



Special Formula and Medical Documentation

Part 3: Qualifying Medical Conditions and Diagnoses

Presented by: Denice Vance, MS, RD, LD, CLC

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Objectives

Following this presentation attendees will be able to:

- Determine acceptable qualifying medical conditions for the issuance of special formula
- Understand the relationship between the medical diagnoses and intended use
- Recognize which conditions require additional documentation
- Appropriately use state created and available manufacturer resources as a reference when issuing special formula

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Medical Diagnoses

- A specific, qualifying medical condition is necessary prior to the issuance of any formula or nutritional that requires medical documentation
 - Consistent with the manufacturer's **labeled and intended use** of the formula or nutritional prescribed
 - OR
 - Consistent the **nutrient composition and nutritional features** indicated in the management of the specified condition

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Medical Diagnoses

- Continued...
 - Consistent with the participant's anthropometric data (e.g., length/height, weight, BMI) and WIC nutritional assessment for authorization of issuance
 - A "suspected" diagnosis is allowable as long as it still meets the other diagnostic criteria (e.g., "suspected milk protein allergy")

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Medical Diagnoses Requiring Additional Documentation

- Non-specific, general medical diagnoses are not sufficient as Georgia WIC medical documentation
 - Milk/Formula intolerance
 - Multiple food allergies (specify)
 - Feeding difficulties/feeding problems

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Medical Diagnoses Requiring Additional Documentation

- Clinical signs and symptoms are not permitted for use as the sole diagnosis for WIC medical documentation
 - Colic/fussiness
 - Spitting up
 - Digestive disturbances
 - o Constipation
 - o Gas

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Medical Diagnoses Requiring Additional Documentation

- Diagnoses solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition
 - Picky eater/poor appetite
 - Inadequate/poor intake
 - Underweight
 - Inadequate/poor weight gain

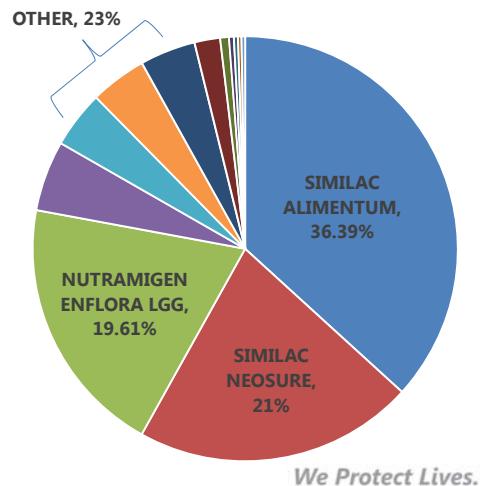
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Infant Special Formula Food Package Issuance by Participant

(October 2016 Closeout Data)

Special Formula Issuance

- Non-Contract Formula Issuance
 - Enfamil AR (Powder): 261
- Exempt Formula Issuance
 - Similac Alimentum (Powder): 3,114
 - Similac Neosure (Powder): 1,805
 - Nutramigen (Powder): 1,678
 - All other special formula combined: 1,961



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What is the intended use for...

Similac

Alimentum?

