



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

OFFICE OF THE COMMISSIONER
Anchorage

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January 21, 2014

RE: WIC Infant Formula Change

Dear Alaska Medical Providers,

On December 2, 2013, Abbott announced a change in the formulation of some infant formulas used by the state's Supplemental Nutrition Program for Women, Infants and Children (WIC Program). This will require some WIC infants to change to another formula before April 1, 2014. The state WIC Program is providing background information on this change and guidance on the new approved WIC formula list.

The immediate concern is the new formulation of Similac Sensitive, which now contains only 19 kilocalories/oz and therefore does not meet federal Food, Drug, and Cosmetics Act requirements of a minimum of 20 kcal/oz at standard dilution. As of April 1, 2014, Similac Sensitive infant formula can thus no longer be provided by the Alaska WIC Program due to the failure of the reformulated product to meet this federal guideline.

WIC has begun to transition infants receiving Similac Sensitive infant formula to either Similac Advance or Enfamil Prosobee. The primary contract infant formulas (milk-based Similac Advance and soy-based Enfamil Prosobee) are suitable for routine issuance to most healthy full term infants. Some infants may require a transition to a non-contract formula. The Alaska WIC program provides WIC Exempt Infant Formulas and Medical Foods when medically necessary. Allowing clients to use non-contract formulas will continue to require an Enteral Nutrition and Supplemental Food Prescription Form (ENPR) completed by a physician or other health care provider authorized by the state to write a medical prescription. An updated ENPR form is attached to this letter as well as other client resource materials.

The Alaska WIC Program appreciates your support as we make this transition. If you have questions or suggestions, please contact the Alaska State WIC Director, Kathleen Wayne, MS, RD, LD at 465-8636.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ward B. Hurlburt".

Ward B. Hurlburt, MD, MPH
Chief Medical Officer
Department of Health and Social Services

Attachment(s):

1. Alaska WIC Infant Formula Change Fact Sheet

Alaska WIC Infant Formula Change Fact Sheet

January 7, 2014

Background:

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.

Federal regulations require state WIC agencies to purchase infant formula through a competitive process to contain program costs. The Alaska WIC Program purchases formula through a contract held through the Western States Contracting Alliance (WSCA), which is a consortium of 22 states that purchase formula in bulk. Alaska's WIC rebates for infant formulas were approximately \$4.5 million during state fiscal year 2011. The savings are significant. This rebate allows the Alaska WIC program to serve additional eligible families. The current contract for milk-based formula is with Abbott, supplier of Similac Advance and Similac Sensitive infant formulas. Each of these formulas has been an option for WIC participants in Alaska, and each has provided a rebate to the WIC Program. The Alaska WIC program also provides a soy based contract formula, currently the Mead Johnson product Enfamil Prosobee.

Infant Formula Change

The immediate concern is the new formulation of Similac Sensitive, which now contains only 19 kilocalories/oz. This new product will no longer meet WIC infant formula requirements under 7CFR 246.10(e)(12) nor the Federal Food, Drug, and Cosmetics Act (21 U.S.C 321(z0), section 412. Under these requirements infant formula must provide at least 67 kcal per 100 milliliters (approximately 20 kcal/oz) at standard dilution. As of April 1, 2014, Similac Sensitive infant formula can no longer be provided by the Alaska WIC Program, due to the failure of the reformulated product to meet this guideline.

WIC Medical Partners

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. The state WIC Program 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. Local agency WIC clinic staff, have experience transitioning between infant formulas and will assist parents and medical providers through this process. 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>.

Attached are the following materials to assist you in educating parents, guardians and caregivers about transitioning their infants:

1. "Dear WIC Families" letter announcing the formula change
2. "WIC Formula –Changing to a New Formula" in English and Spanish
3. Alaska WIC Enteral Nutrition Prescription Request Form (ENPR).



Photograph is from the Anne Geddes Calendar Collection

January 8, 2014

Dear WIC Families:

WIC has an important message for you since your baby is using the Similac Sensitive formula as your baby's formula choice.

