



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

In reply, please refer to:
File:

February 28, 2022

TO: Health Care Providers

FROM: Melanie Murakami, M.S., M.P.H., R.D.N.
Chief, WIC Services Branch

SUBJECT: ABBOTT FORMULA RECALL – ALTERNATE WIC FORMULAS

On February 17 and February 28, 2022, Abbott issued voluntary product recalls for certain powder formulas (Similac[®], Alimentum[®], EleCare[®] for Infants, EleCare[®] Jr, and Similac PM 60/40[®]) [Abbott Recall | Similac, Alimentum, EleCare Powder Formulas \(similacrecall.com\)](https://www.similacrecall.com) following an investigation by the Food and Drug Administration of *Cronobacter sakazakii* and *Salmonella* complaints that included detection of *Cronobacter sakazakii* in environmental samples taken in Abbott's manufacturing facility in Sturgis, Michigan.

The Hawaii Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) issues benefits to families that might be a part of the Abbott voluntary recall. The recalled products did not include soy-based infant formula, liquid infant formula, liquid exempt infant formula, or metabolic products designed for inborn errors of metabolism.

Abbott announced on February 24, 2022, they are experiencing an extended supply interruption of recalled products and metabolic products and do not know when the products will be available to ship, see attachment from Abbott-Metabolic Product Crosswalk.

See the table below for a list of Alternate WIC Formulas for Alimentum, EleCare for Infants, and EleCare Jr. Please assess and submit a new WIC Medical Documentation form (WIC Form FD 941 C) for an alternate WIC formula. An updated WIC Medical Documentation form is attached and available on the Hawaii WIC website, <https://health.hawaii.gov/wic/>.

| Recalled Formula | | Alternate WIC Formula Options |
|----------------------------|---|--|
| Similac Alimentum | → | Enfamil Nutramigen Enfamil Pregestimil Nestle Good Start Extensive HA |
| EleCare for Infants | → | Enfamil PurAmino Neocate Infant DHA/ARA Neocate Syneo Infant Nestle Alfamino Infant |
| EleCare Jr | → | Enfamil PurAmino Jr, Unflavored Enfamil PurAmino Jr, Vanilla Neocate Jr with Prebiotics, Unflavored Neocate Jr with Prebiotics, Chocolate Neocate Jr with Prebiotics, Strawberry Neocate Jr with Prebiotics, Vanilla Nestle Alfamino Jr, Unflavored Nestle Alfamino Jr, Vanilla |

For questions about Metabolic products or Similac PM 60/40, please contact the Abbott Metabolic and Similac PM 60/40 Hotline at 1-800-986-8755. If you have any other questions about alternate products available, please contact DOH.WIC.OPS@doh.hawaii.gov. Please retain the WIC information provided for future reference.

Sincerely,



Melanie Murakami, M.S., M.P.H., R.D.N.
Chief, WIC Services Branch



MEDICAL FOODS FOR INHERITED METABOLIC DISORDERS

Any substitution should only be done under the recommendation and supervision of a healthcare professional.