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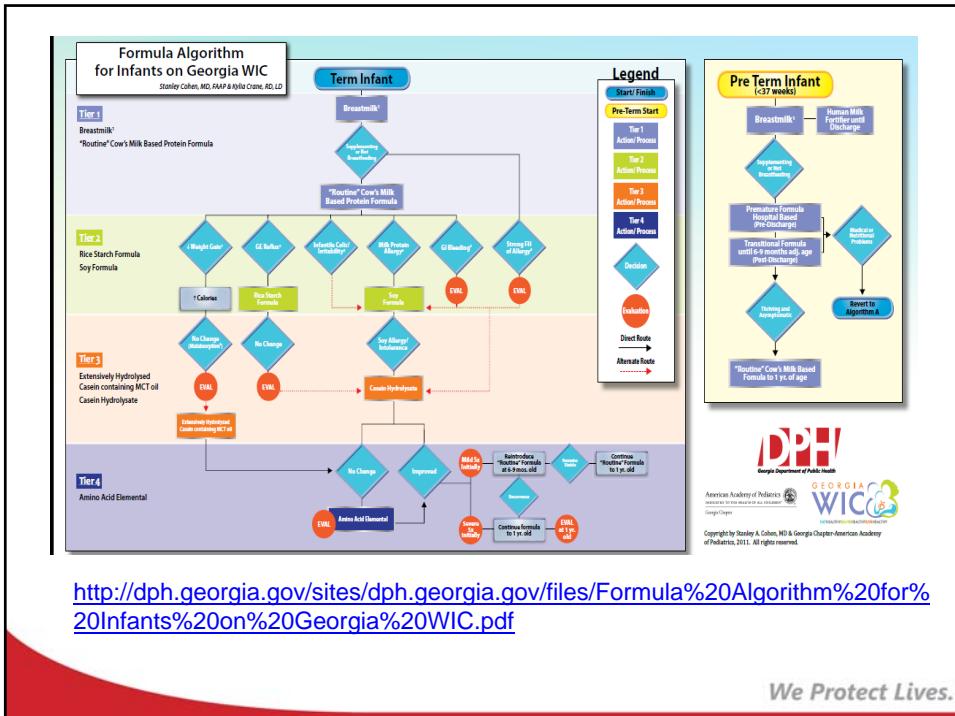
Formula Algorithm for Infants on Georgia WIC Resource Guide
Stanley Cohen, MD, FAAP and Kylia Crane, RDN, LD

Table 2 Pre Term Infant on other side ➔

Table 1 Term Infant								
Tier	Formula Category	WIC Approved Formula*	Manufacturer	Form	Size	Composition	Medical Documentation Required	Indication/ICD-10
Tier 1 Term	"Mother's Cow's Milk" Based	Gerber Good Start Soy	Nestle Nutrition	Powder	12.7 oz.	22 cal per 5 oz., 100% Whey protein partially hydrolyzed, lactose, prebiotics, corn maltodextrin, palm oil, soy oil, high oleic sunflower oil, prebiotics I, DHA/ARA	No	Healthy term infants who are not exclusively breastfed
				Concentrate	12.0 oz.			
				Ready to Feed	19.8 oz. (4-4.45 oz.)			
Tier 2 Soy	Soy	Gerber Good Start Soy	Nestle Nutrition	Powder	12.0 oz.	20 cal per 5 oz., MM-free, Lactose free, hydrolyzed soy protein isolate, corn maltodextrin, palm oil, soy oil, corn starch, high oleic sunflower oil or high oleic sunflower oil, DHA/ARA	No	Fetal Alcohol Exposure and Mild Vegetarian/Vegan Foods Cystic Fibrosis (CF) (K31.0-K31.9) Lactose intolerance (T73.9) Galactosemia (T72.9)
				Concentrate	12.0 oz.			
				Ready to Feed	19.8 oz. (4-4.45 oz.)			
Tier 3 Casein Hydrolysate	Casein Hydrolysate	Mead Johnson Nutrition	Enfamil A.R. Nestle Nutrition	Powder	12.0 oz.	22 cal per 5 oz., Whey 25%, Casein 40%, Lactose, corn starch, non-anhydrosugars, prebiotics, palm oil, soy oil, coconut oil, high oleic sunflower oil, prebiotics DHARA/ARA	No	In order for either of these non-corrective acid added formulas to be provided by WIC, the physician must write an order noting the reason for use of Tier 3 formula. See also use of Casein hydrolysate formula (K070/K11.0-K11.9). ADD one of the following underlying conditions: Preterm birth (K01.0), Tube feeding (K11.8), Cleft Surgery (Plastic surgery) (Q88.0), Free weight (pneumonia) (K22.2).
				Ready to Feed	2.0 oz.			
				Ready to Feed	8.0 oz.			
Tier 4 Antigenic Amino Acid Stereotyped	Antigenic Amino Acid Stereotyped	Athena's infant BioCare infant Dairy Ease infant Hudson	Nestle Nutrition Abbott Nutrition Nestle Nutrition Mead Johnson Nutrition	Nestle Nutrition	Powder	14.1 oz.	Yes	Cow's milk allergy or intolerance (Z91.011 Soy protein allergy or intolerance (Z91.018 Food protein-induced Enterocolitis (FPIES)/K32.21