- ✚ We want to let you know that beginning April 1, 2014, Alaska will be offering two formulas- the milk based formula Similac Advance and the soy based formula Enfamil Prosobee. We will no longer be able to offer Similac Sensitive.
- ✚ Babies who have a medical reason to receive special/medical formula may get special approval with a prescription from the baby's doctor, nurse practitioner, or physician's assistant to receive a different formula from WIC.

Contact the WIC staff, your baby's doctor or health care provider to discuss what formula to feed your baby. If we do not hear from you, starting April 1, 2014 your baby will receive Similac Advance. We want to help support your decision.

Your WIC Staff
XXXXWIC Program
Contact Information



Revised 12/19/14

Changing to a New Formula Powder

Most babies will change to a new formula without any problems.

Tips

- It is best to feed your baby when he or she is hungry.
- Be patient and give your baby time to adjust. If you have questions, talk to your WIC staff or your health care provider.

Did you know?

- Your baby's stool (poop) may look or smell different when you change formulas. This is normal.
- Your baby may burp or spit up a little more at first.
- Powdered formula blends better when you use a bigger bottle.
 - Prepare 4 ounces of formula in a 6-ounce bottle.
 - Prepare 6 ounces of formula in an 8-ounce bottle.
- Every formula tastes a little different. If your baby tried the new formula and did not like it, try changing formulas, little by little, by using the directions below.

Directions for Helping Your Baby Change to the New Formula:

- Mix powders of different formulas together before mixing with water.
- You will need the **new** formula and the **old** formula.

4 Ounce Bottle		6 Ounce Bottle	
Day 1 	Mix: <ul style="list-style-type: none"> • 1 scoop old formula • 1 scoop new formula • 4 ounces water 	Day 1 	Mix: <ul style="list-style-type: none"> • 2 scoops old formula • 1 scoop new formula • 6 ounces water
Day 2 	Repeat Day 1	Day 2 	Mix: <ul style="list-style-type: none"> • 1 scoop old formula • 2 scoops new formula • 6 ounces water
Day 3 	Mix: <ul style="list-style-type: none"> • 2 scoops new formula • 4 ounces water 	Day 3 	Mix: <ul style="list-style-type: none"> • 3 scoops new formula • 6 ounces water

Cómo cambiar la fórmula de su bebé

En polvo

La mayoría de los bebés se adaptan a una nueva fórmula sin ningún problema.

Consejos:

- Es mejor alimentar a su bebé cuando tenga hambre.
- Sea paciente y déle a su bebé tiempo para adaptarse. Si tiene preguntas, hable con el personal de WIC o con su proveedor de atención de la salud.

¿Sabía usted?

- Las heces (popó) de su bebé pueden tener un aspecto o un olor diferente cuando cambia de fórmula. Eso es normal.
- Su bebé puede eructar o volver la fórmula un poco más al principio.
- La fórmula en polvo se mezcla mejor cuando usa un biberón más grande.
 - Prepare 4 onzas de la fórmula en un biberón de 6 onzas.
 - Prepare 6 onzas de la fórmula en un biberón de 8 onzas.
- Cada fórmula sabe un poco diferente. Si su bebé probó la fórmula nueva y no le gustó, intente cambiar la fórmula poco a poco.

Instrucciones para ayudar a su bebé a cambiar a la nueva fórmula:

- Mezcle el polvo de las diferentes fórmulas antes de agregar el agua.
- Necesitará la fórmula **nueva** y la fórmula **anterior**.

Para un biberón de 4 onzas		Para un biberón de 6 onzas	
Día 1 	Mezcle: <ul style="list-style-type: none"> • 1 medida de la fórmula anterior • 1 medida de la fórmula nueva • 4 onzas de agua 	Día 1 	Mezcle: <ul style="list-style-type: none"> • 2 medidas de la fórmula anterior • 1 medida de la fórmula nueva • 6 onzas de agua
Día 2 	Repita el Día 1	Día 2 	Mezcle: <ul style="list-style-type: none"> • 1 medida de la fórmula anterior • 2 medidas de la fórmula nueva • 6 onzas de agua
Día 3 	Mezcle: <ul style="list-style-type: none"> • 2 medidas de la fórmula nueva • 4 onzas de agua 	Día 3 	Mezcle: <ul style="list-style-type: none"> • 3 medidas de la fórmula nueva • 6 onzas de agua

Changing to a New Formula

Liquid Concentrate

Most babies will change to a new formula without any problems.

