcare Provider's Title (check one): M.D. ☐ D.O. ☐ P.A. ☐ N.P. ☐ N.M.D. ☐ C.N.M. ☐ H.M.D. ☐

Provider's Name: _____ Provider's Phone Number: _____

Provider's Signature:  Today's Date: _____

Visit the [Arizona WIC Physicians website](#) for additional information or copies of this document.

June 20

- Would this FFR be considered complete, incomplete, or invalid?
 - What steps should you take next after receiving this FFR?
3. You are talking with the parents of 3-week-old Nathan, an exclusively formula fed premature infant who was just released from the NICU. He has a congenital heart defect and is going to have surgery for this next month. In the meantime, he has been struggling to gain weight. He has been receiving a standard non-contract formula in the NICU and the parents have brought in an FFR for this formula. They state that the baby's healthcare provider instructed them to mix the formula to 24 kcals/oz.
- Based on the information provided here, would this infant qualify to receive a non-contract formula approval?
 - If so, what steps would you take next?
 - What follow-up questions would you ask to verify that the correct mixing instructions are being followed?

4. You are speaking with the mom of Naomi, an infant who was born at 30 weeks gestation. Naomi is now 6 months old and is in the IPN category. Her mom feels good about the baby's growth and the progress she is making, but when discussing the food package she shares that Naomi's doctor feels she will not be ready to start pureed foods for a few more months.
- For how long would you be able to approve a package that does not include any infant foods without medical documentation?
 - For how long would you be able to approve a package that includes infant formula and infant foods without medical documentation?
 - In training HANDS, create a file for Naomi, or add her to the file you created in exercise 1. Practice entering and approving an appropriate food package for the next 3 months that includes a standard contract formula.
 - Naomi is getting 2 4-oz bottles of formula a day. Tailor the amount of formula issued to the appropriate amount.

Live Training Notes