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From: Wayne, Kathleen A (HSS)
Sent: Friday, September 14, 2012 4:10 PM
To: HSS DPA WIC Coordinators; 'Julie Serstad'; Angie Gorn
Cc: HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Olejasz, Aimee M (HSS); 'Danielle Rybicki'
Subject: WIC Update September 14

Hi Everyone,

Just a few things to share this week. Hope everyone in the Anchorage keeps their power and phones this weekend with the upcoming storms.

Take care,
Kathleen

Breast Pump Concerns--Local WIC clinics in Washington have reported some overheating issues with the transformers for personal use pumps. At this time, we are trying to get an idea of the scope of the problem before taking any additional steps. If your state/organization has been experiencing similar issues with electrical transformers, please send me an email identifying the number of overheating transformers that have been reported in your state. We are hoping to

act quickly on this issue due to the potential for serious injury to WIC clients. Please send any information to me no later than COB September 19, 2012 at melissa.cox@des.wa.gov

New Infant Formula Memo to Pediatricians—The attached memo regarding the new WIC soy infant formula contract went out this week. See attached.



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs

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Juneau, Alaska 99811-0640
Main: 907.465.3100
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MEMORANDUM

DATE: August 23, 2012

TO: Alaska Medical Providers

FROM: Ward B. Hurlburt, M.D., MPH
Chief Medical Officer
Director, Division of Public Health
Department of Health and Social Services

SUBJECT: WIC Infant Formula Change

The WIC program is changing from Similac Soy to Enfamil Prosobee starting October 1, 2012.

1. Why is WIC changing?
2. What if a WIC infant receives Similac soy?

WIC is changing from Similac soy to Enfamil Prosobee, starting October 1, 2012

On October 1, 2012, the Alaska Nutrition Program for Women, Infants and Children (WIC) is changing soy formula from Similac Isomil to Enfamil Prosobee. This letter provides you with information about this change and what steps we are taking to ensure an easy transition for your WIC patients using soy formula.

1. Why is WIC changing formula?

The WIC Program believes that breast milk is the best source of nutrition for optimal growth and physical and cognitive development based on scientific evidence and recommendations of professional health organizations and government agencies. The American Academy of Pediatrics policy, published at *Pediatrics* 2012; 129:e827-e841: "Breastfeeding and the Use of Human Milk" states that "Recently published evidence based studies have confirmed and quantitated the risks of not breastfeeding. Thus, infant feeding should not be considered as a lifestyle choice but rather as a basic health issue. As such, the pediatrician's role in advocating and supporting proper breastfeeding practices is essential and vital for the achievement of the preferred breastfeeding goal."

While the WIC Program actively promotes breastfeeding as the preferred method of infant feeding and commits significant resources to promoting and supporting breastfeeding, infant formula is available for those who need it.

Formula is the most expensive food WIC provides. Federal regulations require WIC to purchase infant formula through a competitive process to contain cost to WIC. Alaska's WIC rebates for infant formulas were approximately \$4.5 million during state fiscal year 2011. This rebate allows the Alaska WIC program to serve additional eligible families. Alaska WIC does not receive a rebate for non-contract formulas.

Through a competitive bid process, WIC contracts with manufacturers that provide the highest rebate for infant formula purchased with WIC checks. Soy formula is the only change. Abbott (maker of Ross product Similac Advanced with iron and Similac Sensistive with Iron) continues to be the contractor for milk based formula. There will be no change to medical formulas (such as: Nutramigen, Pregestimil, Enfacare) and other medical foods that the WIC program will continue to provide to infants and children when medically necessary and prescribed by a physician or other health care provider authorized by the state to write a medical prescription.

The contract for soy based formulas was awarded to Mead Johnson, maker of Enfamil products. Starting October 1, 2012, the soy-based formula for the WIC program will be Enfamil Prosobee with iron.

2. What if an infant is on Similac Soy?

In October, caregivers will be given the option to choose any WIC contract formula, including Enfamil Prosobee.

Medical providers are the primary source of information for parents in their decision regarding feeding their infant. Parents need to have confidence that the formula they are using meets their infant's nutritional needs. WIC asks for your help in preparing parents for the infant formula change, and helping them understand that most healthy, full-term infants will do well on any of the infant formulas on the market, as their composition is mandated by federal law. WIC staff has experience transitioning between infant formula contracts and will assist parents and medical providers with making this change. For more information, the American Academy of Pediatrics publication "Breastfeeding and the Use of Human Milk", and the monograph "Commercial Infant Formulas: Composition and Effects on Infant Health Outcomes" can be found at the WIC Health Care providers page, <http://www.hss.state.ak.us/dpa/programs/nutri/WIC/HealthCareProviders/Default.htm#Infantformula>.