Tips

- It is best to feed your baby when he or she is hungry.
- Be patient and give your baby time to adjust. If you have questions, talk to your WIC staff or your health care provider.

Did you know?

- Your baby's stool (poop) may look or smell different when you change formulas. This is normal.
- Your baby may burp or spit up a little more at first.
- Every formula tastes a little different. If your baby tried the new formula and did not like it, try changing formulas, little by little, by using the directions below.

Directions for Helping Your Baby Change to the New Formula:

Step 1 Mix 13-ounce can of the **new** formula + 13-ounce can water = 26 ounces **new**.

Step 2 Mix 13-ounce can of **old** formula + 13-ounce can water = 26 ounces **old**.
Note: This makes enough formula (52 ounces) for about 2 days.

Step 3 Follow the **directions below** to make a 4 or 6 ounce bottle.

4 Ounce Bottle		6 Ounce Bottle	
Day 1 	Mix: <ul style="list-style-type: none"> • 3 ounces old formula • 1 ounce new formula 	Day 1 	Mix: <ul style="list-style-type: none"> • 4 ounces old formula • 2 ounces new formula
Day 2 	Mix: <ul style="list-style-type: none"> • 2 ounces old formula • 2 ounces new formula 	Day 2 	Mix: <ul style="list-style-type: none"> • 3 ounces old formula • 3 ounces new formula
Day 3 	Mix: <ul style="list-style-type: none"> • 1 ounce old formula • 3 ounces new formula 	Day 3 	Mix: <ul style="list-style-type: none"> • 2 ounces old formula • 4 ounces new formula
Day 4 	Mix: <ul style="list-style-type: none"> • 4 ounces new formula 	Day 4 	Mix: <ul style="list-style-type: none"> • 6 ounces new formula

Cómo cambiar la fórmula de su bebé

Líquido concentrado

La mayoría de los bebés se adaptan a una nueva fórmula sin ningún problema.

Consejos:

- Es mejor alimentar a su bebé cuando tenga hambre.
- Sea paciente y déle a su bebé tiempo para adaptarse. Si tiene preguntas, hable con el personal de WIC o con su médico.

¿Sabía usted?

- Las heces (popó) de su bebé pueden tener un aspecto o un olor diferente cuando cambia de fórmula. Eso es normal.
- Su bebé puede eructar o volver la fórmula un poco más al principio.
- Cada fórmula sabe un poco diferente. Si su bebé probó la fórmula nueva y no le gustó, intente cambiar la fórmula poco a poco.

Instrucciones para ayudar a su bebé a cambiar a la nueva fórmula:

Paso 1 Mezcle 13 onzas de la fórmula **nueva** + 13 onzas de agua = 26 onzas de la **nueva**.

Paso 2 Mezcle 13 onzas de la fórmula **anterior** + 13 onzas de agua = 26 onzas de la **anterior**.

Nota: Esto es suficiente fórmula (52 onzas) como para 2 días.

Paso 3 Siga las **siguientes instrucciones** para preparar un biberón de 4 ó 6 onzas.

Para un biberón de 4 onzas		Para un biberón de 6 onzas	
Día 1 	Mezcle: <ul style="list-style-type: none"> • 3 onzas de la fórmula anterior • 1 onza de la fórmula nueva 	Día 1 	Mezcle: <ul style="list-style-type: none"> • 4 onzas de la fórmula anterior • 2 onzas de la fórmula nueva
Día 2 	Mezcle: <ul style="list-style-type: none"> • 2 onzas de la fórmula anterior • 2 onzas de la fórmula nueva 	Día 2 	Mezcle: <ul style="list-style-type: none"> • 3 onzas de la fórmula anterior • 3 onzas de la fórmula nueva
Día 3 	Mezcle: <ul style="list-style-type: none"> • 1 onza de la fórmula anterior • 3 onzas de la fórmula nueva 	Día 3 	Mezcle: <ul style="list-style-type: none"> • 2 onzas de la fórmula anterior • 4 onzas de la fórmula nueva
Día 4 	Mezcle: <ul style="list-style-type: none"> • 4 onzas de la fórmula nueva 	Día 4 	Mezcle: <ul style="list-style-type: none"> • 6 onzas de la fórmula nueva