*State WIC agencies are required by law to competitively bid infant formula relative contractor with formula manufacturers to whom it has issued letters of award to provide a rebate for formula purchased by WIC participants. This document lists some common, popular, and children's who can receive WIC benefits. It does not list all WIC-eligible formulas. Not all WIC-eligible formulas are included in the Formula Algorithm due to the diagnosis being rare in infancy. Gerber Good Start Sensitive is a far fewer used (Z91.012) formula that is refused and included in a Georgia WIC Approved formula.

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What About Soy Formula?

- Although soy formula may be tolerated in some instance of milk protein allergy/intolerance, a soy formula trial **is not required**
- If soy is recommended, but refused by the provider:
 - Document the refusal on the MDF
 - Proceed with issuance of hydrolysate formula

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Diagnosis(es) and Indicated Use

- Cow's milk protein allergy/intact protein sensitivity
- GERD with failure of Enfamil AR
 - Protein Hydrolysate Infant Formulas
 - Similac Alimentum
 - Nutramigen
 - Gerber Extensive HA

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Sensitivity vs. Allergy

- Cow's milk protein sensitivity can be used instead of allergy as a diagnosis
- Some doctors will only use the term allergy when they have IGG testing to support a formal diagnosis

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What is the intended use for...

Similac Neosure?

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Prematurity/Low Birth Weight

- 22 kcal formulas are appropriate to use through 12 months or corrected age equivalent
 - Similac Neosure
 - Enfamil EnfaCare

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Prematurity/Low Birth Weight

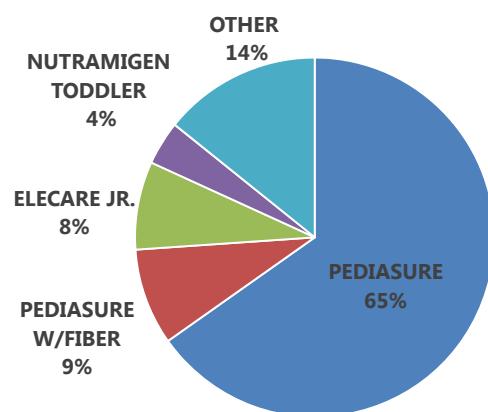
- 24 and 30 calorie premature formulas (i.e. Similac Special Care 24) are rarely issued post discharge as they are intended to be used under direct medical supervision
- Recommend to discontinue use per manufacturer's instructions
 - Risk for excessive intake of fat soluble vitamins
- Follow up with provider regarding their transition plan. Continued issuance past 6 months will require additional provider documentation

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Child Formula Food Package Issuance by Participant

(October 2016 Closeout Data)

- Pediasure: 1,637
- Pediasure w/Fiber: 218
- Elecare Junior: 178
- Nutramigen Toddler: 99
- Other: 357



* Does not include state ordered issuance*

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What is the indicated use for...

Pediasure?

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Failure to Thrive/Feeding Difficulties

- Failure to thrive (consistent with WIC growth assessment)
- Tube feeding
- Oral motor feeding problems/developmental disorders
 - Restricted or limited diet related to food aversions/dysphagia
- Hypermetabolic conditions (i.e. cancer/blastoma)

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Failure to Thrive/Feeding Difficulties

- Common formulas (regular, fiber, enteral)
 - Boost Kid Essentials
 - Nutren Junior
 - PediaSure (Peptide requires additional GI implications)
 - Bright Beginnings Soy (FTT + cow's milk protein allergy)

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What is the indicated use for...

Elec care Junior?

