

Chapter Four

Food Package – Formula

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Section A

Formula Terminology

Contract Formula

Contract formulas are formulas for which the Arizona WIC Program has contracted with the formula manufacturer to receive a rebate when purchased by a WIC participant.

Standard Contract Formulas

Standard contract formulas (20 kcal/oz) are routine contract formulas provided by the Arizona WIC Program that do not require medical documentation. The Arizona WIC Program provides the two following standard contract formulas:

- Similac Advance
- Similac Soy Isomil

Nineteen kcal/oz Contract Formulas

Nineteen kcal/oz contract formulas are a type of contract formula that require medical documentation since they do not meet the USDA's definition of infant formula due to lower kcal/oz concentration. The Arizona WIC Program provides the three following 19 kcal/oz contract formulas:

- Similac Sensitive
- Similac For Spit-Up
- Similac Total Comfort

Non-Contract Formula

Non-contract formulas are formulas that are nutritionally equivalent to contract formulas, but for which the Arizona WIC Program does not receive a manufacturer's rebate. Cost containment measures significantly restrict the approval/issuance of these formulas. Approval/issuance of these formulas requires medical documentation and they are reserved only for [specific situations](#). The Arizona WIC Program's non-contract formulas include, but are not limited to:

- Enfamil Infant
- Gerber Good Start Gentle
- Gerber Good Start Soy
- Enfamil Prosobee
- Enfamil Gentlease
- Gerber Good Start Soothe
- Enfamil Reguline
- Enfamil AR

Special Formula

Special formulas are formulas for which the Arizona WIC program does not receive a manufacturer's rebate, and are intended for use by participants who have inborn errors of metabolism, premature or low birth weight infants, or participants who otherwise have a documented medical or dietary condition. The Arizona WIC Program's special formulas include, but are not limited to:

- Similac Alimentum
- Nutramigen with Enflora LGG
- Gerber Extensive HA
- Similac Neosure
- Enfamil Enficare
- Elecare for Infants
- Pregestimil
- PurAmino
- Alfamino Infant
- Neocate Infant

For a list of Arizona WIC Program's special formulas, reference the [Arizona WIC Program's Formulary](#).

WIC-Eligible Nutritionals

WIC-eligible nutritionals are a subcategory of special formulas that are specifically formulated to provide enteral nutrition support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals shall serve the purpose of a food, meal, or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme. The Arizona WIC Program's WIC-eligible nutritionals include, but are not limited to:

- Elecare Junior
- Alfamino Junior
- Neocate Junior
- Carnation Breakfast Essentials
- Ensure
- Glucerna Meal Bars
- Glucerna Shake

For a list of Arizona WIC Program's WIC-eligible nutritionals, reference the [Arizona WIC Program's Formulary](#).

Conditionally Special Formula

Conditionally special formulas are a subcategory of WIC-eligible nutritionals that must also meet [additional Arizona WIC conditions](#) for approval. The Arizona WIC Program provides the three following conditionally special formulas:

- Pediasure
- Pediasure with Fiber
- Boost Kid Essentials

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Section B Medical Documentation

Medical Documentation is Required for:

- 19 kcal/oz contract formulas
- Non-contract formulas
- Special formulas
- Conditionally special formulas
- WIC-eligible nutritionals
- Any formula prescribed to a child or adult
- Any supplemental foods issued to participants receiving FFPIII, unless defaulted to RD or State-Approved Nutritionist by prescriptive authority
- Standard contract formulas only when:
 - Requested for a child/adult
 - Approved, current medical documentation for another formula exists in HANDS
- For infants 6-11 months, higher amounts of formula and no infant foods
- The following milk alternatives:
 - Skim/1% milk for children one year of age
 - Whole milk for participants two years of age and older

Note: For more information regarding the issuance of milk alternatives, review [Chapter 3, Section N.](#)

Acceptable Forms of Written Medical Documentation

- [Formula and Food Request](#)
- Doctor's Prescription Form
- Doctor's Letterhead with Prescription

Prescriptive Authority

Domestic and international medical documentation shall only be accepted if completed by medical professionals with one or more of the following credentials, signifying them as prescriptive authorities:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Naturopathic Physician (N.M.D.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)
- Certified Nurse Midwife (C.N.M.)
- Homeopathic Medical Doctor (H.M.D.)

Examples of providers without prescriptive authority in the Arizona WIC Program include, but are not limited to:

- C.E.D. Prof. – Professional ID Card (Mexico)
- C.E.D. Especialista (Mexico)
- D.C. - Chiropractors
- M.A. - Medical Assistant

Written Medical Documentation Requirements

Any written form of medical documentation shall include the following as found on the [Formula and Food Request](#):

- Patient (WIC Participant) name*
- Patient (WIC Participant) date of birth*
- Date that medical documentation was completed
- Name of formula
- Form of formula (e.g., ready-to-feed, powder, or concentrate)
- Amount of formula requested per day
- Diagnosis or explanation of need
- Length of time for food and/or formula request
- Allowable supplemental foods and prescribed amounts if authorization has not defaulted to the agency's Registered Dietitian or State-Approved Nutritionist
- Signature of the prescriptive authority requesting the formula (signature stamps and facsimiles are acceptable)
- Contact information for the prescriptive authority requesting the formula
- Indication of credentials signifying prescriptive authority

Note: * May be completed by authorized representative even after signed by prescriptive authority.

Verbal Medical Documentation

Verbal medical documentation shall be obtained following the steps that apply when [Invalid Medical Documentation/No Medical Documentation Exists](#), and is acceptable when received from a prescriptive authority. Verbal medical documentation shall be recorded in the participant's Notes with all the requirements listed below, and written medical documentation shall be requested to be received from the prescriptive authority within 30 days.

Verbal Medical Documentation Requirements

- Patient (WIC Participant) name
- Patient (WIC Participant) date of birth
- Date that medical documentation was completed
- Name of formula
- Form of formula (e.g., ready-to-feed, powder, or concentrate)
- Amount of formula requested per day
- Diagnosis or explanation of need
- Length of time for food and/or formula request
- Allowable supplemental foods and prescribed amounts if authorization has not defaulted to the agency's Registered Dietitian or State-Approved Nutritionist
- Name of the prescriptive authority requesting formula
- Contact information for the prescriptive authority requesting the formula
- Indication of credentials signifying prescriptive authority

Partially Complete Medical Documentation

Medical documentation is considered partially complete if it is missing one or more of the [written medical documentation requirements](#), but contains, at a minimum:

- Name of formula requested
- Diagnosis
- Prescriptive authority's signature

If partially complete medical documentation is received, RDs, RNs, and State-Approved Nutritionists shall take the following steps.

- 1) Attempt to contact the prescriptive authority that completed the medical documentation to obtain the missing required information verbally. If successful, scan the medical documentation into HANDS and issue the requested formula for up to three months. Document in HANDS the missing information obtained in addition to the name of the person that verbally provided the information. Also request that the prescriptive authority provide the complete written medical documentation within 30 days (e.g., via fax).
 - 1a) If the complete written medical documentation has not been received after the original issuance period (up to three months), the Local Agency shall not issue additional formula without first contacting the State Food Package Specialist or a WIC Nutrition Consultant for consent to do so.
- 2) If the prescriptive authority cannot be reached, scan the partially complete medical documentation into HANDS and issue one month of the requested formula. Continue to take steps to obtain complete written medical documentation:
 - Continue attempts to contact the prescriptive authority and/or
 - Ask the participant to return with complete written medical documentation
 - 2a) If complete written medical documentation has not been received after the original one-month issuance period, the Local Agency shall not issue additional formula without first contacting the State Food Package Specialist or a State WIC Nutrition Consultant for consent to do so.