State of Alaska WIC Program

Directions: Please complete the Enteral Nutrition Prescription Request (ENPR) form so that WIC can provide a Non Contract formula for your patient. This form can be provided to the WIC client or faxed to the WIC office. If measurements were completed during the medical exam please document the most current information. The prescription must be completed by a Health Care Provider eligible to write prescriptions in Alaska. Please include your Alaska License number or Medicaid Provider number. If the ENPR form is approved by the Local Agency Registered Dietitian, WIC will provide the Non Contract formula. If your client is currently participating in the State of Alaska Medicaid or Denali Kid Care program, WIC will apply to Medicaid for the Non Contract Formula. The Local Agency will assist the WIC family in the application process. If Medicaid approves your prescription for the Non Contract Formula the client can obtain from a local pharmacy or the formula will be shipped directly to your patient's home. This process may take more than a month for completion, during which time WIC will provide the Non Contract formula for your patient.

Important: Medical documentation is federally required in order to issue special formula and some supplemental food to WIC women, infants and children who have qualifying condition(s) that require the use of the special formulas listed below. The program does NOT authorize issuance of special formulas for:

- 1). Non specific symptoms such as intolerance, fussiness, gas, spitting up, constipation or colic OR
- 2). Enhancing nutrient intake or managing body weight without an underlying medical condition.

WIC is a supplemental Food Program. Infants who are not breastfed may require more formula than WIC is able to provide.

ALASKA WIC STANDARD CONTRACT FORMULAS:

The following contract formulas DO NOT REQUIRE MEDICAL DOCUMENTATION for infants younger than 12 months:

Similac Advance (milk based)
Enfamil Prosobee (soy based)

NON CONTRACT FORMULAS: MEDICAL FORMULAS THAT MAY BE PROVIDED BY A PHYSICIAN REQUEST

Other Infant	Amino Acid Based	Special Formulas Medical Food Children/Women
Good Start Gentle Plus	Neocate Infant	Pediasure
Good Start Soy Plus	Neocate Jr.	Pediasure with Fiber
Hydrolyzed Protein	Elecare	Carnation Instant Breakfast
Similac Expert Care Alimentum	Premature Infant Post Discharge	Ensure all Flavors
Nutramigen with Enflora	Enfacare	Soy for Children
Pregestimil	Neosure	Enfagrow Toddler Transitions Soy
Lactose Free	Added Starch	
Gentlease	Enfamil AR	

ESTIMATED ENERGY AND PROTEIN REQUIREMENTS FOR INFANTS

	Age in Years	RDA Energy (kcal/kg)	Protein (g/kg/day)
Infants	Premature	120	2.2
	0-6 months	108	2.2
	6-12 months	98	1.6
Children	1-3 years	102	1.2
	4-6 years	90	1.1

<i>Females Velocity of Weight Gain</i>	gm/day	<i>Males Velocity of Weight Gain</i>	gm/day
Birth-3 month	24	Birth-3 month	28
3-6 months	19	3-6 months	21
6-9 months	14	6-9 months	15
9-12 months	11	9-12 months	11
12-18 months	8	12-18 months	8
18-36 months	5	18-36 months	5
3-4 years	5	3-4 years	5
4-5 years	6	4-5 years	6