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Diagnosis(es) and Indicated Use

- **Malabsorption** - short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis (specific nutrients do not have to be documented)
- **Severe/Multiple**

- **Other Indicated Formulas**

- E028 Splash
- Neocate Infant/Junior
- PurAmino Infant/Toddler
- Elecare Infant/Junior
- Alfamino Infant/Junior



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EleCare® Jr

Nutritionally Complete Amino Acid-Based Medical Food

- A 30 Cal/fl oz, nutritionally complete amino acid-based medical food for children age 1 and older who cannot tolerate intact or hydrolyzed protein.
- EleCare Jr is for the dietary management of protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment, or other conditions in which an amino acid-based diet is required.

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What is the indicated use for...

Peptamen Junior?

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"Google It!"

(or use any preferred search engine)

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Nestlé Health Science / Brands / Peptamen Junior

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PEPTAMEN JUNIOR®



PEPTAMEN is the preferred formula
Among those who had a preference*, more Registered Dietitians prefer Peptamen Junior® over PediaSure® Peptide for GI Impaired patients.

- For the nutritional management of children ages 1 – 13 with impaired GI function
- Enzymatically hydrolyzed 100% whey protein to facilitate gastric emptying
- Reformulated to meet the IOM guidelines for calcium & vitamin D
- Contains CalciLock® blend of essential nutrients to help support healthy bone development. CalciLock® is a

"For the nutritional management of children ages 1 – 13 with impaired GI function..."

To order samples, [click here.](#)

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Summary/Highlights

- Medical diagnoses must be specific and consistent with the formula requested and professional assessment
- The nutrient composition of the formula should also be considered aside from the manufacturer's indicated use
- General and non-specific diagnoses require additional documentation
- Diagnosed symptoms require a documented underlying condition

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Summary/Highlights

- A soy formula trial is not required for the issuance of a protein hydrolysate formula
- A protein hydrolysate formula may be issued with the diagnosis of GERD and documented failure of a rice-added formula
- Multiple allergies must be specified, malabsorbed nutrients do not
- The Infant Formula Algorithm and available manufacturer product information can be useful references when authorizing the issuance of special formulas

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Thank You for Your Participation!

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Formula Algorithm for Infants on Georgia WIC Resource Guide
Stanley Cohen, MD, FAAP and Kylia Crane, RDN, LD