Invalid Medical Documentation/No Medical Documentation Exists

Written medical documentation is considered invalid if it is missing one or more of the following requirements:

- Name of formula requested
- Diagnosis
- Prescriptive authority's signature

Additionally, complete written medical documentation may be deemed invalid by RDs, RNs, and State-Approved Nutritionists for reasons including, but not limited to:

- The type of formula requested is contraindicated for the participant
- The diagnosis doesn't correspond to the type of formula requested
- The medical documentation is received after the "Length of time for Food and/or Formula Request" has expired (e.g., medical documentation was completed in February and the formula was requested for three months, but the medical documentation wasn't received until June.)

If the RD/RN /State-Approved Nutritionist has received invalid medical documentation or no medical documentation exists, they shall take the following steps:

- 1) Attempt to contact the prescriptive authority who provided the invalid medical documentation, or a prescriptive authority indicated by the participant in cases where no medical documentation exists, to obtain [verbal medical documentation](#). If successful, issue one month of the requested alternative formula. Document the required information in HANDS in addition to the name of the person that verbally provided the information. Also request that the prescriptive authority provide complete medical documentation within 30 days (e.g., via fax). Invalid medical documentation is not required to be scanned into HANDS.
- 2) If the prescriptive authority cannot be reached, issue one month of the requested formula (when appropriate), but if the formula requested is contraindicated, or no formula name has been requested, consider the same factors that apply when [changing formulas](#) to select and issue one month of an indicated formula. Continue taking steps to obtain complete written medical documentation:
 - a. Continue attempts to contact the prescriptive authority and/or
 - b. Ask the participant to return with complete written medical documentation
- 2a) If complete written medical documentation has not been received after the original one-month issuance period, the Local Agency shall not issue additional formula without first contacting the State Food Package Specialist or a WIC Nutrition Consultant for consent to do so.

Section C

Formula Approval/Issuance

All medical documentation for requested formulas/foods shall be evaluated and approved by Local Agency designated Registered Dietitians (RDs)/State-Approved Nutritionists or Registered Nurses (RNs). RDs/State-Approved Nutritionists shall meet the requirements as defined in [Chapter 7](#). Registered Nurses shall have a four-year degree and specialize in infant and child health. Registered Nurses shall also have been trained in HANDS and approved by the Local Agency's State Nutrition Consultant.

In order for medical documentation to be approved, it must contain [all medical documentation requirements](#). WIC staff shall not write on written medical documentation after it has been signed by a prescriptive authority including, but not limited to, the completion of required information. All contract formulas appropriate for a condition shall be considered before approval/issuance of special, or non-contract formulas. The RD/RN/State-Approved Nutritionist must also critically evaluate the written medical documentation before approval. For example:

- Is the written medical documentation complete?
 - If not, would it be considered [partially complete](#) or [invalid](#)?
- If a special formula or non-contract formula has been requested, is there a contract formula for the medical concern that would be an appropriate alternative?
- Is the medical documentation current (received within the length of time requested)?
- Is the type of formula requested appropriate for the medical condition and age of the participant? (e.g., a WIC-eligible nutritional that is designed for use at one year of age or older is requested for an infant, this would not be appropriate.)
- Does the diagnosis or explanation of need correspond with the type of formula requested? (e.g., Similac PM 60/40 requested for a diagnosis of "formula intolerance" would not be appropriate)

If the RD, RN, or State-Approved Nutritionist has received complete, accurate written medical documentation, the medical documentation shall be scanned into the HANDS Food Package screen, and the requested formula/foods shall be located, approved, and issued in HANDS. **If a formula or food package cannot be located in HANDS that meets the client's needs, the RD, RN, or State-Approved Nutritionist shall contact the State Food Package Specialist to inquire about options.**

Formula for Women and Children with Medical Documentation

Women and children with special dietary needs may receive formula if a physician determines that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of formula. New medical documentation for these women and children is required for all standard contract formulas, 19 kcal/oz contract formulas, non-contract formulas, special formulas, WIC-eligible nutritionals, conditionally special formulas, and supplemental foods requiring medical documentation at least yearly.

Supplemental Food Tailoring for Infants, Children, and Women with Medical Documentation

When medical documentation has been received, only RDs, RNs, or State-Approved Nutritionists shall tailor WIC supplemental foods for infants and children. Supplemental food tailoring shall correspond to the indications selected by the prescriptive authority on the medical documentation provided. **If the prescriptive authority has defaulted to the RD/Nutritionist for the selection of appropriate foods to issue to the participant, the RD, RN, or State-Approved Nutritionist shall complete a nutritional assessment to determine foods that are appropriate with consideration to the participant's health condition(s).** In the event that the RD, RN, or State-Approved Nutritionist believes that the supplemental foods requested by the prescriptive authority are contraindicated for the participant, they shall coordinate with the prescriptive authority to determine which food items the participant can safely consume. Local Agency RDs, RNs, or State-Approved Nutritionists shall coordinate with the participant's health care provider whenever they believe that the supplemental foods issued to the participant should change.

Absence of Local Agency WIC Clinic RD/State-Approved Nutritionist

In the absence of an RD/RN/State-Approved Nutritionist from the Local Agency WIC clinic, the Local Agency staff member shall take the following steps upon receipt of medical documentation:

- 1) Attempt to contact an RD/RN/State-Approved Nutritionist at another WIC clinic within the local agency for approval.
- 2) If an RD/RN/State-Approved Nutritionist at another WIC clinic within the local agency cannot be reached, attempt to contact a WIC Nutrition Consultant at the AZ WIC State Office for approval.
- 3) Only in the event that an RD/RN/State-Approved Nutritionist/WIC Nutrition Consultant is not able to be reached for approval, issue a one-month supply of the requested formula (may be any formula type listed in [Section A](#) with the exception of non-contract formulas) and foods pending the Local Agency RD/RN/State-Approved Nutritionist's approval.

Approval/Issuance of Standard Contract Formulas

WIC Competent Professional Authorities (CPAs) (Nutrition Education Specialists (NESs), Community Nutrition Workers (CNWs), Registered Dietitians (RDs) etc.) may issue standard contract formulas to infant participants without medical documentation (or in the event that medical documentation has been received for a standard contract formula and no current, approved medical documentation exists in HANDS) until the participant reaches one year of age. However, when medical documentation for a standard contract formula has been provided, and current, approved medical documentation exists in HANDS, it must be approved by an RD, RN, or State-Approved Nutritionist, who may approve it for up to the length of time requested by the prescriptive authority.

Approval/Issuance of Routine 19 kcal/oz Contract Formulas

Nineteen kcal/oz contract formulas require medical documentation, but do not require specific medical diagnoses to be indicated and, therefore, may be approved for determinations such as "formula intolerance" or "inappropriate growth patterns." Medical documentation for these formulas must be approved by an RD, RN, or State-Approved Nutritionist, who may approve them for up to the length of time requested by the prescriptive authority.

