

WIC Contract and Special Formulas Key Nutrition Policies, References, and Revisions



**Connecticut WIC Program
Local WIC Staff Orientation
October 30, 2014**



WIC Contract Formula

- *Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease*-standard contract infant formulas. BPA free packaging
-
- Current policy-only contract standard formula allowed
- Non-contract standard formulas not allowed (cow's milk, soy, and cow's milk based lactose-free/low-lactose standard formulas). **Exception:**
 - *Enfamil AR* for GER
 - **NOTE:** *Similac for Spit-Up* was previously approved for GER as well but now no longer is a WIC approved formula.
- Other formulas (exempt, metabolic, hypoallergenic, premature, etc.) continue to be allowed-requires medical documentation based on ICD-9 medical codes



Enfamil Gentlease

- **Low-lactose (1/5 amount as standard formula)**
- **Large milk-based peptides (vs protein)**
- **Contraindicated for milk allergy**
- **12.4 oz powder (reconstitutes to 90 oz)**
- **8 oz RTU 6-pack cartons**



Revised *Enfamil Gentlese* Policy

- **As of October 1, 2013 *Enfamil Gentlese* will be CT WIC approved as a standard contract formula not requiring a prescription.**
- **Like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy.**
- **Like all other products containing lactose, this product is contraindicated where a totally lactose free diet is indicated**

Special Formulas: CT WIC Definition

- Any formula other than *Enfamil Infant, Enfamil ProSobee or Enfamil Gentlease*
- Federal name change
- Must be approved by USDA and CT WIC (Special Formula Approval List)
- Requires medical documentation with medical rationale (ICD-9 code)
- Includes formulas for women, infants and children.

How Formulas Get WIC Approved

Company submits
product info to USDA

USDA reviews material

USDA approves
product use in WIC

USDA requests
more information

USDA does not
approve product

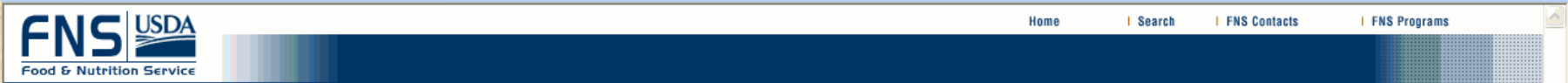
USDA notifies
State WIC Programs

USDA notifies
State WIC Programs



WICWorks Resource System

- **USDA main page**
- **(<http://www.fns.usda.gov/wic/>)**
- **Right hand side Under featured areas click on WICWorks Resource System**
- **Once on that page, on left hand side click on WIC databases last item in column**
- **Middle column right on top click on formula database**



Food and Nutrition Service

Women, Infants, and Children

WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

- How to Apply for WIC**
- WIC Food Packages
- Breastfeeding Promotion
- Participation Data
- Senior Farmers Market Nutrition Program
- Index of topics*

- Frequently Requested Information**
- WIC State agency list
 - FMNP State agency list
 - Toll-free numbers
 - FNS contacts
 - WIC Food Package
 - Publications
 - Income guidelines
 - What to do if you're moving
 - SFMNP State agency list

- Other Links**
- GovBenefits.gov (other benefit programs)
 - MyPyramid for Pregnancy and Breastfeeding
 - MyPyramid for Preschoolers
 - How to become an authorized WIC vendor
 - Jobs in WIC
 - Laws and regulations
 - Policy and guidance
 - USDA OIG Hotline

Español

- Featured Areas**
- What's New
 - Fact Sheets
 - Farmers' Market Nutrition Program
 - Senior FMNP
 - State Contacts
 - Disaster Assistance
 - WIC Works Resource System
 - Program Data
 - Links
 - Contact National Office

This website is maintained by the Food and Nutrition Service (FNS), a Federal agency of the U.S. Department of Agriculture, responsible for administering the WIC Program at the national and regional levels.



Email Updates
Click here to receive automatic updates on the FNS web.