Also attached are the following materials to assist you in educating parents, guardians and caregivers about transitioning their infants to the new products:

1. "Dear WIC Families" letter announcing the formula change

2. "Infant Formula Change" flyer to assist families transitioning their infants from Isomil to Prosobee
3. "WIC Soy Formula Changes to Prosobee" in English and Spanish
4. Alaska WIC Enteral Nutrition Prescription Request Form (ENPR), which can be used by health care providers to request WIC Exempt Infant Formulas and Medical foods when medically necessary and prescribed by a physician or other provider authorized by the state to write medical prescriptions.

The Alaska WIC Program appreciates your support as we make this transition. We encourage you to promote and support breastfeeding, and to work closely with our local WIC clinics in this effort. We look forward to our continuing partnership with you in promoting health and well-being of infants and children across our state. If you have questions or suggestions, please contact the Alaska State WIC Director, Kathleen Wayne, MS, RD at 465-8636.



Photograph is from the Anne Geddes Calendar Collection

August 23, 2012

Dear WIC Families:

Congratulations! Awaiting the birth of a baby is exciting. Many questions may be crossing your mind. An important question is: How do we feed our baby?

✚ Breastfeeding is the perfect food for your baby for many reasons:

- Easy to digest
- Helps to keep your baby from getting sick
- Available 24-7
- Free
- Allows you to get more free foods from WIC
- Allows you to get support and a breast pump from WIC

✚ If you choose to bottle feed your baby, we want to let you know that beginning October 1, 2012, Alaska will join 22 states in the country in switching infant formula contractor for soy formula to Mead Johnson as a result of a competitive contract. Federal regulations require WIC programs to buy formula through a bidding process to save money. This rebate contract allows WIC to save food money and serve more Alaskan women, infants and children in need. In 2011, Alaska WIC received about \$4.5 million in savings through the rebate contract. This savings means that WIC is able to provide WIC benefits to many more families in need.

Babies who have a medical reason to receive special/medical or non-contract formula may get special approval with a prescription from the baby's doctor, nurse practitioner, or physician's assistant to receive medical or non-contract formula from WIC.

Talk with your doctor, hospital nursery staff, and your WIC staff as you decide how to feed your baby. We want to help support your decision.

You WIC Staff

Your



Revised 8/3/12

On October 1, 2012 WIC is changing from Similac Soy

to

Enfamil ProSobee



Most babies can easily change formula.

Offer your baby a bottle of Enfamil ProSobee

or

Slowly change to the Enfamil ProSobee this way:

1. Mix each of the formulas as directed on the can.
2. Replace a small amount of Similac Soy with an equal amount of Enfamil ProSobee.

For example:

To make a 4 oz bottle, combine 3 oz of Similac Soy with 1 oz of Enfamil ProSobee.

3. Each day slowly increase the amount of Enfamil ProSobee. Decrease the same amount of Similac Soy until your baby is only drinking Enfamil ProSobee.



ALASKA
WIC
Good Nutrition For
Women, Infants & Children

Your medical provider or
WIC staff can help you
with questions or concerns.

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La leche materna como el mejor alimento para su bebé.

La fórmula de WIC cambia a partir del 1 de Octubre de 2012

Cambio de Fórmula de WIC

Antes



Después



Si sigue Disponible



Por mas informacion,
Llama (907) 465-3100.

Por favor dígame al personal de WIC si tiene alguna pregunta. WIC es un de igualdad de oportunidad.



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Breastmilk is the best Nutrition for babies.

WIC formula changes effective

October 1, 2012

WIC Formula Change

Before



After



Items Still Available



For more information,
Call (907) 465-3100.

Please let your WIC staff know what questions you have.
This institution is an equal opportunity provider.



Breastmilk is the best Nutrition for babies.

WIC formula changes effective

October 1, 2012

WIC Formula Change

Before



After



Items Still Available



For more information,
Call (907) 465-3100.

Please let your WIC staff know what questions you have.
This institution is an equal opportunity provider.

Infant Formula Change

The Alaska WIC Program is changing its SOY FORMULA to *Enfamil Prosobee*. If your baby is on an Similac Isomil formula now, you may want to slowly switch him/her to Prosobee.