Approval/Issuance of Non-Contract Formulas

Issuance of non-contract formula is reserved to the following circumstances with complete medical documentation:

- 1) Transition to an alternate contract formula is medically contraindicated for pre- or post-operative recovery where formula transition would put the participant at risk for compromised nutritional status impacting growth and development.
- 2) NICU discharge warrants continuation of a tolerated non-contract formula to avoid weight loss in the recovery of a previous Failure to Thrive infant (WIC code 134) or infant who has experienced inadequate growth (WIC code 135).
- 3) Participants with a genetic or congenital disorder (WIC code 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- 4) Participants diagnosed with central nervous system disorders (WIC code 348) and/or genetic/congenital disorders (WIC code 349) where formula transition would put the participant at risk for compromised nutritional status impacting growth and development.

After assessment, if a participant meets one of the four previously mentioned criteria for non-contract formula with valid medical documentation, the Local Agency shall contact the State Food Package Specialist or a State WIC Nutrition Consultant for consent for approval. Local Agencies' policies differ regarding which individuals may contact the State WIC Office to discuss the approval of Non-Contract Formulas, so it is recommended that WIC staff be familiar with Local Agency policy before contacting the State WIC Office. After consent is provided by the State employee and approved in HANDS, all relevant medical information shall be documented in the notes section in HANDS.

If medical documentation has been received, but the infant does not meet the criteria for non-contract formula issuance, the Local Agency RD/RN/State-Approved Nutritionist shall take the same steps that apply when [invalid/no medical documentation exists](#).

One month of any non-contract formula shall not be issued without prior consent for approval from the State Food Package Specialist or a State WIC Nutrition Consultant.

Out-of-state transfer using non-contract formula

- 1) If a participant transfers from another state and requests a non-contract formula (without medical documentation), explain to the participant or caregiver transferring into Arizona that each state may have different contract formulas.
- 2) If the participant is consuming a formula for which there is a comparable standard contract formula, the Local Agency CPA shall recommend transitioning to the comparable standard contract formula and issue it to the participant if agreed upon by the participant.
- 3) If problems arise with the comparable standard contract formula, or if the participant is consuming a formula for which the comparable formula for the non-contract formula is a 19 kcal/oz contract formula, then the Local Agency RD/RN/State-Approved Nutritionist shall take the same steps that apply when [invalid/no medical documentation exists](#).

Approval/Issuance of Special Formulas

Special formulas require medical documentation to specify medical diagnoses that correspond to the formula requested. Medical documentation for these formulas must be approved by an RD, RN, or State-Approved Nutritionist, who may approve them for up to the length of time requested by the prescriptive authority.

Special formulas are not authorized for participants receiving Food Package III whose conditions can be successfully managed by contract formulas, or one of the standard food packages. They shall also not be authorized for non-specific food or formula intolerance and are not to be authorized for the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

For any special formula issuance, participants shall be instructed on how to obtain the formula. WIC staff shall ensure participants know whether the formula can be found on the retail shelf or must be ordered through a store pharmacy. Refer to the [Formula Color Chart](#) or the [Arizona WIC Program's Formulary](#) for more information regarding where formulas may be typically obtained. For pharmacy special order products, WIC staff shall assist the participant in finding a pharmacy that can order the product. The first time a product is ordered for a client, it may be necessary to order the product for them.

Staff approving special formulas must also consider if the participant may qualify to receive the formula from the Arizona Health Care Cost Containment System (AHCCCS). If a participant requiring a special formula is participating in AHCCCS, it is the responsibility of the WIC RD/RN/State-Approved Nutritionist to review the following criteria for AHCCCS Special Formula coverage and explain the process of receiving the formula from AHCCCS to the participant if they qualify.

- A) AHCCCS tube feeding
 - 1) When a request comes in for medical nutritional therapy for a tube feeding for a WIC participant who is also participating in the Arizona Health Care Cost Containment System (AHCCCS), WIC staff shall refer the client back to their AHCCCS primary care doctor for coordination. The tube feeding formula is a covered AHCCCS expense and shall be processed as a prior authorization. (Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form is not required)
 - 2) If the AHCCCS client receives both tube feeding formula and oral supplemental nutritional feeding, both products are a covered AHCCCS expense and shall be processed as a prior authorization. (Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form is not required)

B) AHCCCS commercial oral nutritional supplements (special formulas)

AHCCCS defines a commercial oral nutritional supplement as a formula that provides nourishment and increased calorie intake of other age-appropriate foods or as the sole source of nutrition. WIC refers to these nutritional supplements as special formulas.

- 1) When a request comes in for a special formula for an AHCCCS client, WIC staff shall follow the below procedures:
 - a) The WIC RD, RN, or State-Approved Nutritionist shall assess if the client meets the following criteria from the AHCCCS EPSDT Policy 430 Requirements to determine medical necessity:

Member Meets the Criteria in the Left Column <u>OR</u> Meets at Least Two Criteria in the Right Column	
<ul style="list-style-type: none"> Member has been diagnosed with a chronic disease or condition, is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the American Academy of Pediatrics, and there are no alternatives for adequate nutrition. 	<ul style="list-style-type: none"> Member is at or below the 10th percentile for weight-for-length/BMI, on the appropriate growth chart for their age and gender, for 3 months or more. Member has reached a plateau in growth and/or nutritional status for more than 6 months, or more than 3 months if member is an infant less than 1 year of age. Member has already demonstrated a medically significant decline in weight within the 3-month period prior to the assessment. Member is able to consume/eat no more than 25% of nutritional requirements from age-appropriate food sources.
Additionally, Both of the Following Requirements Must be Met	
<ul style="list-style-type: none"> The member has been evaluated and treated for medical conditions that may cause problems with growth (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc.), AND The member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration. 	

- b) If a client meets the AHCCCS criteria, WIC staff shall refer them back to their primary care doctor to process and submit the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form to the Health Care Plan. Staff may also provide the client with a copy of the AHCCCS referral letter (see Appendix D).
 - (1) WIC staff shall issue a supply of formula each month until AHCCCS approval is completed.
 - (2) If special formula coverage is denied by the health care plan, but the RD, RN, or State-Approved Nutritionist believes that the client should have qualified to receive the formula from AHCCCS, they shall contact the State Food Package Nutritionist for assistance
- c) If the criteria are not met, the WIC RD/RN/State-Approved Nutritionist shall tailor an appropriate package to meet the client's needs.

NOTE: WIC participants may receive formula from AHCCCS and a food package from the Arizona WIC Program.

Approval/Issuance of WIC-Eligible Nutritionals

Since WIC-eligible nutritionals are a subcategory of special formulas, all of the same considerations that apply to the [Approval/Issuance of Special Formulas](#) also apply to WIC-eligible nutritionals. Additionally, most WIC-eligible nutritionals are intended for children one year of age or older and women. Therefore, any WIC-eligible nutritional intended for participants one year of age and older shall not be provided to infants.

Approval/Issuance of Conditionally Special Formulas

Since conditionally special formulas are a subcategory of WIC-eligible nutritionals, all of the same considerations that apply to the [Approval/Issuance of Special Formulas](#) and the [Approval/Issuance of WIC-Eligible Nutritionals](#) also apply to the approval/issuance of conditionally special formulas. Issuance of PediaSure, PediaSure with Fiber, and Boost Kid Essentials also requires the Local Agency RD, RN, or State-Approved Nutritionist to:

- Complete a thorough assessment and document all medical, nutritional, or psychosocial risk factors in the Notes section in HANDS.
- Obtain a current height and weight for accuracy in growth assessment.
- Provide nutrition education on nutrient-dense foods to help promote weight gain. This shall be documented in the Notes section in HANDS.