Table 2 Pre Term Infant
on other side →

Table 1 Term Infant

Tier	Formula Category	WIC Approved Formula*	Manufacturer	Form	Size	Composition	Medical Documentation Required	Indication/ICD-10
Tier 1	"Routine" Cow's Milk Based	Gerber Good Start Gentle	Nestle Nutrition	Powder	12.7 oz.	20 cal per fl. oz., 100% Whey protein partially hydrolyzed, lactose, prebiotics, corn maltodextrin, palm olein, soy oil, coconut oil, high oleic safflower oil or high oleic sunflower oil, prebiotics, DHA/ARA	No	Healthy term infants who are not exclusively breastfed
				Concentrate	12.1 oz.			
				Ready to Feed	33.8 oz. (4-8.45 oz.)			
Tier 2	Soy	Gerber Good Start Soy	Nestle Nutrition	Powder	12.9 oz.	20 cal per fl. oz., Milk free, Lactose free, hydrolyzed soy protein isolate, corn maltodextrin, palm olein, soy oil, coconut oil, high oleic safflower oil or high oleic sunflower oil, DHA/ARA	No	Parental Request Kosher and Halal Vegetarian/Vegan Families Cow's milk allergy or intolerance/Z91.011 Lactose Intolerance/E73.9 Galactosemia/E7421
				Concentrate	12.1 oz.			
				Ready to Feed	33.8 oz. (4-8.45 oz.)			
Tier 2	Rice Starch	Enfamil AR	Mead Johnson Nutrition	Powder	12.9 oz.	20 cal per fl. oz., Whey 20%, Casein 80%, lactose, rice starch, corn maltodextrin, prebiotics, palm oil, soy oil, coconut oil, high oleic sunflower oil, prebiotics DHA/ARA	Yes	In order for either of these non-contract rice added formulas to be provided by WIC, the following 2 conditions must be met: Diagnosis of Gastroesophageal reflux disease (GERD)/K21.0, K21.9 AND one of the following underlying conditions: Pneumonia/J690, Tube feed/Z97.8, GERD Surgery (Fundoplication/Z98.89), Poor weight gain/R62.51, Weight loss R63.4, and Drop of at least one weight channel on growth chart. Note: If weights are not provided, then weight will be obtained at the WIC clinic.
				Ready to Feed	2 oz.			
					8 oz.			
					32 oz.			
Tier 3	Casein Hydrolysate	Gerber Extensive HA	Nestle Nutrition	Powder	14.1 oz.	20 cal per fl. oz., extensively hydrolyzed, hypoallergenic 100% whey protein, 49% MCT, 90% corn maltodextrin, Probiotic B. lactic, DHA	Yes	Cow's milk allergy or intolerance/Z91.011 Soy protein allergy or intolerance/Z91.018 Food protein-induced Enterocolitis (FPIES)/K52.21
		Nutramigen	Mead Johnson Nutrition	Concentrate	13 oz.			
				Ready to Feed	2 oz.			
					32 oz.			
		Nutramigen with Enflora LGG	Mead Johnson Nutrition	Powder	12.6 oz.	Same composition as Nutramigen with Probiotic added (Only in powdered form)		
Tier 3	Extensively Hydrolyzed Casein Containing MCT Oil	Pregestimil	Mead Johnson Nutrition	Powder	12.1 oz.	20 cal per fl. oz., extensively hydrolyzed, hypoallergenic, Whey 70%, Casein 30% Lactose free, sucrose and modified tapioca starch, 33% MCT, corn maltodextrin, DHA/ARA Note: RTF does NOT contain corn maltodextrin (corn-free)	Yes	Malabsorption/K90.4
				Ready to Feed	8 oz.			
					32 oz.			
Tier 4	Amino Acid Elemental	Alfamino Infant	Nestle Nutrition	Powder	14.1 oz.	20 cal per fl. oz., hypoallergenic, free amino acid formula, lactose-free and gluten-free, fat blend containing MCT, DHA/ARA 20 cal per fl. oz., amino acids, Lactose, sucrose, soy, and gluten-free, hypoallergenic, 33% MCT, DHA/ARA 20 cal per fl. oz., hypoallergenic, amino acids, lactose, sucrose, soy, and gluten-free, 33% MCT, DHA/ARA 20 cal per fl. oz., hypoallergenic 100% free amino acids, corn syrup solids, 33% MCT Oil, DHA/ARA	Yes	Short bowel syndrome/K91.2 Necrotizing enterocolitis/P77.9 Eosinophilic esophagitis/K20.0 Severe allergy to cow's milk or intolerance/ Z91.011 with failure to Tier 3 formula Multiple food protein intolerance/K52.21 GI impairment Malabsorption/K90.4
		EleCare Infant	Abbott Nutrition	Powder	14.1 oz.			
		Neocate Infant DHA/ARA	Nutricia	Powder	14 oz.			
		PurAmino	Mead Johnson Nutrition	Powder	14.1 oz.			

*State WIC agencies are required by law to competitively bid infant formula rebate contracts with formula manufacturers in which the manufacturers provide a rebate for formula purchased by WIC participants. This translates into more women, infants, and children who can receive WIC benefits. The current WIC Formula Rebate Contract is with Nestle Nutrition. The following formulas are rebated and DO NOT require Medical Documentation: Gerber Good Start Gentle, Gerber Good Start Soy, and Gerber Good Start Soothe. Although Lactose Reduced formulas are not included in the Formula Algorithm due to the diagnosis being rare in infancy, Gerber Good Start Soothe is a lactose reduced (30%) formula that is rebated and included as a Georgia WIC Approved formula.