Here's how to start:



Mix 6 ounces of your baby's regular formula
(Isomil)



and in another bottle, mix 2 ounces of
the new formula. Add the 2 ounces
to the 6 ounces.

Make all the baby's bottles like this for 2-3 days.

Next:



Mix 4 ounces of your baby's regular formula



and in another bottle, mix 4 ounces of
the new formula. Add the 4 ounces
of regular formula to the 4 ounces
of the new formula.

Make all the baby's bottles like this for 2-3 days.

Next:



Mix 2 ounces of your baby's regular formula



and, in another bottle, mix 6 ounces of
new formula. Add the 6 ounces
to the 2 ounces.

Make all the baby's bottles like this for 2-3 days.

Finished!

After that the baby should be able to take the new (Prosobee) formula without mixing in any of the old (Isomil) formula.



WIC & Medicaid Enteral Nutrition & Supplemental Foods Prescription (Rev.) 10.6.09

WIC Local Agency _____ "Primary" WIC Agency (if different) _____

Health Care Provider Use Only (Items 1-5)

1. Client Name _____ **DOB** _____
Medicaid Eligible (check one) Y N End Date _____ **Medicaid Recipient #** _____

2. Parent's/Caregiver's Name: _____

3. Formula Name: _____ **Amount of formula needed/day** _____ (**OZ**) See Item #3 on the back of this page to choose the amount of formula needed based on the infant's age **Duration of Use** _____ [Up to 1 year]
 Was another formula tried and it didn't work? (check one) Y N Formula tried _____

Supplemental Foods for Infants Check Full Food Package, Food Restricted or Formula Only
Supplemental Foods for Children & Women Check Full Food Package or Food Restricted

Infants (6-11 months)
 Full Food Package [check when client can eat all foods]
 or
 Food Restricted [check food(s) to avoid]
 Infant Cereal
 Infant Fruits/Vegetables
 or
 Formula Only [check when infant can only have formula]
Duration _____ [Up to 1 year]

Children & Women
 Full Food Package [check when client can eat all foods]
 or
 Food Restricted [check food(s) to avoid]
 Fruits/Vegetables Juice Milk-Fat Reduced
 Eggs Cheese Breakfast Cereal
 Fish (canned) Fruits/Vegetables
 Whole Wheat Bread or Other Whole Grains
 Legumes Peanut Butter
Duration _____ [Up to 1 year]

Milk Substitutes for Children and Women need a medical diagnosis, qualifying condition or religious eating patterns [may check more than one milk substitute]
 Soy Based Beverage Tofu Whole Milk Cheese (monthly amount 2# 3# 4#)
Duration _____ [Up to 1 year]

4. Medical Diagnosis ICD-9-CM or Qualifying Condition (Circle at least one or write in space provided)

- | | |
|--|--|
| a. Failure to Thrive (783.41) 134 | m. Lactose intolerance (271.3) 355 |
| b. Inadequate Growth (783.40) 135 | n. Celiac Disease (579.0) 354 |
| c. Underweight (783.22) 103 | o. Heart/circulatory or respiratory diseases (390-519) 355 |
| d. Prematurity (765.10) 142 | p. Persistent dermatological condition (692.9) 353 |
| e. Low Birth Weight (LBW) (765.10) 141 | q. Anaphylactic shock (995.60-995.69) 353 |
| f. Anemia (281.9) 201 | r. Developmental Sensory/Motor Delays (783.4) 362 |
| g. Severe Gastrointestinal Disorders (536.9) 342 | s. Fetal Alcohol Syndrome (760.71) 382 |
| h. Malabsorption Syndromes (579.9) 349 | t. Vegan Diet |
| i. Genetic-Congenital Disorders (740-759) 349 | u. Low Maternal Weight Gain (646.8) 131 |
| j. Metabolic Disorders or Inborn Errors of Amino Acid Metabolism (277.9) 351 | v. Maternal Weight Loss During Pregnancy (783.2) 103 |
| k. Severe Food Allergies (693.1) 353 | w. Multifetal Gestation (651) 335 |
| l. Milk, Soy or Corn Allergies (693.1) 353 | x. Other Medical Conditions (ICD-9 _____) |