Additionally, medical documentation for Pediasure, Pediasure with Fiber, and Boost Kid Essentials can only be approved and food benefits issued when at least one of the following conditions exist:

- At or below the 5th percentile
 1. Children one year of age measured recumbently, if weight for length is at or below the 5th percentile on the “WHO - WEIGHT FOR LENGTH” growth chart in HANDS (Risk code 103.1 or 103.2).
 2. Children two to five years old measured standing, if BMI for age is at or below the 5th percentile on the “CDC – BMI FOR AGE” growth chart in HANDS (Risk Code 103.1).
 3. Children 24-36 months measured recumbently (indicate recumbent measurement in HANDS), if weight for length is at or below the 5th percentile on the “CDC – WEIGHT FOR LENGTH 24-36” growth chart in HANDS.
- Weight curve has crossed more than two percentile lines on the growth charts after having achieved a previously stable pattern (e.g., the child has dropped from the 75th to the 25th percentile over time)
- Other medical conditions for the management of nutrition-related disorders

For all other questionable conditions, contact the State office for technical assistance.

NOTE: Pediasure, Pediasure with Fiber, and Boost Kid Essentials cannot be issued for the following reasons:

- In response to picky eaters.
- For the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

Formula Changes

When approved medical documentation exists in HANDS and new approved medical documentation has been received, the new medical documentation will supersede the previously approved medical documentation. If however, approved medical documentation exists in HANDS and new medical documentation has not been received, an alternative formula cannot be issued during the approved medical documentation length of time without following the same steps that apply when [No Medical Documentation Exists](#). This includes situations when a participant requests a different formula or a WIC staff member believes a different formula is indicated (e.g., premature infant has gained a significant amount of weight and RD believes that Neosure is no longer indicated and Similac Advance would now be appropriate). Sometimes formula changes also occur when no medical documentation has been received at all, such as a client requesting another formula after their child experiences signs of formula intolerance to a standard contract formula, or when a [WIC client transferring from another state requests that their child remains on an Arizona WIC non-contract formula](#).

Other than situations when new, valid medical documentation has been received, whenever an alternative formula is being considered, it is important to complete a nutrition assessment, evaluate several factors, and obtain medical documentation (if [required for the formula](#)). Factors include but are not limited to:

- How is the current formula being prepared?
- How is the current formula being stored after preparation?
- After the baby has been fed, what is done with formula left in the bottle?
- How many ounces of the current formula is the baby drinking during the day?
- In what position is the baby being held during feedings?
- How often is the baby burped during feedings?
- Have any solid foods been started?
- Family history of allergies (e.g., milk, corn, soy, etc.)
- Medications the infant is taking
- The patient's symptoms such as:
 - Diarrhea
 - Vomiting
 - Watery, frothy stools
 - Abdominal distension
 - Bloody stools
 - Abdominal pain
 - Skin rash
 - Congestion
 - Chronic runny nose
 - Wheezing
 - Coughing
- How long the infant has been experiencing symptoms
- Other recent infant illnesses

Note: Any time a food package change occurs (including a formula change), include the information and the reason for the change in the Notes tab in HANDS.

Section D

Issuance of Formula for the Premature Infant

Feeding recommendations for infants born <37 weeks gestation include introduction to cow's milk at 12 months **corrected** age (CA).

CA is based on the age the infant would be if the pregnancy had gone to term. The CA is calculated by subtracting the number of weeks premature from the actual age. Remember that each month has an average of 4.35 weeks.

Example 1: If an infant was 6 weeks premature and the infant's actual age is 13 weeks, then the infants corrected age would be 7 weeks.

$$\begin{aligned} &(\text{actual age}) - (\text{weeks premature}) = (\text{corrected age}) \\ &3 \text{ months (13 weeks)} - 6 \text{ weeks} = 7 \text{ weeks} \end{aligned}$$

Example 2: If an infant was 10 weeks premature and the infant's actual age is 1 year 6 weeks, then the infants corrected age would be 11 months (48 weeks).

$$\begin{aligned} &(\text{actual age}) - (\text{weeks premature}) = (\text{corrected age}) \\ &1 \text{ year 6 weeks (58 weeks)} - 10 \text{ weeks} = 11 \text{ months (48 weeks)} \end{aligned}$$

The Local Agency WIC RD, RN, or State-Approved Nutritionist shall base feeding recommendations of the premature infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth. It is at the Local Agency RD/RN/State-Approved Nutritionist or referring medical provider's discretion to extend the use of infant formula up to one year (52 weeks) CA. If the need for continued formula past one year corrected age is apparent, [medical documentation](#) is required.

Section E

Issuance of Powder/Concentrate/Ready-to-Feed Formula

Local Agencies must issue all formula in concentrated liquid or powder physical forms with the exception of the following scenarios that permit the issuance of ready-to-feed formula.

Ready-to-feed formula for standard contract formulas may be issued without medical documentation when a CPA determines and documents that one of the following situations applies:

- The participant's household has an unsanitary or restricted water supply
- There is poor or no refrigeration available
- The caregiver may have difficulty correctly diluting concentrated liquid or powdered formula

In addition to the scenarios listed above, ready-to-feed formulas may also be issued to participants with medical documentation when the RD/RN/State-Approved Nutritionist determines and documents that one of the following situations applies:

- No other forms of the prescribed formula are available
- A ready-to-feed formula better accommodates the participant's condition
- A ready-to-feed formula improves the participant's compliance in consuming the prescribed WIC formula

Section F

Issuance of Liquid Formula for Premature, Low Birth Weight, and Immunocompromised Infants

Although liquid infant formula is commercially sterile, powdered infant formula is not. Powdered infant formula contains low levels of Cronobacter bacteria. These bacteria have been associated with sepsis, meningitis, cerebritis and necrotizing enterocolitis. Premature infants, low birth weight infants or immunocompromised infants are at particular risk.

Improper preparation and refrigeration of powdered infant formula can cause an increase in the level of contamination of Cronobacter in powdered formula.

The Arizona WIC Program shall issue liquid concentrate infant formula, which is commercially sterile, to premature (<37 weeks gestational age), low birth weight infants (less than 2,500 grams (5.5 pounds)), and/or immunocompromised infants until six months corrected age.

When liquid concentrate is not available in a requested formula, ready-to-feed formula shall be chosen. Powdered formula shall only be issued to premature, low-birth weight, and/or immunocompromised infants when a prescriptive authority's medical documentation indicates the request for powdered formula.

Section G

Formula Calorie Adjustments

Participants should adjust the calories of a formula as indicated by their prescriptive authority. It is recommended to review the calorie adjustments provided by the prescriptive authority with the participant to verify the participant's understanding/ability to prepare the formula as indicated and to verify that the doctor's formula preparation instructions are correct for the desired kcal/oz concentration. Please reference the [Formula Calorie Adjustment Charts](#) in these situations.

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Section H

Tailoring Formula and Food Packages

Formula Tailoring

CPAs shall tailor the amount of formula that a participant receives to reflect the amount of formula that the participant will most likely consume during the benefit issuance period. The formula tailoring calculation and associated example below provide an outline of how to estimate the amount of formula a participant is consuming, but it is important to ask probing questions to more clearly establish approximately how much formula the participant is expected to consume during the benefit issuance period. It is also important to consider the age and category of the participant since these factors play an important role in the maximum quantity of infant formula provided monthly by WIC. Please refer to the infant sections in [Chapter 3](#) for maximum formula volumes by age and category. The [Formula Tailoring Chart](#) may also be used as a tool to help tailor the most common formulas and help determine the appropriate participant category to assign, based on the participant's formula needs during the issuance period.

