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.
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.
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
WIC can help you.

Your medical provider or

enfamil ProSobee

1. Mix each of the formulas as directed on the

2. Replace a small amount of enfamil ProSobee

3. Each day slowly increase the amount of

only drinking enfamil ProSobee.

amount of similac soy until your baby is

enfamil ProSobee. Decrease the same

amout of similac soy with 1 oz

To make a 4 oz bottle combine 3 oz of

For example:

enfamil ProSobee can

enfamil ProSobee with

enfamil ProSobee with a bottle of enfamil ProSobee

Most babies can easily change formula.

On October 1, 2012

enfamil ProSobee to

similac Soy

WIC is changing from

On October 1, 2012
Por favor déjelme al personal de WIC si tiene alguna pregunta. WIC es un de igualdad de oportunidad.

Por más información, Llame (907) 465-3100.

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

Similac Antes
Similac Sensitive Después

Similac Sensitive Antes
Similac Sensitive Después

Similac Sensitive Antes
Similac Sensitive Después

Similac Sensitive Antes
Similac Sensitive Después

Similac Sensitive Antes
Similac Sensitive Después

Similac Sensitive Antes
Similac Sensitive Después
WIC Formula Change

Before: Enfamil

After: Similac

Breastmilk is the best Nutrition for babies.

OCTOBER 1, 2012

WIC Formula changes effective

WIC (907) 465-3100

For more information, please let your WIC staff know what questions you have.

Items Still Available

Similac Advance
Similac Sensitive
Similac Soy
Similac Enfamil

Similac Sensitive
Similac Soy
Similac Enfamil

Similac Advance
Similac Sensitive
Similac Soy
Similac Enfamil

Similac Sensitive
Similac Soy
Similac Enfamil

The 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

**WIC Local Agency**

------ "Primary" WIC Agency (if different)

**Health Care Provider Use Only (Items 1-5)**

1. **Client Name**
   - 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]

- [ ] Food Restricted [check food(s) to avoid]
  - Infant Cereal
  - Infant Fruits/Vegetables

- [ ] 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]

- [ ] 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

- [ ] Formula Only [check when infant can only have formula]

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

   Daily Caloric Needs Range for 6 months _____ kcal

   Weight _____ (lbs) or _____ (kg) (1 lb = 2.2 lbs)

   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 Approved For: _____

   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**

<table>
<thead>
<tr>
<th>Birth - 4 months</th>
<th>4-6 months</th>
<th>6-8 months</th>
<th>8- 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 - 42 ounces (108 kcal/kg/d)</td>
<td>26 - 39 ounces (108 kcal/kg/d)</td>
<td>24 - 32 ounces (98 kcal/kg/d)</td>
<td>24 - 32 ounces (98 kcal/kg/d)</td>
</tr>
</tbody>
</table>

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**

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

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