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- WIC Databases

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Printable Page

The WIC Works Resource System is an online education and training center for staff of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and has been delivering resources to WIC staff since 2000.

Because Nutrition is Everyone's Business!



WIC Research
Summary of IOM Workshop.



Childhood Obesity Resource List
Updated November 2010.



Growth Charts
CDC update on growth charts for children under 2.



Vaccinate Your Baby
New computer and smart phone application from Every Child By Two.



VENA Village
Training tools, guidance documents, and State-developed materials.



Using Loving Support™ to Grow and Glow in WIC
Download or order a CD of breastfeeding training materials.

I Want To...

- Login to WIC Learning Online
- Print WIC growth charts
- Order free publications for WIC clinics
- View Past Outreach Mailings
- Find conferences and events

Last Modified: Nov 12, 2010



WICWorks Formula Database

- <http://riley.nal.usda.gov/wicworks/formulas/FormulaSearch.php>
- **Approval at national level**
- **Does not mean CT WIC Approved**
- **May not have most current product info-
company will have most current info**

USDA United States Department of Agriculture

WICworks RESOURCE SYSTEM

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WIC Formula Database

Please note: This database is a national listing of approved products. Each WIC State agency determines its own allowed formula list. Contact your **State WIC office** to determine the availability of a specific formula in your area.

The WIC Formula Database (last update **10/29/2010**) includes infant formulas, exempt infant formulas and medical foods approved for use in the WIC program. **Read more about the WIC Formula Database [PDF]**.

For each category of interest, select from the appropriate drop-down list and then click on the **Search** button below. You may also combine the category and keyword searches. This database is formally reviewed every 6 months and as needed.

Selected Search by Category

WIC Eligible Category: **Definitions**
AND

Manufacturer: **AND**

Use in WIC: **AND**

Physical Form: **AND**

Product Type: **AND/OR**

Simple Search by Keyword

Make sure to click the **Search** button after typing search term.

Search WWRS

- Search all USDA
- Advanced Search
- Search Tips

Browse by Subject

- Pregnancy
- Breastfeeding
- Infant Nutrition and Health
- Child Nutrition and Health
- Assessment Tools
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Current Issues

- **New MJ labels (Memo# 14-112, e-mails with labels, Memo #14-024)**
- **Abbott 19 cal/oz formulas (Memo#14-008)**
- **Budget issues (national/state) CT WIC not approving any new formula products at this time**
- **Ongoing hot topics: BPA, Probiotics, GMO**

Mead Johnson Nutrition Infant Formulas

Rebated Products

CURRENT LOOK



Enfamil PREMIUM®
Newborn

NEW LOOK



Enfamil® Newborn

CURRENT LOOK



Enfamil® ProSobee®

NEW LOOK



Enfamil® ProSobee®



Enfamil PREMIUM® Infant



Enfamil® Infant



Enfagrow® Toddler
Transitions™



Enfagrow® Toddler
Transitions™



New BPA Law

- **Bisphenol A-preservative used in linings of cans, in some plastic-metal cans**
- **Connecticut Law effective October 1, 2012 no infant formula can be sold in CT that contains BPA**
- **All CT WIC approved infant formulas BPA free**
- **MJ BPA-free packaging 6 pack carton of 8 oz bottles**

CT WIC Approved MJ Formulas with BPA-free 6 pack cartons (RTF and conc)

- *Enfamil Premium, Enfamil ProSobe*
RTF*/conc**
- *Nutramigen*
 - RTF*-ordered thru State WIC Office for now
 - Conc**-on hold right now-temporarily not issuing checks for
- *Enfamil AR, Enfamil Enfacare, EnfamilGentlease*
RTF* only (no conc)
- Powder versions of these products are BPA free

*gold cap ** red cap

USE

READY
Do

READY TO USE Do not add water

NEW LOOK!