Formula Tailoring Calculation

1. Calculate the approximate amount of formula (in ounces) the client consumes each day and multiply it by the number of days in the month to give the total monthly volume.
2. Determine the ounces of prepared formula that one can of formula shall provide. Prepared ounces vary by formula.
3. Divide the total monthly volume by the ounces one can of prepared formula provides to establish the approximate number of cans the client shall need for the month.

Example: An infant is partially breastfed and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.4 ounces and reconstitutes to 90 fl. ounces per can.

1. 12 ounces per day x 31 days = 372 fl. ounces per month
2. 1 -12.4 ounce can of Similac Advance = 90 fl. ounces per can
3. 372 fl. ounces per month/90 fl. ounces per can = 4.133 cans per month
4. Round 4.1333 cans per month up to 5 cans per month.

Section I Issuance of Low Iron Formula

Low iron infant formula may only be issued to medically fragile infants in Food Package III and requires medical documentation with a corresponding medical condition. Conditions include, but aren't limited to, renal insufficiency and iron storage disorders.

NOTE: Spitting up, diarrhea, constipation, and colic are not acceptable reasons for issuing low iron formula.

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Appendix A:
Arizona WIC Program's Formula and Food Request Form

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Formula and Food Request

Please Complete All Sections

1. Patient's Name: _____

2. Patient's Date of Birth: _____

3. Type of Formula Requested

Formula Name	Powder	Concentrate	RTF
Similac Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Soy Isomil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Similac Sensitive	<input type="checkbox"/>	NA	<input type="checkbox"/>
Similac for Spit-up	<input type="checkbox"/>	NA	NA
Similac Total Comfort	<input type="checkbox"/>	NA	NA
Alimentum*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Nutramigen*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gerber Extensive HA*	<input type="checkbox"/>	NA	NA
Similac Neosure*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Enfamil Enfacare*	<input type="checkbox"/>	NA	<input type="checkbox"/>
Pediasure*	NA	NA	<input type="checkbox"/>
<small>*Must meet WIC criteria for issuance</small>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies [\(see AHCCCS Exhibit 430-2\)](#)

4. Diagnosis (select one or more diagnoses)

Gastroesophageal Reflux Disease	<input type="checkbox"/>
Severe Food Allergy	<input type="checkbox"/>
Intestinal Malabsorption	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>
Low Birth Weight	<input type="checkbox"/>
Prematurity	<input type="checkbox"/>
Developmental Disorder	<input type="checkbox"/>
Metabolic Disorder	<input type="checkbox"/>
Immune System Disorder	<input type="checkbox"/>
Inappropriate Growth Patterns*	<input type="checkbox"/>
Formula Intolerance*	<input type="checkbox"/>
Other Diagnosis:	

*May only be selected for Similac Sensitive, Spit-up, or Total Comfort

5. Amount of Formula Requested Per Day

☐ WIC Maximum OR Prepared Fluid Ounces per day: _____

6. Length of Time for Food and/or Formula Request

☐ Until first birthday OR Number of Months: _____

7. WIC Foods

Depending on age and category, WIC foods may include whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, juice, and infant fruits, vegetables, and meats.

The WIC Registered Dietitian/Nutritionist will determine which foods to provide unless indicated below

☐ Check this box to **NOT GIVE ANY** WIC Foods to this patient starting at age 6 months and beyond or

List specific WIC Foods to **NOT GIVE** to this patient starting at age 6 months

8. Healthcare Provider's Information

Healthcare Provider's Title (circle one) M.D., D.O., P.A., N.P., N.M.D., C.N.M., H.M.D.

Provider's Name: _____ Provider's Phone Number: _____

Provider's Signature: _____ Today's Date: _____

Visit <http://azdhs.gov/prevention/azwic/physicians> for additional information or copies of this document.

Revised 12.10.18

Appendix B:
AHCCCS Referral Letter and Form

DRAFT

Date:

Re: (WIC Participant)

Dear Doctor,

Based on AHCCCS policy 430, WIC is referring AHCCCS covered WIC participants who receive enteral feedings or who qualify for medically necessary commercial oral nutritional supplements to their Primary Care Physician (PCP) for nutritional therapy.

According to AHCCCS policy 400 Section 430 III. A. f., if an AHCCCS covered EPSDT member qualifies for nutritional therapy **due to a medical condition**, AHCCCS Contractors are the primary payor for special formulas and commercial oral nutritional supplementation.

AHCCCS covers nutritional therapy for EPSDT-Eligible members on an enteral, parenteral, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake. Prior authorization (PA) is required for commercial oral nutritional supplements.

The PCP or attending physician must complete and submit the AHCCCS approved form, "Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" (Exhibit 430 Attachment B) to obtain PA from the Contractor. If the member meets two of the seven criteria listed on the form, AHCCCS supplies the commercial oral nutrition supplements. Please complete the enclosed form and process the form as a prior authorization.

Thank you for working with us on this procedure.

(Name) _____
(WIC Nutritionist)
(Local WIC clinic address)
(Phone number)



AHCCCS MEDICAL POLICY MANUAL

**POLICY 430, ATTACHMENT B – AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR
COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS (EPSDT AGED MEMBERS-INITIAL OR
ONGOING REQUESTS)**

MEMBER INFORMATION

Member AHCCCS ID Number: _____

Contracted Health Plan: _____

Member Name: _____ Date of Birth: _____
Last First Initial

Member Address: _____

Assessment performed by: _____ AHCCCS Provider ID: _____

Provider Specialty: _____ Telephone Number: _____ Assessment Date: _____

TYPE OF REQUEST ☐ Initial ☐ Ongoing **PREFERRED SUPPLEMENT TYPE:** _____
Substitution Permissible: ☐ Yes ☐ No

TYPE OF NUTRITION FEEDING

☐ Weaning from Tube Feeding ☐ Oral Feeding – Sole Source ☐ Oral Feeding – Supplemental
☐ Emergency Supplemental Nutrition

ASSESSMENT FINDINGS: Indicate which of the following criteria have been met to support that oral supplemental nutritional feedings are medically necessary. (Supporting documentation dated no earlier than 3 months prior to the date of this request must be submitted with the Certificate of Medical Necessity to support each of the criteria selected below.)



AHCCCS MEDICAL POLICY MANUAL

**POLICY 430, ATTACHMENT B – AHCCCS CERTIFICATE OF MEDICAL NECESSITY FOR
COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS (EPSDT AGED MEMBERS-INITIAL OR
ONGOING REQUESTS)**

Member Meets the Criteria in the Left Column <u>OR</u> Meets at Least Two Criteria in the Right Column	
<input type="checkbox"/> Member has been diagnosed with a chronic disease or condition, is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the American Academy of Pediatrics, and there are no alternatives for adequate nutrition.	Use the space below, to indicate which <u>two</u> or more criteria have been met: <input type="checkbox"/> Member is at or below the 10th percentile for weight-for-length/BMI, on the appropriate growth chart for their age and gender, for 3 months or more. <input type="checkbox"/> Member has reached a plateau in growth and/or nutritional status for more than 6 months, or more than 3 months if member is an infant less than 1 year of age. <input type="checkbox"/> Member has already demonstrated a medically significant decline in weight within the 3 month period prior to the assessment. <input type="checkbox"/> Member is able to consume/eat no more than 25% of nutritional requirements from age-appropriate food sources.
ADDITIONALLY, BOTH OF THE FOLLOWING REQUIREMENTS MUST BE MET	
<ul style="list-style-type: none"> • The member has been evaluated and treated for medical conditions that may cause problems with growth (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc.), AND • The member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration. ** Refer to APM Policy 430. 	

