

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU 'ĀINA 'O HAWAII'



KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

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

In reply, please refer to:
File:

May 7, 2026

TO: Health Care Provider

FROM: Melanie Murakami, MS, MPH, RDN
Chief, WIC Services Branch

SUBJECT: TRANSITION OF NON-CONTRACT FORMULA FOR WIC MEDICAID
RECIPIENTS TO MEDICAID

Effective immediately, WIC is requesting to transition non-contract formula for WIC Medicaid (aka Med-QUEST) recipients to Medicaid.

The United States Department of Agriculture, Food and Nutrition Services has advised WIC State Agencies that the Medicaid Program is the primary payer for non-contract formulas issued to WIC participants who are also Medicaid beneficiaries. A list of non-contract formulas is on page 2 of the attached WIC Medical Documentation form (WIC Form FD 141C).

WIC will continue to provide non-contract formulas for participants who are not on Medicaid that have medical and/or nutritional needs. An approved WIC Medical Documentation form must be completed with a medical diagnosis. The WIC Medical Documentation form is attached and also available on the Hawaii WIC website, <https://health.hawaii.gov/wic/>. Please retain the WIC information provided for future reference.

If you have any questions about the transition or a specific formula, please contact your local WIC agency or Iris Takahashi, Clinic Operations Section Chief at the Hawaii WIC Services Branch at 808-586-8060.

Enclosures



**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: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months	

B. Formula

Name of formula:
Prescribed amount: _____ oz per day or ☐ 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)	☐ No infant cereal	☐ No 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	

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):		☐ MD	☐ DO ☐ NP ☐ PA
Medical office/clinic:			
Phone #:	Fax #:	Email:	
WIC USE ONLY	Approved by:	Date:	WIC CID:

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/Similac Gentle Comfort	Contract – Partially hydrolyzed protein, milk-based formula (20 kcal/fluid oz.)
Enfamil Enfaport	Nutritionally complete formula for infants with Chylolthorax 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 / Nestle Extensive HA / Pepticate Infant / Similac Alimentum	Hypoallergenic, extensively hydrolyzed 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 Infant / PurAmino Jr / Nestle Alfamino Infant / Alfamino Jr / Neocate Infant / Neocate Jr / Neocate Splash	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 with or without fiber / *Kate Farms Pediatric Peptide 1.0 / *Compleat Pediatric Peptide 1.0 [*Plant-based]	Children with GI impairment, e.g. Malabsorption, 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 Boost Kids Essential 1.0 / Nestle Nutren Jr. with or without fiber / PediaSure with or without fiber / *Compleat Pediatric Standard 1.0 / *Kate Farms Kids Nutrition 1.0 / *Kate Farms Pediatric Standard 1.2 [*Plant-based]	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.
ProViMin	Malabsorption of carbohydrate and/or fat; supplement for patient who requires increased protein, minerals, and vitamins.
Pro-Phree	Protein-free nutritional supplement designed to provide essential calories, vitamins, and minerals for infants, toddlers, and individuals requiring protein restriction.
RCF - Ross Carbohydrate Free	Inability to tolerate type or amount of carbohydrate in milk or conventional formula; or need for ketogenic diet.
Similac PM 60/40	Renal or cardiac conditions requiring low mineral level.
Enfamil AR (Added Rice)	Treatment of medically diagnosed Gastroesophageal Reflux Disease.
**Enfamil Gentlelease	**Partially hydrolyzed protein, milk-based formula. Provide ONLY when Similac Total Comfort / Similac Gentle Comfort is unavailable from stores and distributors with a WIC Medical Documentation form.

Hawaii WIC is unable to provide the following formulas

- ❖ No Similac or Enfamil Supplementation formulas: Similac for Supplementation or Enfamil for Supplementing
- ❖ No Good Start standard infant formulas: Good Start Gentlepro, Good Start SoothePro, or Good Start Soy-ease
- ❖ No Enfamil Neuropro Infant or Enfamil ProSobee.