#1 ENFAMIL®
#1 BRAND RECOMMENDED BY
PEDIATRICIANS

MeadJohnson
Nutrition

Enfamil™

Infant Formula
Milk-based with Iron



- Helps reduce fussiness, gas & crying within 24 hours
- Easy-to-digest protein



Through 12 months

Gentlease
for fussiness, gas & crying

6-8 FL OZ (237 mL) BOTTLES (NET 1.5 QT • 1.42 L) Ⓢ

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Prebiotics versus Probiotics

Simple Definitions

- **Prebiotic: Type(s) of Carbohydrate (CHO) that promote growth of healthy bacteria in the GI tract**
- **Probiotic: Specific bacteria that are also naturally present in the healthy GI tract (“beneficial bacteria/flora”)**

Prebiotics In Infant Formula

- **Increased *Bifidobacteria* growth**
- **May play immune protective role in infants, though data preliminary**
- **Limited studies on infant formula**
- **Not enough data to make general statement for/against supplementation**

Probiotics In Infant Formula

- **European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN)- very limited data on safety and clinical effects of probiotic preparations added to infant formulas and special medical foods.**
- **Insufficient data to support use of probiotics in healthy newborns, premature infants, or immunocompromised infants. Less concern for infants > 5 months of age.**

Probiotics Shelf Life

- **Probiotics not stable in liquid form (usually kept in separate packaging and added to the formula prior to administration).**
- **Powder form more stable, but amount present tends to decrease over time**

Conclusion

- **Prebiotics in infant formula: Not enough data to make general statement for/against supplementation.**
- **Some CT WIC approved infant formulas with prebiotics**
- **some CT WIC approved children's formulas now contain prebiotics**
- **Probiotics in infant formula: Insufficient data to support use of probiotics in general in healthy newborns, premature infants, or immunocompromised infants. Less concern for infants > 5 months of age.**
- **NOTE: In general no infant or child formula with Probiotics are currently CT WIC approved. Exception: Nutramigen Enflora LGG**

CT Genetically Modified Organism (GMO) Food Labeling Bill

- **Public Act 13-183 Food/infant formula that contains GMO must be labeled so. Many definitions in act. Stipulates food containing GMO cannot be labeled a “natural” food**
- **Effective October 1, 2013 (so to speak-stipulations). 4 other states (including one state which borders CT must pass similar legislation. In addition, any combination of NE states (ME, NH, VT, MA, RI, NY, PA or NJ) with combined population of at least 20 million people, must also pass similar legislation**

Medical Documentation: Approved HCPs/Forms

- **Medical Doctor (MD), Advanced Practice Registered Nurse (APRN), or Physician's Assistant (PA)**
- **WIC Medical Documentation Form**

Medical Documentation Form

Family or Participant ID# _____

State of Connecticut WIC Program-Department of Public Health
MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS
INFANTS AND CHILDREN

1. Patient's Name: _____ Date of Birth (DOB): ___/___/___

2. Parent/Guardian: _____

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

3. Please check qualifying medical condition(s)/ICD-9 code(s)

- | | |
|--|---|
| <input type="checkbox"/> 477.9 Allergy, Food
<input type="checkbox"/> 281.9 Anemia
<input type="checkbox"/> 279.4 Autoimmune Disorder
<input type="checkbox"/> 770.7 Chronic Respiratory Disease, perinatal
<input type="checkbox"/> 746.9 Congenital Heart Disease
<input type="checkbox"/> 748.9 Congenital Anomaly, Respiratory
<input type="checkbox"/> 751.9 Congenital Anomaly, GI
<input type="checkbox"/> 749.0 Cleft Palate
<input type="checkbox"/> 749.1 Cleft Lip
<input type="checkbox"/> 343.9 Cerebral Palsy
<input type="checkbox"/> 277.0 Cystic Fibrosis
<input type="checkbox"/> 783.4 Developmental Delay
<input type="checkbox"/> 250.01 Diabetes Mellitus Type I | <input type="checkbox"/> 783.4 Failure to Thrive/Inadequate Growth
<input type="checkbox"/> 271.1 Galactosemia
<input type="checkbox"/> 580.81 Gastroesophageal Reflux
<input type="checkbox"/> 279.3 Immunodeficiency
<input type="checkbox"/> 271.3 Lactose Intolerance
<input type="checkbox"/> 579.9 Malabsorption
<input type="checkbox"/> 358.9 Neuromuscular Disorder
<input type="checkbox"/> 765.1 Prematurity
<input type="checkbox"/> 270.1 Phenylketonuria (PKU)
<input type="checkbox"/> _____ Other diagnosis with ICD-9 code
Specify _____
<i>Patient must have diagnosis not symptoms.</i> |
|--|---|

4. Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ Powder Concentrate Other _____

*WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____ Length of use: 1 mo 3 mos 6 mos

5. WIC Supplemental Foods Available Check foods that are contraindicated based on medical diagnosis

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods contraindicated by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on age and medical condition. No prescription is valid for more than six months.

INFANTS: (6-11 months of age)	CHILDREN: (12 months of age or older)
<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant food vegetables/ fruits <input type="checkbox"/> All foods contraindicated <input type="checkbox"/> Restrictions in amounts-Explain: _____	<input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Eggs <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Milk or milk substitutes Specify type: _____ <input type="checkbox"/> Whole wheat bread or other whole grains <input type="checkbox"/> All foods contraindicated <input type="checkbox"/> Restrictions in amounts- Explain: _____
<input type="checkbox"/> Juice <input type="checkbox"/> Vegetables and Fruits	

Length of use: 1 mo 3 mos 6 mos

6. Milk substitutes: For children with qualifying conditions, calcium-set (fortified) tofu or cheese can be substituted for milk
 Tofu Cheese

Prescribed amount per day (unless ad lib): _____ Restriction, explain _____

Length of use: 1 mo 3 mos 6 mos

7. HEALTH CARE PROVIDER SIGNATURE: _____ Date: _____
 (MD, APRN or PA)

Printed Name (Health Care Provider): _____

Medical Office/Clinic/Hospital: _____ Phone: _____

Address: _____ Fax: _____

Medical Documentation Forms: Local WIC Nutritionist

- **Screens WIC medical documentation form**
- **Contacts Health Care Provider for clarification**
- **Contacts State WIC Office for technical assistance if needed**

Medical Documentation Screening:

Clarification of Order

- **Ensure product is WIC approved**
- **Check for age appropriateness, medical rationale**
- **Refer to the various formula references in the State Plan, local agency formula files, and state memos/e-mails**
- **Call State WIC office if needed**

Medical Documentation Screening: Length of Issuance (LOI)

- **Cannot exceed expiration date**
- **New order immediately invalidates previous order**
- **Need new form with recert**
- **Maximum LOI is 6 months**

Medical Conditions – ICD-9 Codes

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

3. Please check qualifying medical condition(s)/ICD-9 code(s)

<input type="checkbox"/> 477.9 Allergy, Food	<input type="checkbox"/> 783.4 Failure to Thrive/Inadequate Growth
<input type="checkbox"/> 281.9 Anemia	<input type="checkbox"/> 271.1 Galactosemia
<input type="checkbox"/> 279.4 Autoimmune Disorder	<input type="checkbox"/> 580.81 Gastroesophageal Reflux
<input type="checkbox"/> 770.7 Chronic Respiratory Disease, perinatal	<input type="checkbox"/> 279.3 Immunodeficiency
<input type="checkbox"/> 746.9 Congenital Heart Disease	<input type="checkbox"/> 271.3 Lactose Intolerance
<input type="checkbox"/> 748.9 Congenital Anomaly, Respiratory	<input type="checkbox"/> 579.9 Malabsorption
<input type="checkbox"/> 751.9 Congenital Anomaly, GI	<input type="checkbox"/> 358.9 Neuromuscular Disorder
<input type="checkbox"/> 749.0 Cleft Palate	<input type="checkbox"/> 765.1 Prematurity
<input type="checkbox"/> 749.1 Cleft Lip	<input type="checkbox"/> 270.1 Phenylketonuria (PKU)
<input type="checkbox"/> 343.9 Cerebral Palsy	<input type="checkbox"/> _____ Other diagnosis with ICD-9 code
<input type="checkbox"/> 277.0 Cystic Fibrosis	Specify _____
<input type="checkbox"/> 783.4 Developmental Delay	<i>Patient must have diagnosis not symptoms.</i>
<input type="checkbox"/> 250.01 Diabetes Mellitus Type I	