Initial and Ongoing Certificate of Medical Necessity is valid for a period of 6 months. Subsequent submissions must include a current physical assessment in the form of a clinical note or other supporting documentation that includes the members overall response to supplemental therapy and justification for continued supplement use. This must include the member's tolerance to formula, recent hospitalizations, current height/weight percentiles, and BMI percentile for members two years of age or older. Documentation demonstrating encouragement and assistance provided to the caregiver in weaning the member from supplemental nutritional feedings should be included, when appropriate.

Submitting Provider Signature

Date

Printed Name

Provider Type

Contact Number

Appendix C:
Formula Tailoring Chart

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Formula Tailoring Chart

The formula tailoring chart is for those breastfeeding moms also utilizing formula. The amount of formula issuance is determined after a complete breastfeeding assessment has been conducted. Use this chart to better determine how to tailor the infants food package to best meet individual needs.

		Amount of formula (fl oz) infant is currently consuming per day (24 hours)																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Formula Name	Can Yield (fl oz)	Cans of powdered formula to issue																													
Similac Advance	90	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Similac Soy Isomil	90																														
Similac Sensitive	90																														
Similac for Spit-up	90																														
Similac Total Comfort	90																														
Similac Alimentum	87	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Similac Neosure	87																														
Enfamil Nutramigen	87																														
Gerber Extensive HA	96																														
Enfamil Enfacare	82																														
		Infant Partially Nursing (IPN)					IPN or IPN+					Infant Partially Nursing Plus (IPN+)																			

IPN or IPN+

The formula tailoring chart is split up into different sections to show the maximum number of cans that may be issued to participants assigned the IPN and IPN+ categories respectively from 1 to 11 months (Infants 0-1 months may only receive 1 can of formula maximum as part of the IPN category.) For the "IPN or IPN+" section, use the chart on the right as well as the calculation below to help determine the appropriate category.

Category Based on Fluid Ounces and Age		
Age	IPN	IPN+
1-3 Months	1-435	436-870
4-5 Months	1-522	523-960
6-11 Months	1-384	385-696

Calculation:

$$\begin{array}{rcl} \text{Number of Cans Needed per Month} & \times & \text{Can Yield} \\ \text{(Use Chart Above)} & & \text{(Use Chart Above)} \\ & = & \text{Number of Fluid Ounces Per Month} \end{array}$$

Example:

$$\begin{array}{rcl} 5 \text{ Cans of Alimentum for 3 month old infant} & \times & 87 \text{ fl oz Per Can of} \\ \text{consuming 12 fl oz per day} & & \text{Alimentum} \\ & = & 435 \text{ oz Per Month} \\ & & \text{(IPN Category)} \end{array}$$

Formula Tailoring for Formulas not Listed on Formula Tailoring Chart

For any formula not listed on the chart above, search the manufacturer's website for the can yield (fl oz) to use in the following calculation.

Calculation:

<p>Step 1:</p> <p>Number of Fluid Ounces Consumed Each Day</p> <p>X</p> <p>Number of Days in a Month</p> <p>=</p> <p>Number of Fluid Ounces Needed Per Month</p>	<p>→</p>	<p>Step 2:</p> <p>Number of Fluid Ounces Needed Per Month</p> <p>÷</p> <p>Can Yield</p> <p>=</p> <p>Number of Cans Needed Per Month (Round Up)</p>
---	----------	---

Example:

<p>Step 1:</p> <p>18 fl oz per day of Similac PM 60/40</p> <p>X</p> <p>31 Days Per Month</p> <p>=</p> <p>558 fl oz Per Month</p>	<p>→</p>	<p>Step 2:</p> <p>558 fl oz Per Month</p> <p>÷</p> <p>102 fl oz Per Can</p> <p>=</p> <p>5.47 Cans</p> <p>(Round up to 6 Cans)</p>
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Appendix D:
Formula Calorie Adjustment Charts

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Recipe Chart for 19 kcal / oz formulas

Similac Sensitive, Similac Total Comfort, and Similac for Spit-Up

Calories per Ounce	Water	Formula powder (unpacked, level)	Approximate Final Volume
☐ 22	50 mL	1 scoop	2 ounces
	150 mL	3 scoops (1/4 cup)	5 1/2 ounces
	200 mL	4 scoops	8 ounces
	450 mL	9 scoops (3/4 cup)	17 ounces
	750 mL	15 scoops (1 1/4 cups)	28 ounces
☐ 24	92 mL	2 scoops	3 1/2 ounces
	140 mL	3 scoops (1/4 cup)	5 ounces
	230 mL	5 scoops	9 ounces
	420 mL	9 scoops (3/4 cup)	16 ounces
	700 mL	15 scoops (1 1/4 cups)	26 1/2 ounces
☐ 26	85 mL	2 scoops	3 1/4 ounces
	125 mL	3 scoops (1/4 cup)	5 ounces
	210 mL	5 scoops	8 ounces
	380 mL	9 scoops (3/4 cup)	14 1/2 ounces
	630 mL	15 scoops (1 1/4 cups)	24 1/4 ounces
☐ 27	80 mL	2 scoops	3 ounces
	120 mL	3 scoops (1/4 cup)	4 1/2 ounces
	200 mL	5 scoops	7 1/2 ounces
	365 mL	9 scoops (3/4 cup)	14 ounces
	610 mL	15 scoops (1 1/4 cups)	23 1/2 ounces

1 fluid ounce = 29.57 mL

Note: To make 19 calorie-per-ounce formula, follow the directions on the container.

Adapted from Children's Hospitals and Clinics of Minnesota

Recipe Chart for 20 kcal / oz formulas

Similac Advance, Similac Soy Isomil, Similac Alimentum

Calories per Ounce	Water	Formula powder (unpacked, level)	Approximate Final Volume
☐ 22	110 mL	2 scoops	4 ounces
	160 mL	3 scoops	6 ounces
	210 mL	4 scoops	8 ounces
	270 mL	5 scoops	10 ounces
	480 mL	9 scoops	18 ounces
	660 mL	12 scoops	24 1/2 ounces
☐ 24	150 mL	3 scoops	5 1/2 ounces
	240 mL	5 scoops	9 ounces
	390 mL	8 scoops	15 ounces
	540 mL	11 scoops	20 1/2 ounces
	630 mL	13 scoops	24 ounces
☐ 26	90 mL	2 scoops	3 1/2 ounces
	270 mL	6 scoops	10 1/2 ounces
	450 mL	10 scoops	17 ounces
	630 mL	14 scoops	24 ounces
	720 mL	16 scoops	27 1/2 ounces
☐ 27	210 mL	5 scoops	8 ounces
	300 mL	7 scoops	11 1/2 ounces
	390 mL	9 scoops	15 ounces
	510 mL	12 scoops	19 1/2 ounces
	600 mL	14 scoops	23 ounces

1 fluid ounce = 29.57 mL

Note: To make 20 calorie-per-ounce formula, follow the directions on the container.