Full Provisions of WIC Formula and Food for a month

Infants	Children and Women
<ul style="list-style-type: none"> ● 0-3 months of age: 26 ounces of formula/day ● 4-5 months of age: 29 ounces formula/day ● 6-11 months of age: 20 ounces formula/day* 24 ounces infant cereal 32 four ounce containers baby food fruit/vegetables <p>*Infants unable to consume baby foods may be eligible for up to 29 ounces formula per day.</p>	<p>Eggs 1 dozen Juice 1 gallon(children approx. 4 ounces/day)</p> <p>Fruits/Vegetables \$6-\$10 Whole grains 1-2 pounds</p> <p>Cereal 36 ounces Beans 1 pound</p> <p>Cheese 1 lb Peanut Butter 18 ounces</p> <p>Milk up to 4 gallons (children have a choice of (children 13-17ounces/day) beans or peanut butter)</p> <p>Exclusively Breastfeeding Women receive additional WIC foods</p> <p>Formula for Children and Women is approximately 29 ounces/day</p>

Alaska WIC Nutrition Program Special Formula / Food Request Form
 State of Alaska Department of Health & Social Services/Public Assistance
 Please Fax to _____

Prescription must be completed by Health Care Provider (must be eligible to write prescriptions in AK)

Client Name _____ DOB _____
 Parent's/Caregivers Name _____ Address: _____
 Medicaid Eligible? No Yes Medicaid # _____ End date _____
 Current Measurements (if available): Medical date _____ Ht = _____ in/cm Wt = _____ lbs/kg

<u>Infant</u>	<u>CHILD/ WOMEN</u>
<p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES (RD can calculate, based on current weight)</p> <p>Was another Formula Tried <input type="checkbox"/> Yes <input type="checkbox"/> No Formula Tried _____</p> <p align="center"><u>INFANTS 6-11 MONTHS</u></p> <p>Check foods to avoid: <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits/Vegetables</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>	<p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES <input type="checkbox"/> WHOLE MILK IN ADDITION TO FORMULA</p> <p>FOOD PRESCRIPTION (check one) <input type="checkbox"/> Allow Age appropriate WIC foods. Exceptions specify: _____</p> <p><input type="checkbox"/> No solid foods: offering solids is contraindicated at this time, provide medical formula only.</p> <p><input type="checkbox"/> Provide Soy milk/Tofu for 12 months as part of a full WIC package due to: Vegan Diet/ Religious Observance, Milk Protein Allergy, Severe Lactose Maldigestion</p> <p><input type="checkbox"/> Additional Cheese</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>

CHOOSE AT LEAST ONE DIAGNOSIS OR WRITE IN SPACE PROVIDED
 (QUALIFYING CONDITION – MEDICAL DIAGNOSIS WITH ICD-9 CODE)

Growth issues	Medical issues	Development issues
Failure to Thrive (783.41)	Severe gastrointestinal issue (536.9)	Developmental sensory/motor delays (783.4)
Inadequate growth (783.40)	Malabsorption syndromes (579.9)	Fetal Alcohol Spectrum (760.71)
Underweight (783.22)	Genetic-congenital disorders (740-759)	Pregnancy issues
Prematurity (765.10)	Metabolic disorders/Inborn errors of amino acid metabolism (277.9)	Low maternal weight gain (646.8)
Low birth weight (765.10)	Food allergies (693.1)	Maternal weight loss during pregnancy (783.2)
Blood issues	Celiac disease (579.0)	Multifetal gestation (783.2)
Anemia (281.9)	Heart/circulatory/respiratory diseases (390-519)	Vegan diet
	Persistent dermatological condition (692.9)	Vegan Diet
Other medical diagnosis (some conditions may not qualify for special formula through WIC)		
		ICD-9 code _____

Signature _____ Date _____		Medical Provider Address & Phone
Medical Provider Name _____ Provider Medicaid ID # _____		

REGISTERED DIETITIAN/LICENSED DIETITIAN (RD/LD) & MEDICAID USE ONLY

Formula average daily calorie needs for _____ months = _____
 Date _____ RD approved _____ CPA approved _____ Denied _____ Date Range approved: _____
Pharmacy use only Product _____ Size _____ Cans/day _____ Date _____
 Pharmacist signature _____ XEROX use only Authorized Denied