| DISORDERS | Abbott Nutrition | Vitafo®/Nestlé | Mead Johnson | Nutricia | Cambrooke Therapeutics |
|--|--|--|--|---|----------------------------------|
| PROTEIN METABOLISM | | | | | |
| Glutaric aciduria type I, Ketoacidic aciduria | Glutarex®-1 (infant/toddler) Glutarex®-2 (children/adult) | GA gel™ (1-10 years) GA express®15 (3+ years) | GA (infant/junior/adult) | GA-1 Anamix® Early Years (infant) Glutarade® Essential GA-1 (child/adult) Glutarade® GA-1 AA Blend (child/adult) Glutarade® GA-1 Junior (child/adult) | NONE |
| Urea cycle disorders, Gyrate atrophy of the choroid and retina, HHH syndrome, Lysinuric protein intolerance | Cyclinex®-1 (infant/toddler) Cyclinex®-2 (children/adult) | UCD trio™ (1 year +) EAA Supplement™ (3+ years) | WND® 1 (infant) WND® 2 (junior/adult) | UCD Anamix® Junior (1 year +) Essential Amino Acid Mix | NONE |
| Homocystinuria | Hominex®-1 (infant/toddler) Hominex®-2 (children/adult) | HCU gel™ (1 year +) HCU express® (3+ years) HCU cooler® (3+ years) | HCY 1 (infant) HCY 2 (junior/adult) | HCU Anamix® Early Years (infant) HCU Anamix® Next (1 year +) HCU Lophlex® LQ (4+ years) XMET Maxamum® (8+ years) | Homactin™ AA Plus (1 year +) |
| Disorders of leucine catabolism | I-Valex®-1 (infant/toddler) I-Valex®-2 (children/adult) | NONE | LMD (infant/junior/adult) | IVA Anamix® Early Years (infant) IVA Anamix® Next (1 year +) XLEU Maxamum® (8+ years) | Isovactin™ AA Plus (1 year +) |
| Maple syrup urine disease (MSUD) (Branched-chain ketoaciduria) | Ketonex®-1 (infant/toddler) Ketonex®-2 (children/adult) | MSUD gel™ (1-10 years) MSUD express® (3+ years) MSUD cooler® (3+ years) | BCAD 1 (infant) BCAD 2 (junior/adult) | MSUD Anamix® Early Years (infant) MSUD Lophlex® LQ (4+ years) MSUD Maxamum® (8+ years) Complex MSD® Essential (junior/adult) Complex MSD® Junior MSD (junior/adult) Complex MSD® AA Blend (junior/adult) | Vilactin™ AA Plus (1 year +) |
| Methylmalonic and propionic acidemias | Propimex®-1 (infant/toddler) Propimex®-2 (children/adult) | MMA/PA gel™ (1-10 years) MMA/PA cooler®15 (3+ years) MMA/PA express® 15/20 (3+ years) | OA 1 (infant) OA 2 (junior/adult) | MMA/PA Anamix® Early Years (infant) MMA/PA Anamix® Next (1 year +) XMTVI Maxamum® (8+ years) | NONE |



Abbott

MEDICAL FOODS FOR INHERITED METABOLIC DISORDERS

Any substitution should only be done under the recommendation and supervision of a healthcare professional.

| DISORDERS | Abbott Nutrition | Vitaflo®/Nestlé | Mead Johnson | Nutricia | Cambrooke Therapeutics |
|--|--|--|---|---|--|
| PROTEIN METABOLISM | | | | | |
| Phenylketonuria (PKU) Hyperphenylalaninemia | Phenex®-1 (infant/toddler) Phenex®-2 (children/adult) Phenex®-2 Vanilla (children/adult) | PKU explore™ 5 (6 months +) PKU explore™ 10 (1 year +) PKU gel™ (1-10 years) PKU express® (3+ years) PKU cooler® (3+ years) PKU air® (3+ years) PKU sphere® (4+ years) PKU trio™ (1 year +) | Phenyl-Free® 1 (infant) Phenyl-Free® 2 (children/adult) Phenyl-Free® 2 HP (children/adult) | PKU Periflex® Early Years (infant) Periflex® Junior Plus (1 year +) Periflex® LQ (children +) Periflex® Advance (older children) PKU Lophlex® LQ (4+ years) XPhe Maxamum® (older children +) Phlexy-10™ Tablets (1 year +) Lophlex® (9+ years) PhenylAde® MTE amino acid blend (toddlers +) PhenylAde® PheBLOC (12+ years) PhenylAde®40 Drink Mix (children +) PhenylAde® 60 Drink Mix (children +) PhenylAde® Essential Drink Mix (1 year +) PhenylAde® GMP Drink Mix (1 year +) PhenylAde® GMP Mix-In (1 year +) PhenylAde® GMP Ready (1 year +) | Glytactin® BetterMilk Glytactin® BetterMilk Lite Glytactin® BUILD Glytactin® COMPLETE Glytactin® RESTORE Glytactin® RESTORE LITE Glytactin® RTD Glytactin® RTD LITE Glytactin® SWIRL |
| Tyrosinemia type Ia, Ib, II, III | Tyrex®-1 (infant/toddler) Tyrex®-2 (children/adult) | TYR gel™ (1-10 years) TYR express® (3+ years) TYR cooler® (3+ years) TYR sphere® (4+ years) | TYROS 1 (infant) TYROS 2 (children/adult) | TYR Anamix® Early Years (infant) TYR Lophlex® LQ (4+ years) TYR Anamix® Next (1 year +) TYR Lophlex® GMP Mix-In (1 year +) | Tylactin® BUILD Tylactin® COMPLETE Tylactin® RESTORE Tylactin® RTD |
| MISCELLANEOUS PRODUCTS | | | | | |
| Modulars, amino acid supplements | Pro-Phree® ProViMin® | NONE | PFD 1 (infant/toddler) PFD 2 (3+ years) 3232A | Duocal® Complete AA Mix Essential AA Mix | NONE |
| MINERAL METABOLISM | | | | | |
| Williams syndrome, hypercalcemia, osteopetrosis | Calcilo XD® | NONE | NONE | NONE | NONE |