Note: This chart should not be used for 20 kcal / oz formulas that have alternative powdered preparation instructions including Nutramigen, and Gerber Extensive HA

Adapted from Children's Hospitals and Clinics of Minnesota

Recipe Chart for 22 kcal / oz formulas
Similac Neosure & Enfamil Enfacare

Calories per Ounce	Water	Formula powder (unpacked, level)	Approximate Final Volume
☐ 20	2 ounces	1 tablespoon + 1 teaspoon	2 1/4 ounces
	3 ounces	2 tablespoons	3 1/2 ounces
	9 ounces	4 scoops	10 ounces
	17 ounces	1/2 cup + 1/4 cup	19 ounces
	23 ounces	1 cup	25 1/2 ounces
☐ 24	3 ounces	2 tablespoons + 1 teaspoon	3 1/2 ounces
	5 1/2 ounces	3 scoops	6 ounces
	9 ounces	5 scoops	10 ounces
	14 ounces	1/2 cup + 1/4 cup	16 ounces
	19 ounces	1 cup	21 1/2 ounces
	24 ounces	1 cup + 1/4 cup	27 ounces
☐ 26	2 1/2 ounces	2 tablespoons + 1/2 teaspoon	3 ounces
	3 1/2 ounces	3 tablespoons	4 ounces
	5 ounces	3 scoops	5 1/2 ounces
	13 ounces	1/2 cup + 1/4 cup	15 ounces
	17 ounces	1 cup	19 1/2 ounces
	23 ounces	1 cup + 1/3 cup	26 1/2 ounces
☐ 27	3 ounces	2 tablespoons + 2 teaspoons	3 1/2 ounces
	8 ounces	5 scoops	9 ounces
	11 ounces	1/3 cup + 1/3 cup	12 1/2 ounces
	16 1/2 ounces	1 cup	19 ounces
	21 ounces	1 cup + 1/4 cup	24 ounces
	25 ounces	1 cup + 1/2 cup	29 ounces

1 Tablespoon = 3 teaspoons

Note: To make 22 calorie-per-ounce formula, follow the directions on the container.

Adapted from Children's Hospitals and Clinics of Minnesota

Appendix E:
Formula Color Chart

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Formula Color Chart:

Green (standard contract): Competent Professional Authorities (NESs, CNWs, RDs, etc.) can issue until an infant's first birthday without medical documentation.

Blue (19 kcal/oz contract): RDs, RNs, and State Approved Nutritionists can approve medical documentation for the full duration, or issue for one month without medical documentation.

Orange (special): RDs, RNs, and State Approved Nutritionists can approve medical documentation for the full duration, or issue for one month without medical documentation.

Purple (conditionally special): RDs, RNs, and State Approved Nutritionists can approve medical documentation for the full duration, or issue one month without medical documentation, if the client meets WIC criteria.

Red (non-contract): Local agencies may only approve medical documentation after contacting the state office for consent. No formula shall be issued without medical documentation.

Grey: Unable to issue.

(*) – Pharmacy Special Order

Similac	Enfamil	Gerber	Neocate	Nestle	Use
•Similac Advance •Similac Pro-Advance	Enfamil Infant	Good Start Gentle			Regular
Similac Soy Isomil	Enfamil Prosobee	Good Start Soy			Lactose intolerance, or dairy free diet
•Similac Sensitive •Similac Pro-Sensitive	Enfamil Gentlease	Good Start Soothe			Lactose intolerance
Similac Total Comfort	Enfamil Reguline				Digestive discomfort, lactose intolerance.
Similac for Spit-Up	Enfamil AR				Reflux, GERD, or GER
Alimentum	Nutramigen with Enflora LGG	Extensive HA			Severe food allergies
•Neosure •Similac Special Care 24*	•Enfacare •Enfamil Premature 24*				Prematurity, low birth weight
•Elecare for Infants* •Elecare Junior* •PediaSure Peptide 1.0*	•Pregestimil* •PurAmino*	•Alfamino Infant* •Alfamino Junior*	•Neocate Infant* •Neocate Jr.*		Protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment.
Similac PM 60/40*					Impaired renal function
Similac Human Milk Fortifier*	Enfamil Human Milk Fortifier*				Prematurity, low birth weight
Go & Grow	Enfagrow Toddler Transitions (milk and soy based)				Increased vitamins and nutrients for toddlers
•Pediasure •Pediasure w/ Fiber •Pediasure 1.0* •Pediasure 1.5*			Duocal*	•Boost Kid Essentials •BKE 1.0* •BKE 1.5*	For FTT, poor oral intake, malnutrition, oral surgery
Similac for Supplementation					For breastfeeding supplementation

Appendix F:
Formula Descriptions

DRAFT



Brief Formula Description

Formula:**Description:****Forms:**

Similac Products (Abbott)		
Similac Advance	<ul style="list-style-type: none"> • Formula infant standard. 	Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles)
Similac Sensitive	<ul style="list-style-type: none"> • Lactose-reduced standard infant formula. 	Powder (12.0oz cans) RTF (32oz bottles)
Similac for Spit-Up	<ul style="list-style-type: none"> • Contains added Rice Starch • Milk based, lactose-reduced • Good for GER, GERD or reflux 	Powder (12.0oz cans)
Similac Soy Isomil	<ul style="list-style-type: none"> • Soy based standard infant formula. • Good for milk protein allergy or lactose intolerance 	Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles) RTF (8 oz six pack)
Similac for Diarrhea	<ul style="list-style-type: none"> • Dietary management for diarrhea • Soy formula • Low osmolality • For infants 6 mo and older 	RTF (8 fl oz can or 32oz bottles)
Similac Total Comfort	<ul style="list-style-type: none"> • For digestive discomfort • 100% whey hydrolyzed proteins • Lactose-reduced 	Powder (12.0oz can)
Similac Alimentum	<ul style="list-style-type: none"> • Hypoallergenic – contains a predigested protein • Lactose-free • RTF formula is corn-free • Good for infants with milk protein allergy 	Powder (12.1oz cans) RTF (8oz cans or 32oz bottles)
Similac Neosure	<ul style="list-style-type: none"> • 22 kcal/fl oz • For premature infants • Supports catch up growth • Higher levels of protein, vitamins and minerals compared to standard formulas 	Powder (13.1oz cans) RTF (32oz bottles)

Elecare for Infants	<ul style="list-style-type: none"> • Nutritionally complete elemental formula for infants • Protein broken down to amino acids • Does not contain milk protein, soy protein, fructose, galactose, lactose or gluten • Unflavored • Good for infants that cannot tolerate intact or hydrolyzed proteins • Good for infants with protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment. 	Powder (14.1oz can unflavored)
Similac Special Care 24 with Iron	<ul style="list-style-type: none"> • 24 kcal/fl oz • For low birth weight and preterm infants • Not intended for infants once they reach 8 lbs. 	RTF (2oz nursettes)
Similac PM 60/40	<ul style="list-style-type: none"> • 60:40 ratio of whey to casein (similar to human milk) • Low iron • For infants who need lower mineral intake, including those with impaired renal function. • Good for infants with hypercalcemia and hypocalcemia due to hyperphosphatemia 	Powder (14.1oz cans)
Similac Human Milk Fortifier	<ul style="list-style-type: none"> • Intended for low birth weight infants as a supplement to preterm human milk • 3.5 kcal/packet • Usually only used in the hospitals 	Powder (.90g packets)
Pediasure	<ul style="list-style-type: none"> • Supplemental drink • Milk based • Suitable for lactose intolerance • 237kcal per 8oz serving 	RTF (8oz cans in vanilla, strawberry, chocolate, banana, and berry)
Pediasure with Fiber	<ul style="list-style-type: none"> • Supplemental drink • Milk based • Suitable for lactose intolerance • 237kcal per 8oz serving 	RTF (8oz cans in vanilla and strawberry)
Pediasure Enteral Formula 1.0 Cal	<ul style="list-style-type: none"> • Specially formulated for tube feeding • Milk based • Suitable for lactose intolerance • For kids aged 1-13 years old • 240 kcal per 8oz serving 	RTF (8oz cans vanilla flavor)

