



STATE OF HAWAII
DEPARTMENT OF HEALTH
WIC SERVICES BRANCH
235 SOUTH BERETANIA STREET, SUITE 701
HONOLULU, HAWAII 96813-2419

In reply, please refer to:
File:

August 17, 2015

TO: Health Care Provider

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

SUBJECT: **OCTOBER 2015 CHANGE IN WIC CONTRACT SOY-BASED FORMULA**

Effective October 1, 2015, WIC's contract soy-based infant formula will be changing from Enfamil ProSobee to Gerber Good Start Soy.

Effective October 1, 2015, WIC's contract formulas will be:

- ◆ **Similac Advance** (milk-based) - no change
- ◆ **Gerber Good Start Soy** (soy-based) - **change**

Infants who currently receive Enfamil ProSobee will be changed to Gerber Good Start Soy from October 1, 2015 or later. **Starting October 1, 2015, WIC will not issue checks with Enfamil ProSobee, even with a prescription from a medical provider.**

Hawaii WIC continues to promote breastfeeding as the norm for infant feeding that provides optimal nutrition and health protection. WIC provides contract formulas and specialized formulas for participants with medical and/or nutritional needs in accordance to Federal requirements. An approved WIC Medical Documentation form (WIC Form FD 941C) must be completed with a medical diagnosis. A revised form is enclosed. A fillable version of the form will be available October 1, 2015 on the Hawaii WIC website at: <http://health.hawaii.gov/wic>. Please retain the WIC information provided for future reference.

If you have any questions please contact your local WIC agency or Iris Takahashi, Clinic Operations Section Chief, at 586-8080.

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

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

Enclosure



**State of Hawaii, Department of Health
Women, Infants and Children (WIC) Program
Medical Documentation Form**

- ❖ Complete sections A, B, C and D for all patients.
- ❖ Form available at: <http://health.hawaii.gov/wic>

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

A. Patient Information

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: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

B. Formula

Name of formula:
Prescribed amount: _____ oz per day or <input type="checkbox"/> Maximum allowable

C. WIC Supplemental Foods

Supplemental foods: (Check one box below. If no box is selected, decision will be deferred to WIC Registered Dietitian or Nutritionist)

Defer decision to WIC Registered Dietitian or Nutritionist

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

None: No WIC supplemental foods for Infants (6-11 months)/Children/Women; 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)	<input type="checkbox"/> No infant cereal	<input type="checkbox"/> No infant fruits and vegetables	
Children (1-4 years) and Women	<input type="checkbox"/> No milk	<input type="checkbox"/> No peanut butter	
	<input type="checkbox"/> No eggs	<input type="checkbox"/> No beans	
	<input type="checkbox"/> No cheese	<input type="checkbox"/> No breakfast cereals	
	<input type="checkbox"/> No juice	<input type="checkbox"/> No whole grains	
	<input type="checkbox"/> No fresh fruits and vegetables	<input type="checkbox"/> No canned fish (Exclusive breastfeeding women only)	

Milk Options for Children (1 - 4 years) and Women:

Nonfat Milk Lowfat (1%) Milk Reduced-fat (2%) Milk Whole Milk*

(WIC will provide whole milk for children 12 to 23 months of age and lowfat (1%) and nonfat milk for children \geq 2 years and women if no option is selected. *Whole milk may be given to children \geq 2 years and women only with a prescribed formula)

D. Health Care Provider Information

Signature of health care provider:	Date:
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA
Medical office/clinic:	
Phone #:	Fax #:
Email:	
WIC USE ONLY	Approved by:
Date:	WIC ID:

HAWAII WIC APPROVED CONTRACT AND NON-CONTRACT FORMULA

WIC participants with a qualifying medical condition are eligible to receive non-contract formulas listed below.

Formula(s)	Diagnosis/condition (Medical reason for request)
Similac Advance	Contract – Milk-based formula.
Good Start Soy	Contract – Lactose-free, sucrose-free, soy-based formula.
Beneprotein	For increased protein needs. Nutritionally incomplete.
Enfaport	Nutritionally complete formula for infants with Chylothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil. (30 kcal/fluid oz.)
EnfaCare / Similac Expert Care Neosure	Prematurity and/or low-birth weight infants. (22 kcal/fluid oz.)
Free Amino Acid Elemental Formulas: EleCare / EleCare Jr / Neocate / Neocate Jr / PurAmino	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: Cyclinex / I-Valex Glutarex / Hominex / Ketonex / Phenex	Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders)
Nutramigen Enflora LGG / Similac Expert Care Alimentum	Allergy to intact proteins in cow's milk and soy formulas, as well as other foods.
Pediatric Formulas: Child > 1 yr. <i>Nutren Jr. with or without fiber / Pediasure with or without fiber</i>	For children with chronic illness, oral motor feeding problems, tube feeding or medical conditions which increase caloric needs beyond what is expected for age. WIC will not provide 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.
Portagen	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete.
Pregestimil	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 for Spit-Up	Treatment of medically diagnosed Gastroesophageal 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.
Similac Total Comfort	Inability to tolerate whole cow-milk protein. (Partially hydrolyzed protein, milk-based formula)
Vivonex Pediatric	Children with GI impairment, e.g. Crohn's disease, Short Bowel Syndrome and intractable diarrhea.

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

- ❖ No Similac soy infant formula: Similac Soy Isomil
- ❖ No Similac lactose free formula: Similac Sensitive
- ❖ No Similac or Enfamil Supplementation formula: Similac for Supplementation or Enfamil for Supplementing
- ❖ No Gerber standard milk-based formula: Good Start Gentle or Good Start Soothe
- ❖ No Enfamil standard infant formulas: Enfamil PREMIUM, Enfamil ProSobee, Enfamil AR, or Enfamil Gentlease