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GOVERNOR OF HAWAII

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STATE OF HAWAII
DEPARTMENT OF HEALTH
WIC SERVICES BRANCH
235 S. BERETANIA STREET, SUITE 701
HONOLULU, HAWAII 96813

In reply, please refer to:
File:

September 10, 2012

TO: Health Care Provider

FROM: Linda Chock, M.P.H., R.D.
Chief, WIC Services Branch

SUBJECT: **WIC CONTRACT SOY-BASED INFANT FORMULA CHANGE AND USE OF WORLD HEALTH ORGANIZATION (WHO) GROWTH CHARTS**

Effective October 1, 2012, WIC's contract formulas will be:
***Similac Advance** (milk-based) – no change
***Similac Sensitive** (lactose-free, milk-based) – no change
***Enfamil ProSobee** (soy-based) – **change**

The WIC contract soy-based infant formula will change to Enfamil ProSobee. The contract milk-based formulas will remain Similac Advance and Similac Sensitive. Infants who currently receive Similac Soy Isomil will be changed to Enfamil ProSobee on WIC checks with a first day to use of October 1, 2012 or later. **After October 1, 2012, WIC will not issue checks for Similac Soy Isomil even with a prescription from a medical provider.**

The Hawaii WIC program continues to advocate breastfeeding as the normal infant feeding method that provides optimal nutrition and health protection. For infants not breastfed or those who need to supplement breast milk, WIC is required to contract for infant formulas. The rebates from contract formulas provide additional funds for WIC to serve more pregnant, breastfeeding, and postpartum women, infants, and children.

The second change, effective October 1, 2012, is assessing children under the age of 24 months using the WHO growth charts as recommended by the AAP and Centers for Disease Control and Prevention. There is no change in growth charts for children 24 months and older.

Enclosed is the latest WIC Medical Documentation Form. If you have any questions regarding the transition for the above changes, please contact your local WIC agency or Iris Takahashi, Clinic Operations Section Chief, at 586-8080.

Linda Chock

Linda Chock, M.P.H., R.D.
Chief, WIC Services Branch

Louise Iwaishi, M.D.
Medical Director
Family Health Services Division

Enclosure

Promoting Lifelong Health & Wellness

Hawaii Department of Health
Women, Infants and Children (WIC)
Medical Documentation

- Complete sections A and E for all patients.
- For special formula, medical foods and WIC supplemental foods, complete sections B and C.
- For soy beverage/tofu/cheese, complete section D.

WIC Clinic:	
Phone #:	Fax #:
Contact Name:	

A. Patient Information (Complete all)

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	

Medical diagnosis/qualifying condition: _____

(Note: Colic, constipation, spitting up, and formula intolerance are not qualifying conditions for special formula.)

Medical documentation valid for: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

B. Special Formula/Medical Food

Name of special formula / WIC-approved medical food requested:

Prescribed amount: _____ oz per day or ☐ Maximum allowable

C. WIC Supplemental Foods

Supplemental foods: (Check one box below)

☐ **All:** Issue all age-appropriate WIC supplemental foods listed below

☐ **None:** No WIC supplemental foods; provide formula only

☐ **Modified:** Issue a modified food package REMOVING the supplemental foods checked below.

WIC Participant Category	WIC Supplemental Foods to REMOVE		Special Instructions
Infants (6-11 months)	☐ No infant cereal	☐ No infant fruits and vegetables	
Children (1-4 years) and Women	☐ No milk	☐ No peanut butter	
	☐ No eggs	☐ No beans	
	☐ No cheese	☐ No breakfast cereals	
	☐ No juice	☐ No whole grains	
	☐ No fresh fruits and vegetables	☐ No canned fish (Exclusive breastfeeding women only)	

☐ **Issue whole milk:** WIC provides low fat milk for children ≥2 years, and women.
Only patients receiving special formula/WIC-approved medical foods who require additional calories qualify to receive whole milk.

D. Soy Beverage/Tofu/Cheese

Children (1-4 years): Indicate reason for soy beverage/tofu/cheese as a milk substitute.

☐ Milk allergy ☐ Severe lactose intolerance ☐ Vegan diet ☐ Cultural preference ☐ Religious practices

Women (for women in excess of maximum allowance): Indicate reason for tofu/cheese as a milk substitute.

