



Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

May 20, 2022

Dear Provider:

As a result of the national formula shortage and Abbott recall, the Indiana Women, Infants, and Children (WIC) program has put flexibilities in place to protect infant nutrition and promote appropriate feeding. These flexibilities include variations in formula can size purchased with WIC benefits, allowance for store brand hypoallergenic formula, and adding additional specialty formulas to the WIC Formulary.

When prescribing or recommending specialty formula for infants with medical risks, please consult the [IN WIC Formulary](#) for authorized formulas, accessible at www.wic.in.gov.

The Indiana WIC Medical Documentation Form has been updated, allowing health care providers to authorize WIC staff to issue a comparable formula if the client's prescribed formula is not available. The second page of the form includes a list of comparable formulas. The new Indiana WIC Medical Documentation Form is on pages 3 and 4 of this document and can also be found in the Forms section of the IN WIC website (www.wic.in.gov).

Please urge patients, clients, and caregivers that are having trouble finding formula to contact the Indiana Department of Health MCH MOMS Helpline at **1-844-MCH-MOMS** for information. For WIC-specific questions, individuals can call the WIC toll-free information line at **1-800-522-0874**. If you suspect medical neglect regarding improper infant feeding, please contact the Indiana Department of Child Services Child Abuse Hotline at **1-800-800-5556**.

It is vital to share unified messaging on how to manage formula shortages safely. Some key messaging consistent with WIC, USDA, and the Department of Health and Human Services is:

- **Never dilute formula:** Diluting infant formula with water or other liquids can be dangerous and even life-threatening, leading to a serious nutritional deficit. [CDC: Preparing Infant Formula](#)
- **Avoid homemade formula:** Homemade formula often lacks critical nutrients and has resulted in babies being hospitalized. [FDA: Dangers of Homemade Infant Formula](#)
- **Do not feed cow's milk, goat's milk, or plant milk to an infant under twelve months of age** without a physician's recommendation. This can lead to serious consequences

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



such as iron deficiency which can harm cognitive development. [USDA: Keeping Infants Safe in Midst of Formula Shortages](#)

- **Do not give an infant under six months of age any water, tea, or juice.** [AAP: Fruit Juice](#)
- **Limit formula purchases to cover 10-14 days of infant feeding:** Avoid stockpiling infant formula, which can lead to further issues in supply.
- **Emphasize the importance of sufficient support to establish an adequate supply of breastmilk for breastfed babies.** Please visit USDA's WIC Breastfeeding support page [Homepage | WIC Breastfeeding Support \(usda.gov\)](#), or contact your local WIC agency for breastfeeding support. Expectant parents should consider potential infant formula shortages and risks when making decisions and plans about infant feeding. Seek prenatal breastfeeding education and connect with health care providers and hospitals that are supportive of breastfeeding. [ABM Statement on Shortage of Breastmilk Substitutes \(bfmed.org\)](#)
- **If a client is unable to feed their infant with their own breastmilk, then pasteurized human donor milk from a certified milk bank is the next best option.** If you are considering using anyone's breastmilk other than your own, consider safety and ensure informed decision making that considers the potential risks and benefits, and consider donor screening and flash pasteurization. Additional resources can be found at [The Milk Bank](#).

Thank you for your continued support of Hoosier families as we navigate these unprecedented times.

Yours in health,

Kristina Box, MD, FACOG
Indiana State Health Commissioner

REQUIRED MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS

Indiana Women, Infants & Children Program (WIC)

Patient's Name: _____ Birthdate (mm/dd/yyyy): _____

Attention WIC Staff: Scan this form into the Client Section of the INWIC Communications screen. An Indiana WIC Release of Information Form must be signed by the WIC client in the WIC clinic and then scanned before faxing to the healthcare provider.

PLEASE COMPLETE EACH SECTION FOR YOUR PATIENT

1. Qualifying conditions include but are not limited to: (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> Low birth weight | <input type="checkbox"/> Gastrointestinal disorders |
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Immune system disorders | <input type="checkbox"/> Malabsorption syndromes |
| <input type="checkbox"/> Severe food allergies that require an elemental formula | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Inborn errors of metabolism and metabolic disorders | | |
| <input type="checkbox"/> Diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status | | |

2. Name of WIC standard or exempt infant formula / WIC-eligible nutritionals prescription:

A [list](http://www.wic.in.gov) of IN WIC eligible formulas and nutritionals can be found at www.wic.in.gov.

Formula name: _____

I authorize WIC to issue a comparable formula if there are issues related to finding the formula (i.e., recall or supply chain – see table on second page)*: Yes No N/A

Prescribed amount per day _____

Physical Form: Powder Concentrate Ready to Use

Special instructions for preparation and use: _____

IN WIC recommends that all lactating women continue to offer breast milk to their infants if medically appropriate.