**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 ≥ 2 years and women if no option is selected. *Whole milk may be given to children ≥ 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 (20 kcal/fluid oz.) |
| Similac Sensitive | Contract – Milk-based, reduced-lactose formula (20 kcal/fluid oz.) |
| Similac Soy Isomil | Contract – Soy-based, Lactose-free, sucrose-free formula (20 kcal/fluid oz.) |
| Similac Total Comfort | Contract – Partially hydrolyzed protein, milk-based formula (20 kcal/fluid oz.) |
| Enfamil Enfaport | Nutritionally complete formula for infants with Chylolothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil. (30 kcal/fluid oz.) |
| Enfamil NeuroPro EnfaCare / Similac Neosure | Prematurity and/or low-birth weight infants. (22 kcal/fluid oz.) |
| Enfamil Nutramigen Enflora LGG / Good Start Extensive HA / Similac Alimentum | Hypoallergenic formula for infants with an allergy or sensitivity to intact proteins in cow's milk and soy formulas, as well as other foods. |
| Enfamil Portagen | Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete. |
| Enfamil Pregestimil | Fat malabsorption and sensitivity to intact proteins. Contains 55% of fat from MCT oil. |
| Free Amino Acid Elemental Formulas: EleCare for Infants / EleCare Jr / Enfamil PurAmino / PurAmino Jr / Nestle Alfamino Infant / Alfamino Jr / Neocate / Neocate Jr | For infant or child with severe malabsorption, protein maldigestion, severe food allergies, short bowel syndrome, and/or GI impairment. |
| Metabolic formulas: Cyclinex / Glutarex Hominex /I-Valex / Ketonex / Phenex | Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders) |
| Nestle Beneprotein | For increased protein needs. Nutritionally incomplete. |
| Nestle Peptamen Junior | Children with GI impairment, e.g. Inflammatory Bowel, Cystic Fibrosis or Short Bowel Syndrome. |
| Nestle Vivonex Pediatric | Children with severe GI impairment, e.g. Crohn's disease, Short Bowel Syndrome, intestinal failure, GI trauma/surgery, or Malabsorption syndrome. |
| Pediatric Formulas: Child > 1 yr. Nestle Nutren Jr. with or without fiber / Pediasure with or without 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. 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. |
| ProViMin | Malabsorption of carbohydrate and/or fat; supplement for patient who requires increased protein, minerals, and vitamins. |
| RCF - 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 intended for feeding low birth weight infants after they reach a weight of 8 lbs. |

Hawaii WIC is unable to provide the following formulas, even with medical documentation

- ❖ No Similac or Enfamil Supplementation formulas: Similac for Supplementation or Enfamil for Supplementing
- ❖ No Gerber standard infant formulas: Good Start GentlePro, Good Start SoothePro, or Good Start Soy
- ❖ No Enfamil standard infant formulas: Enfamil Neuropro Infant, Enfamil ProSobee, Enfamil AR, or Enfamil Gentlease