- **Most common nutrition-related diagnoses listed (see also additional ICD-9 codes reference list). Disallows symptoms**
- **Has “other” diagnosis option considered on a case-by-case basis**
- **Not all ICD-9 codes are medical dx’s, not all medical dx’s have ICD-9 codes**

What To Do if ICD-9 Code or Medical Dx Missing on Form?

- **If only diagnosis provided-refer to list (or website) for code. In some cases diagnosis alone may be sufficient**
- **If only code provided-need to contact HCP**
- **If both code and diagnosis provided but don't match up with trial reference list, if close enough go with, otherwise f/u with HCP**
- **If both code and diagnosis provided and match but rationale in question, contact HCP**

Formula Requested Section

4. Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ Powder Concentrate Other _____

*WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____ Length of use: 1 mo 3 mos 6 mos



- Ounces/day, instructions for preparation
- No “prescription” is valid for more than 6 months
- Disclaimer re: amount of formula is supplemental
Coordinate with Medicaid/insurance company if
formula needed is more than WIC can provide

Supplemental Foods

5. WIC Supplemental Foods Available Check foods that are **contraindicated** based on medical diagnosis

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on age and medical condition. No prescription is valid for more than six months.

INFANTS: (6-11 months of age)

- Infant cereal
- Infant food vegetables/ fruits
- All foods contraindicated
- Restrictions in amounts-Explain:

CHILDREN: (12 months of age or older)

- Breakfast cereal
 - Eggs
 - Legumes
 - Peanut butter
 - Milk or milk substitutes Specify type: _____
 - Whole wheat bread or other whole grains
 - All foods contraindicated
 - Restrictions in amounts- Explain:
- Juice
 - Vegetables and Fruits

Length of use: 1 mo 3 mos 6 mos

- **In addition to exempt infant formula, child or adult formulas- now WIC will provide supplemental foods for participants (BOTH formula and food can be given)**
- **Require physician to indicate if supplemental foods are contraindicated based on medical diagnosis**

HCP Medical Documentation: Verbal Orders

- **Verbal orders (VO) ok in emergency**
- **Document orders received and by whom**
- **VO must be followed by written documentation within 24 business hours (1business day)**

CT WIC Purchasing: Special Formula Purchases

- **Expensive formula routinely ordered through the State WIC Office (Refer to the Infant and Child Special Formulas Ordered tables)**
- **When the formula is not available through the retail vendor. Current issue with 6 pack packaging.**
- **This does not include standard formula products that routinely are available in stores or can be arranged to be available.**
- **Fill out special formula request form (Also refer to Formula Products Code List)**

WIC/Medicaid

- **If a participant is on a special formula and on Medicaid, in practice WIC is the primary payee for any WIC approved formula**
- **Medicaid will cover any additional formula needed beyond what WIC can provide**
- **Be aware of potential issues and/or fraud with too much formula provided between WIC and Medicaid**

State WIC Office: Who To Call For What

- **Nutrition/Clinical Issues- Maureen or other nutrition unit staff**
- **Local store availability issues-Kevin or other food delivery (FD) unit staff (vendor/participant check issues also FD)**
- **Ordering Special formula through DPH-Elsa Arce or Carol Castro**
- **Unneeded formula on hand-Carol Castro**