

## **eWIC**

### ***Ordering Instructions for Products Not on Retail Shelves for Local Agencies***

(Rev. 7/2016)

#### **POLICY:**

Local Agency WIC staff may special order infant formulas and WIC-eligible nutritionals when a formula is not locally available within the needed time frame, in the quantities needed, or is excessively priced. Orders must be submitted on a monthly basis; no more than one month's issuance of formula may be ordered at a time. All special order formula requests must be sent to the state office. Ward Road Pharmacy is the Colorado WIC Program's authorized retailer for formulas not available locally.

#### **PROCEDURE:**

##### **Perform the following steps to special order formula from Ward Road Pharmacy:**

1. Ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant during the valid benefit period.
2. Assign the correct food package and issue benefits to the family's PAN.
3. Complete the [Special Formula Order Form](#) (see example on last page) for each formula requested and click "submit."
  - a. Enter the participants' first name and the PAN (eWIC card number).
  - b. Choose the formula type by clicking "standard," "specialty," or "metabolic."
  - c. From the drop down list of formulas, select the specific formula, ensuring the correct form (powder, concentrate, RTF), size, and flavor (if available). If a requested formula or flavor doesn't display, enter it in the "Other comments" field.
  - d. Indicate the order amount and the unit ("can," "case," or "6-pack").
  - e. Indicate the amount already in the clinic.
  - f. Enter the benefit start date and the appointment date (must be within the benefit date range).
  - g. Select the WIC clinic name from the drop down list. If the clinic name doesn't display, enter it in the "Other comments" field.
  - h. Enter any additional information in the "Other comments" field, such as clinic closure dates.
4. **Draw a line through the formula name on the Family Food Benefits list and note "ordered from Ward Road Pharmacy."** Instruct the family to not purchase the formula at another vendor; they will pick it up at the clinic. Schedule a time within the valid food benefit date for them to return to the clinic to pick up the formula.
5. Submit subsequent month's orders about a week before the next appointment. Issue subsequent month benefits prior to the 10<sup>th</sup> day of the month to avoid proration of benefits.

### **Confirmation of orders:**

Local staff ordering the formula will receive two emails: 1) Confirmation of submitted order; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic. Email [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) if either confirmation is not received.

### **Order changes:**

Email [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) to cancel an order or change quantities of a formula that has already been ordered.

Complete the [Special Formula Order Form](#) to order a different formula.

### **Formula pick-up confirmation**

When the formula is picked up at the clinic, obtain the endorser's signature on the packing slip (from the Ward Road shipment box), record the date and save the form in a Ward Road order file. Signed packing slips may be destroyed 3 ½ years from the end of the applicable fiscal year.

### **When endorser/participant does not pick up the special formula**

Make every effort to contact the endorser/participant to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.

1. If the formula is not issued to the participant for whom it was originally intended, the formula may be issued to another WIC participant, donated to a local hospital or destroyed. If reissue is preferred and a recipient is not identified within the local agency, email the Colorado WIC high risk counselor's Google group ([cdphe\\_wichrcounselors@state.co.us](mailto:cdphe_wichrcounselors@state.co.us)) to see if another agency can use the formula. Include the name of the formula, amount and expiration date. If no response from other agencies, email the state office at [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us). Once a recipient is identified, follow the instructions below.

The original clinic:

- a. Emails the state office at [CDPHE.WICFormula@state.co.us](mailto:CDPHE.WICFormula@state.co.us) with the name, FID and clinic/agency of the new recipient.
- b. Works directly with the other clinic/agency RD to arrange transfer of the formula, which may be in person, by courier or by mail. Includes the Ward Road Pharmacy packing slip in the shipment.

The receiving clinic:

- c. Provides the formula to the new recipient within the participant's valid benefit period.
- d. Obtains the endorser's signature and date on the packing slip and keeps the packing slip in the Ward Road file.
- e. Notifies the state office Help Desk to remove the formula benefits from the participant's account for that month.

2. If the formula is donated or disposed of and not issued to a participant, staff must document the disposition on the packing slip, sign, date and retain in the Ward Road order file.



# Colorado WIC

The Special Supplemental Nutrition Program  
for Women, Infants and Children

## Special formula order form

Complete the form below to order special formulas from Ward Road pharmacy. Fill out a separate form for each participant and for each formula order.

Participant's first name

PAN \*

Choose only one brand of formula from the following options.

Choose formula

- Standard contract formulas
- Specialty formulas
- Metabolic formulas

Order amount

Please indicate can or case \*

- Can
- Case
- 6-pack

Amount in clinic

Benefit start date  -  -

Month Day Year

Appointment date  -  -

Month Day Year

WIC clinic name

Attention

E-mail address of person placing the order

Other comments