PediaSure Peptide 1.0 (also a 1.5 kcal version available)	<ul style="list-style-type: none"> Hydolyzed proteins for better/easier absorption Semi-elemental formula Suitable for lactose intolerance For kids ages 1-13 years old 1.0 = 240kcal per 8oz serving 1.5 = 350kcal per 8oz serving Designed for kids with malabsorption, maldigestion and other GI conditions 	<p>Pediasure Peptide 1.0 = RTF (8oz cans in unflavored, vanilla and strawberry flavors)</p> <p>Pediasure Peptide 1.5 = RTF (8oz cans in vanilla flavor)</p>
Enfamil Products (Mead Johnson)		
Enfamil Infant	<ul style="list-style-type: none"> Standard infant formula 	Powder (12.5oz cans) Conc (13oz cans) RTF (13oz bottles)
Enfamil Gentlease	<ul style="list-style-type: none"> Easily digested proteins that are partially hydrolyzed 20% Lactose (reduced levels) Good for lactose intolerance 	Powder (12.4oz cans) RTF (32oz can)
Enfamil Prosobee	<ul style="list-style-type: none"> Soy based standard infant formula Good for milk protein allergy or lactose intolerance 	Powder (12.9oz cans) Conc (13oz cans) RTF (32oz cans)
Enfamil AR	<ul style="list-style-type: none"> “Added rice” or AR in formula – thickens formula so infant has less reflux Good for reflux, GERD or GER 	Powder (12.9oz cans) RTF (32oz cans)
Enfacare	<ul style="list-style-type: none"> 22 kcal/oz Milk based Higher levels of protein and some vitamin and minerals Good for premature or low birth weight infants 	Powder (12.8oz cans) RTF (32oz cans)
Enfamil Premature 24 kcal	<ul style="list-style-type: none"> 24 kcal/fl oz For VLBW and ELBW premature infants Extra calories for premature or FTT. 	RTF (2oz nursettes)
Nutramigen w/Enflora LGG	<ul style="list-style-type: none"> Hypoallergenic for milk protein allergies. Lactose free extensively hydrolyzed protein Enflora LGG to promote immune system balance and GI tract. Good for milk protein allergy and soy allergy 	Powder (12.6oz cans)
PurAmino	<ul style="list-style-type: none"> Amino acid based (proteins broken down) Hypoallergenic Scientifically designed for infants and toddlers with severe cow's milk protein allergies and/or multiple food protein allergies May be good for babies that don't tolerate regular Nutramigen or other hydrolyzed protein formulas 	Powder (14.1oz cans)

Pregestimil	<ul style="list-style-type: none"> • Hypoallergenic. • Contains MCT oil, which is more easily absorbed by babies with some GI problems • Lactose-free and sucrose (table sugar) free • Good for fat malabsorption. • Good for infants with cystic fibrosis, short bowel syndrome, intractable diarrhea, and severe protein calorie malnutrition. Also ok for infants with galactosemia. 	Powder (16oz cans) RTF (2oz nursettes)
Enfamil Human Milk Fortifier Acidified Liquid	<ul style="list-style-type: none"> • For use with premature and low birth weight infants • Use as a supplement in human breast milk • Milk based • Increases levels of protein, energy, calcium, phosphorous, and other nutrients 	Concentrate (5 mL vials)
Enfagrow Toddler Transitions (also available in Gentlease and Soy)	<ul style="list-style-type: none"> • For toddlers 10-36 months • Increased vitamins and nutrients for toddlers • Gentlease form contains partially broken downs proteins, and decreased lactose content • Soy form is lactose free 	Powder (24oz cans) RTF (32oz cans) – Premium Toddler only
Nutricia		
Neocate Infant	<ul style="list-style-type: none"> • Infant formula (0-12 months) • Hypoallergenic • Amino acid based – easy to digest • Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment 	Powder (14oz cans)
Neocate Junior	<ul style="list-style-type: none"> • Formula for ages 1-10 years • Hypoallergenic • Amino acid based – easy to digest • Extra vitamins and minerals for malabsorptive conditions • Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment 	Powder (14oz cans)
Duocal	<ul style="list-style-type: none"> • 42 kcal/Tbsp – very high calorie • Duocal powder is completely soluble and mixes easily in liquids and moist foods • Milk-protein free • Appropriate for oral and tube feeding • 59% CHO, 41% fat • Good for disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, electrolyte restricted diets, high energy diets, and catabolic states (e.g. burns, trauma, post-operative stress) 	Powder (14oz cans)

Gerber		
Gerber Extensive HA	<ul style="list-style-type: none"> • 100% whey protein extensively hydrolyzed • Probiotic <i>B. lactis</i> to help promote a balanced microbiota • 49% MCT to facilitate fat absorption • DHA for brain and eye development 	Powder (14.1oz can)
Gerber Good Start Gentle	<ul style="list-style-type: none"> • Standard infant formula • Comfort proteins – broken down 100% whey proteins 	Powder (12.7oz cans) Conc (12.1oz carton) RTF (four pack containing 8.45oz containers each)
Gerber Good Start Soothe	<ul style="list-style-type: none"> • Contains probiotic <i>L. reuteri</i> • Standard lactose reduced formula 	
Gerber Good Start Soy	<ul style="list-style-type: none"> • Soy based standard infant formula • Good for milk protein allergy or lactose intolerance 	Powder (12.9oz cans) Conc (12.1oz carton) RTF (four pack containing 8.45oz containers each)
Nestle		
Alfamino Infant	<ul style="list-style-type: none"> • Nutritionally complete, hypoallergenic amino acid-based formula for infants • 43% of fat as MCT to facilitate fat absorption • DHA to support visual and cognitive development • Easy to digest 	Powder (14.1oz cans)
Alfamino Junior	<ul style="list-style-type: none"> • Nutritionally complete, hypoallergenic amino acid-based formula for children ages 1-13 years • 65% of fat as MCT to facilitate fat absorption • For oral supplementation or tube feeding 	
Boost Kids Essentials (retail)	<ul style="list-style-type: none"> • Probiotic straw • 1 kcal/mL • Lactose free • For ages 1-8 years old • Increased vitamins and nutrients for the older child 	RTF (four pack containing 8.45oz containers each)
Boost Kids Essentials 1.0 (pharmacy special order only)	<ul style="list-style-type: none"> • 1 kcal/mL • Lactose free • For ages 1-8 years old • Increased vitamins and nutrients for the older child 	RTF (8 fl oz cartons – 27ea/case)
Boost Kids Essentials 1.5 (pharmacy special order only)	<ul style="list-style-type: none"> • Used to be called Resource Just for Kids 1.5 • 1.5 kcal/mL • For ages 1-13 years old • Increased vitamins and nutrients for the older child, lactose free, low residue • May be consumed orally or used as a tube feeding 	RTF (8 fl oz cartons - 27/case)

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