



VB #13 – December 17, 2014

NYS WIC PROGRAM
VENDOR BULLETIN

Title: New Message on Exempt Formula Checks and Cashing Procedures

This is an important notice. Please have it translated.

Este aviso es importante. Haga que lo traduzcan.

Это важное сообщение. Пожалуйста, попросите перевести вам данную информацию

Đây là thông báo quan trọng. Xin vui lòng nhờ người chuyên ngữ tài liệu này cho quý vị.

Ovo je važna obavijest. Molimo da tražite da vam se prevede.

यह एक महत्वपूर्ण सूचना है। कृपया इसे अनुवाद करके रखें।

這是一項重要通告。請予以翻譯。

هذه ملاحظة هامة يرجى ترجمتها

זוהי הודעה חשובה. נא לתרגם אותה.

Per New York State (NYS) WIC Program Vendor Bulletin # 1, February 1, 2014 – **ONLY** NYS-licensed pharmacies and retail vendors with a licensed pharmacy inside are allowed to cash checks for exempt formula, regardless of whether the new message is printed on the check.

On December 20, 2014, all exempt formula checks issued by the NYS WIC Program will have the following message printed on the check: **“This WIC check may only be cashed at an approved WIC pharmacy or WIC store with a pharmacy inside the store.”** Vendors will continue to see valid checks for exempt formula without this message until as late as March 2015. A list of exempt formulas, including Pediasure, Ensure, and Boost is attached.

All WIC retail vendors and WIC pharmacies may accept checks for contract formulas, which include Enfamil Premium Infant, Enfamil AR, Enfamil Gentlease and Enfamil ProSobee.

Exempt formula checks deposited by vendors not approved to accept exempt formula checks will be rejected. Vendors will be responsible for any associated bank fees. Any exempt formula checks deposited in violation of WIC Program Policy will be subject to recovery of funds paid to the vendor.

Violations of WIC Program requirements may result in a fine, civil money penalty (CMP), or disqualification. In addition, disqualification from the WIC Program will result in disqualification from the Supplemental Nutrition Assistance Program (SNAP).

If you have questions about this information, please contact your Vendor Management Agency.

Thank you for your participation in the NYS WIC Program.

This institution is an equal opportunity provider.

APPROVED FORMULAS IN THE NEW YORK STATE WIC PROGRAM
FORMULARY
Effective November 2014

NEW YORK STATE WIC CONTRACT - INFANT FORMULA

| Contract Infant Formulas | Size and formulation | Approved for: |
|---------------------------------|---|----------------------|
| Enfamil A.R. | 12.9 oz. powder, 32 oz. RTU | I / C |
| Enfamil Gentlease | 12.4 oz. powder, 32 oz. RTU | I / C |
| Enfamil Infant | 13 oz. concentrate, 12.5 oz. powder, 32 oz. RTU | I / C |
| Enfamil ProSobee | 13 oz. concentrate, 12.9 oz. powder, 32 oz. RTU | I / C |

EXEMPT FORMULAS/WIC-ELIGIBLE NUTRITIONALS FOR INFANTS, CHILDREN & WOMEN

| Hypoallergenic Formulas | Size and formulation | Approved for: |
|---|--------------------------------|----------------------|
| EleCare For Infants | 14.1 oz. powder | I / C |
| Nutramigen | 13 oz. concentrate, 32 oz. RTU | I / C |
| Nutramigen with Enflora LGG | 12.6 oz. powder | I / C |
| Neocate Infant with DHA and ARA | 14.1 oz. powder | I / C |
| Similac Expert Care Alimentum | 16 oz. powder, 32 oz. RTU | I / C |
| Formulas for Premature Infants | | |
| Enfamil EnfaCare (22 Calories/fl oz.) | 12.8 oz., 32 oz. RTU | I only |
| Similac Expert Care Neosure (22 Calories/fl oz.) | 13.1 oz. powder, 32 oz. RTU | I only |
| Specialized Formulas | | |
| Pregestimil | 16 oz. powder | I / C |
| Enfaport | 6 pack -6 oz. RTU | I only |
| Similac PM 60/40 | 14.1 oz. powder | I / C |
| Calorie and Nutrient Dense Products | | |
| Boost/Boost High Protein | 6 pack -8 oz. RTU | W only |
| Boost Kid Essentials | 4 pack -8.25 oz. RTU | C only |
| Ensure | 6 pack -8 oz. RTU | W only |
| Ensure Plus | 6 pack -8 oz. RTU | W only |
| PediaSure/PediaSure with Fiber | 6 pack -8 oz. RTU | C only |
| PediaSure Enteral/PediaSure Enteral with Fiber | 8 oz. RTU | C only |
| Modular Products | | |
| MCT oil | 32 oz. RTU | I / C / W |
| Phenex-1 | 14.1 oz. powder | I / C |
| Phenex-2 | 14.1 oz. powder | C / W |
| Phenyl-Free 1 | 16 oz. powder | I / C |
| Phenyl-Free 2 | 16 oz. powder | C / W |
| Portagen | 16 oz. powder | C / W |

I = infant < 1 year; C = child 1 ≤ 5 years; W = woman

This institution is an equal opportunity provider.