5. Medical Provider Signature _____ **Date** _____ **Provider's Medicaid or Alaska License #** _____

Print Medical Provider's Name _____ **Print or Stamp Address and Phone #** _____

Registered Dietitian/Licensed Dietitian (RD/LD) & Medicaid Use Only
Height _____ (in) or _____ (cm) (1 in = 2.54 cm) **Weight** _____ (lbs) or _____ (kg) (1 kg = 2.2 lbs)
Daily Caloric Needs Range for 6 months _____ kcal) **RD Initials** _____ **Date** _____ **Incomplete** _____
WIC LA Staff Initials _____ **Approved** _____ **Denied** _____ **Date Range Approved For:** _____
 (Optional: Pharmacy Use Only) **Recommended Amount of** _____ (product name) **Size of product** _____
Number of cans: Per day _____ Per Month _____ **Pharmacist signature** _____ **Date** _____
Affiliated Computer Services Action Date: _____ (check one) Authorized Denied

Instructions for Physicians, Physician Assistants or Nurse Practitioners to Complete an ENPR

(Only Healthcare Providers licensed to write a prescription in Alaska can complete an ENPR)

- Item #1:** Write patient’s complete name, date of birth (DOB) and Medicaid Information.
- Item #2:** Write patient’s parent/caregivers name.
- Item #3:** Write the formula, the amount of formula needed and how long the patient needs it.
Refer to the daily guidelines below. A request is valid up to a year.

Daily Guidelines for Feeding Iron-Fortified Infant Formula to Healthy Infants, Birth to 1 Year Old

Birth – 4 months	14 – 42 ounces (108 kcal/kg/d)	6-8 months	24 – 32 ounces (98 kcal/kg/d)
4-6 months	26 – 39 ounces (108 kcal/kg/d)	8- 12 months	24 – 32 ounces (98 kcal/kg/d)

Prescribe Supplemental foods for your patient. Choose a **Full or Restricted Food Package**.
If you choose a Restricted Food Package, check the foods the patient needs to avoid.

Milk Substitutes Request for Children & Women need a medical diagnosis or a qualifying condition (i.e. Vegan Diet)

- Item #4:** Determine and circle one or more serious medical or qualifying conditions listed.
Other Medical Conditions must have an ICD-9 code or qualifying conditions.
- Item #5:** A Health Care Provider’s **original signature** is required.
Print or stamp your name, address and phone number. By signing this form, you are verifying you have seen and evaluated the patient’s nutrition and feeding problem(s) and symptoms determining he/she has a serious medical condition or qualifying condition. Give the completed form to the parent or guardian to take to their WIC clinic or fax it to the WIC Clinic serving the patient. **For hard copies go**
<http://www.hss.state.ak.us/dpa/programs/nutri/WIC/LocalAgencies/LAENPRForms.htm>.

Instructions for the Registered/Licensed Dietitian (RD/LD) or Competent Professional Authority (CPA) in consultation with RD/LD

1. Verify the ENPR is complete.
2. Verify the formula/medical food requested is on the approved Alaska WIC non-contract formula list. Verify that the supplemental food approval section is filled out if needed.
3. Using the RDA, RD estimates and writes **current** daily caloric needs, calorie needs in **6 months** and **range of calories needed per day within six months**. Amounts of supplemental foods contribute to the participant’s total caloric needs.

Recommended Dietary Allowances (RDA) Average Estimation

Low Birth Weight Infant (120 kcal/kg/d)	1-3 yr (102 kcal/kg/d)	Female 25-50 (36 kcal/kg/d)
Full Term 0-6 months (108 kcal/kg/d)	4-6 yr (90 kcal/kg/d)	Pregnant/2nd & 3rd trimesters (36 kcal/kg/d + 300 kcal)
6-12 months (98 kcal/kg/d)		Lactating (36 kcal/kg/d + 500 kcal)

4. RD writes initials, dates, and checks incomplete, if there is information missing.
5. RD calls HCP office to obtain missing information.
6. RD or CPA checks one of three actions: Approved, Denied or Incomplete.
7. RD or CPA records the beginning and ending dates for the approved ENPR.
8. RD or CPA enters the ENPR data into AKWIC ENPR tab.
9. **If Medicaid eligible**, RD or CPA sends approved ENPR for formula or medical foods to a Medicaid Durable Medical Equipment (DME) Provider, or verify with HCP that ENPR request has been submitted to DME.
10. RD or CPA files the original ENPR form in the patient’s WIC file or keeps copy in a central file.
11. Ask WIC participant to let the WIC clinic know as soon as Medicaid approves their ENPR. **To download go to:** <http://www.hss.state.ak.us/dpa/programs/nutri/WIC/LocalAgencies/LAENPRForms.htm>