3. Allowed WIC foods: Please make appropriate selections based on the age of patient for the duration of the Rx.

Infants 0-5 months: Allow infant foods when the infant turns 6 months (see options below)? Yes No

Infants 6-11 months: No foods All infant foods Infant cereal only Infant fruits and vegetables only

Women and Children >= 12 months (1 year):

<input type="checkbox"/> No Foods	<input type="checkbox"/> All Foods EXCEPT (Check all that apply.): <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Breakfast cereal</td> <td><input type="checkbox"/> 100% Juice</td> </tr> <tr> <td><input type="checkbox"/> Fresh/frozen/canned fruits and vegetables</td> <td><input type="checkbox"/> Yogurt <input type="checkbox"/> Tofu</td> </tr> <tr> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Beans <input type="checkbox"/> Peanut Butter</td> </tr> <tr> <td><input type="checkbox"/> Cheese</td> <td><input type="checkbox"/> Whole wheat bread or other whole grains (child & fully, partially breastfeeding women)</td> </tr> <tr> <td><input type="checkbox"/> Milk</td> <td><input type="checkbox"/> Fish (fully breastfeeding women only)</td> </tr> <tr> <td><input type="checkbox"/> Soy Milk</td> <td></td> </tr> </table>	<input type="checkbox"/> Breakfast cereal	<input type="checkbox"/> 100% Juice	<input type="checkbox"/> Fresh/frozen/canned fruits and vegetables	<input type="checkbox"/> Yogurt <input type="checkbox"/> Tofu	<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans <input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Cheese	<input type="checkbox"/> Whole wheat bread or other whole grains (child & fully, partially breastfeeding women)	<input type="checkbox"/> Milk	<input type="checkbox"/> Fish (fully breastfeeding women only)	<input type="checkbox"/> Soy Milk	
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The following choices may be provided for the specified category for patients with a qualifying condition. Please check all that apply. A length of use is still required when ordering these items. (Formula or WIC-eligible nutritionals are not required for the patient to receive these items.)

Child & women	<input type="checkbox"/> Infant cereal (in place of breakfast cereal)	<input type="checkbox"/> Pureed fruits and vegetables (in place of fresh/frozen/canned fruits and vegetables)		
Child 12-24 month	<input type="checkbox"/> 2% Milk	<input type="checkbox"/> 1% or Skim Milk	Child ≥ 24 month & Women	<input type="checkbox"/> Whole Milk <input type="checkbox"/> 2% Milk

Healthcare Provider Comments: _____

4. Length of use for this prescription: 1 month 3 months 6 months 12 months (maximum approval)

Other: _____

SIGNATURE (Health Care Provider): _____ **Date** (mm/dd/yyyy): _____

Medical Office / Clinic: _____ Telephone: _____

Address (number and street, city, state, and ZIP code): _____

*If authorized, WIC staff may issue a formula within the same formula type as the client's prescribed formula if the prescribed formula is unavailable.

Formula Type	Formula Name
22 Cal/oz Premature Infant Formula	Enfamil NeuroPro EnfaCare Similac NeoSure
20 Cal/oz Hypoallergenic Infant Formula - Extensively Hydrolyzed	Gerber Good Start Extensive HA Nutramigen Pregestimil Similac Alimentum Store-brand: Parent's Choice (Walmart), Comforts (Kroger), Meijer, CVS Health, Well Beginnings (Walgreens), Tippy Toes (Martin's)
20 Cal/oz Hypoallergenic Infant Formula - Amino Acid Based	Alfamino Infant EleCare for Infants Neocate Infant DHA/ARA Neocate Syneo Infant PurAmino Infant
Milk-based Pediatric Formula - 1 Cal/mL	Boost Kid Essentials 1.0 Nutren Jr Pediasure Grow & Gain
Milk-based Pediatric Formula w/ Fiber - 1 Cal/mL	Nutren Jr w/ Fiber Pediasure Grow & Gain w/ Fiber
Milk-based Pediatric Formula - 1.5 Cal/mL	Boost Kid Essentials 1.5 Pediasure Grow & Gain 1.5
Peptide-based Pediatric Formula - 1 Cal/mL	Pediasure Peptide 1.0 Cal Peptamen Jr
Hypoallergenic Pediatric Formula	Alfamino Jr EleCare Jr EquaCare Jr Neocate Jr Neocate Splash PurAmino Jr
Reduced-Calorie Pediatric Formula	Pediasure Reduced Calorie Pediasure Sidekicks
Milk-based Adult Formulas – 1 Cal/mL	Boost Ensure

WIC Staff Use Only:

Infants may be provided a Cash Value Benefit (CVB) for FRESH fruits and vegetables in place of part of the pureed fruits and vegetables at the 9-11 month visit, after a nutrition assessment.

Non-qualifying conditions include:

- Formula or food intolerance
- Patient / parent preference
- Food allergy to lactose, sucrose, milk protein, or soy protein not requiring an elemental formula
- Management of body weight with no underlying medical condition

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