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Table 1 Term Infant
on other side →

Table 2 Pre Term Infant

Category	WIC Approved Product	Manufacturer	Form	Size	Composition	Medical Documentation Required	Indication/ICD-10
Human Milk Fortifier	Enfamil Human Milk Fortifier Acidified Liquid	Mead Johnson Nutrition	Liquid	5mLvial	Commercially sterile liquid, contains milk & soy ingredients	Yes	Intended for breast-fed babies who were born prematurely or with a low birth weight as a nutritional supplement added to preterm breast milk Prematurity/Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
	Similac Human Milk Fortifier	Abbott Nutrition	Powder ¹	0.9g	Powdered, contains milk & soy ingredients	Yes	Intended for breast-fed babies with a low birth weight as a nutritional supplement added to preterm milk Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
Premature Formulas Pre-Discharge (24 cal with increased amounts of protein, vitamins & minerals) ²	Enfamil Premature 20, 24, 30	Mead Johnson Nutrition	Ready to Feed	2oz.	Whey protein 60%, casein 40%; corn syrup solids, lactose, 40% of fat is MCT oil, increased protein, calcium, phosphorus, & vitamin D	Yes	Preterm/low birth weight infants with increased calorie, protein, vitamin, & mineral requirements. Prematurity/Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
	Similac Special Care 20, 24, or 30 with Iron	Abbott Nutrition	Ready to Feed	2oz.	Nonfat milk, whey protein concentrate, corn syrup solids lactose, 50% of fat is MCT, Lutein, increased protein, calcium, phosphorus, & vitamin D	Yes	Preterm/low birth weight infants with increased calorie, protein, vitamin, & mineral requirements. Prematurity/Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
Transitional Formulas Post-Discharge (22 cal with increased amounts of protein, vitamins & minerals) ²	Enfamil Enfacare	Mead Johnson Nutrition	Powder ¹	12.8oz.	Nonfat milk, whey protein concentrate, corn syrup solids, lactose, MCT oil, Lutein, increased calcium, phosphorus, & vitamin D	Yes	Preterm/low birth weight infants with increased calorie, vitamin, & mineral requirements. Prematurity/Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
			Ready to Feed	2 oz.			
				8oz.			
	Similac Neosure	Abbott Nutrition	Powder ¹	13.1oz.	Nonfat milk, whey protein concentrate, corn syrup solids, lactose, MCT oil, Lutein, increased calcium, phosphorus, & vitamin D	Yes	Preterm/low birth weight infants with increased calorie, vitamin, & mineral requirements. Prematurity/Low Birth Weight P07.2, P07.3, P07.10, P07.14-P07.18
			Ready to Feed	2oz.			
				1 qt.			

1 Powdered formulas are not sterile & should not be fed to premature infants or infants who might have immune problems unless directed and supervised by a physician. Taylor, CJ Health Professionals Letter on Enterobacter Sakazakii Infections Associated with the Use of Powdered (Dry) Infant Formulas in Neonatal Intensive Care Units. April 11, 2002. US Food and Drug Administration, Center for Food Safety and Applied Nutrition, Office of Nutritional Products, Labeling and Dietary Supplements.

Available at <http://www.fda.gov/Food/FoodSafety/Product-SpecificInformation/InfantFormula/AlertsSafetyInformation/ucm111299.htm>

2 To bridge the change from preterm to standard infant formulas in formula-fed infants, "transitional" formulas with intermediate nutrient density have been developed for feeding the preterm infant as weight approaches 2000 g and the time of hospital discharge nears. These formulas may be mixed to 22 or 24 kcal/oz. In general, there is a paucity of data on what to feed the preterm infant after hospital discharge, especially if the goal is to achieve "catch-up" growth. How fast these preterm infants (and especially those born small for gestational age) should demonstrate catch-up growth after hospital discharge is an area of critical need of research given the increased risk of these infants developing metabolic syndrome later in life.

Pediatric Nutrition Handbook, AAP 2009.

Note - Soy protein-based formulas are not recommended for preterm infants. American Academy of Pediatrics, Committee on Nutrition. Use of Soy-Protein-Based Formulas in Infant Feeding. Pediatrics. 2008. Vol 121/Issue 5

Visit wic.ga.gov for additional Georgia WIC resources.

Adapted from Source: Nutrition4Kids.com Stanley Cohen, MD and Bailey Koch, RD, CSP

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