☐ Milk allergy ☐ Severe lactose intolerance ☐ Vegan diet ☐ Cultural preference ☐ Religious practices

(Note: Personal preference is not a qualifying condition.)

E. Health Care Provider Information (Complete all)

Signature of health care provider:	Date:
Provider's name (please print):	☐ MD ☐ DO ☐ NP ☐ PA
Medical office/clinic:	
Phone #:	Fax #:

WIC USE ONLY	Approved by:	Date:	WIC ID:

HAWAII WIC APPROVED CONTRACT AND NON-CONTRACT FORMULA

WIC participants with qualifying medical conditions are eligible to receive special formula/WIC-approved medical food listed below.

For more information on Hawaii WIC medical documentation and qualifying conditions go to: http://hawaii.gov/health/family-child-health/wic/

Hawaii WIC cannot provide the following formulas, even with medical documentation:

- No Abbott Nutrition standard soy infant formula: Similac Soy Isomil
- No Mead Johnson standard cow milk infant formulas: Enfamil PREMIUM or Enfamil A.R.
- No Gerber standard infant formulas: Any Good Start formula.

Formula(s)	Diagnosis/condition (Medical Reason for Request)
Similac Advance	Contract – Iron-fortified, milk-based formula.
Similac Sensitive	Contract – Iron-fortified, lactose-free, milk-based formula.
Enfamil ProSobee	Contract – Iron-fortified, lactose-free, sucrose-free, soy-based formula.
Beneprotein	For increased protein needs. Nutritionally incomplete.
Enfaport LIPIL (30 cal/oz)	Nutritionally complete formula for infants with Chylothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil.
EnfaCare (22 cal/oz) / Similac Expert Care Neosure	Prematurity and/or low-birth weight infants.
Enfamil Gentlease	Iron-fortified, milk-based formula, partially hydrolyzed protein.
Free Amino Acid Elemental Formulas: EleCare / EleCare Jr / Neocate / Neocate Jr / Nutramigen AA	For oral or tube feeding. For infant or child with severe malabsorption, protein maldigestion, severe food allergies, short bowel syndrome, and/or GI impairment.
Metabolic formulas: (Specify formula requested)	Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders.)
Nutramigen LIPIL Enflora LGG / Similac Expert Care Alimentum	Malabsorption; allergy or sensitivity to intact protein.
Pediatric Formulas: Child > 1 yr. *Nutren Jr. with or without fiber / Pediasure with or without fiber / Boost Kid Essentials 1.5 with fiber*	For children with chronic illness, oral motor feeding problems, tube feeding or medical conditions which increase caloric needs beyond what is expected for age. Should not be used for sole purpose of enhancing nutrient intake or managing body weight. Note: Medicaid will provide formula for Medicaid blind and/or disabled infants & children that are tube fed. Not for children with Galactosemia.
Peptamen Junior	Children with GI impairment, e.g. Inflammatory Bowel, Cystic Fibrosis or Short Bowel Syndrome.
Polycose	For increased carbohydrate calorie needs. Nutritionally incomplete.
Portagen	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete.
Pregestimil LIPIL	Fat malabsorption and sensitivity to intact proteins. Contains 55% of the fat from MCT oil.
ProViMin	Malabsorption of carbohydrate and/or fat; supplement for patient who requires increased protein, minerals, and vitamins.
Ross Carbohydrate Free	Inability to tolerate type or amount of carbohydrate in milk or conventional formula; or need for ketogenic diet.
Similac Human Milk Fortifier (HMF)	Added to breastmilk for low birth weight and premature infants. HMF can be issued until the infant reaches a maximum weight of 8 lbs.
Similac PM 60/40	Renal or cardiac conditions requiring low mineral level.
Similac Sensitive for Spit-Up	For treatment of medically diagnosed Gastro Esophageal Reflux Disease.
Similac Special Care Advance 24	Premature and low-birth weight infants. Not to be used with infants > 8 lbs. due to excessive fat soluble vitamins.
Vivonex Pediatric	Children with GI impairment, e.g. Crohn's disease, Short Bowel Syndrome and intractable diarrhea.