

FD 16.0 Non-Contract Product Tables - December 2007

PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p style="text-align: center;"><u>Alimentum (Powder)</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Protein Hydrolysate</p> <p>Level 1</p>	1 Certification period	<p>1) Cow's milk and/or soy allergy, intolerance or sensitivity.</p> <p>2) Malabsorption.</p> <p>3) GERD (Gastroesophageal reflux disease).</p> <p>4) Intact protein sensitivity/allergy.</p>	PWD: 16oz	8	9
<p style="text-align: center;"><u>Alimentum (RTU)</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Protein Hydrolysate</p> <p>Level 1</p>	1 Certification period	<p>1) Corn allergy or intolerance to powdered Alimentum due to corn allergy or suspected corn allergy and milk and /or soy allergy, intolerance or sensitivity.</p> <p>2) In addition to reason #1, the following may also apply: Malabsorption, GERD, and/or intact protein sensitivity.</p>	RTU: 32oz	25	28
<p style="text-align: center;"><u>BCAD 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in infants or toddlers.	PWD: 16oz	8	9
<p style="text-align: center;"><u>BCAD 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in children or adults.	PWD: 16oz	8	9
<p style="text-align: center;"><u>Boost</u></p> <p>Manufacturer Novartis</p> <p>Form RTU</p> <p>Type 30 cal/oz. Supplement</p> <p>Level 2</p>	1 Certification Period	<p>1) Medical condition that increases calorie needs.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz		113

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PRODUCTS		MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<u>Boost w/ Fiber</u> Manufacturer Novartis Form RTU Type 30 cal/oz Supplement Level 2		1 Certification Period	1) Medical condition that increases calorie needs and need for increased fiber. 2) Oral motor feeding problems and need for increased fiber. 3) Tube feeding and need for increased fiber. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz		113
<u>Boost Plus</u> Manufacturer Novartis Form RTU Type 45 cal/oz Supplement Level 2		1 Certification Period	1) Medical condition that increases calorie needs and/or fluid restriction. 2) Oral motor feeding problems. 3) Tube feeding. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz		113
<u>Boost Pudding</u> Manufacturer Novartis Form RTU Type 45 cal/oz Supplement Level 2		1 Certification Period	Chewing or swallowing problems and need for increased calories.	RTU: 5oz		182
<u>Bright Beginnings Pediatric Drink</u> Manufacturer PBM Products Form RTU Type Pediatric Supplement Level 2		1 Certification Period	1) Medical condition that increases calorie needs or for catch up growth in preemies. 2) Oral motor feeding problems. 3) Tube feeding. 4) May provide for 1 month for diagnostic purposes such as ruling out FTT (Failure to thrive) due to inadequate calorie intake. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz	100	113
<u>Bright Beginnings Pediatric Drink w/ Fiber</u> Manufacturer PBM Products Form RTU Type Pediatric Supplement Level 2		1 Certification Period	1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies. 2) Oral motor feeding problems and need for increased fiber. 3) Tube feeding and need for increased fiber. 4) May provide for 1 month for diagnostic purposes such as ruling out FTT (Failure to thrive) due to inadequate calorie intake. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz	100	113

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<p><u>Bright Beginnings SoyPediatric Drink</u></p> <p>Manufacturer PBM Products</p> <p>Form RTU</p> <p>Type Pediatric Soy Supplement</p> <p>Level 2</p>	1 Certification Period	<p>1) Medical condition that increases calorie needs or for catch up growth in preemies and cow's milk allergy or intolerance.</p> <p>2) Oral motor feeding problems and cow's milk allergy or intolerance.</p> <p>3) Tube feeding and cow's milk allergy or intolerance.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p><u>Compleat Pediatric</u></p> <p>Manufacturer Novartis</p> <p>Form RTU</p> <p>Type 30 cal/oz Ped.Supplement</p> <p>Level 2</p>	1 Certification Period	<p>Medical condition requiring tube feeding.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 250mL 8.45oz	95	107
<p><u>Complex MSUD Drink Mix</u></p> <p>Manufacturer Applied Nutrition</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in children or adults.	PWD: 454g		9
<p><u>Cyclinex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	<p>1) HHH Syndrome</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Note: For infants or children.</p>	PWD: 14.1oz	9	10
<p><u>Cyclinex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	<p>1) HHH Syndrome</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Note: For children or adults.</p>	PWD: 14.1oz		10

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<u>E028 Splash</u> Manufacturer Nutricia Form RTU Type Pediatric Elemental Product Level 3		1 Certification Period	1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance. 3) GI impairment 4) Medical condition requiring a hypoallergenic elemental formula. Normally used for children over age 1.	RTU: 8oz		113
<u>EleCare</u> Manufacturer Ross Form PWD Type Elemental Product Level 3		1 Certification Period	1) Severe malabsorption 2) Multiple food allergies 3) GI impairment, or medical condition requiring a hypoallergenic product. Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) must be trialed before issuing unless medically contraindicated. Contact state office staff for exceptions.	PWD: 14.1oz	9	10
<u>EnfaCare LIPIL</u> Manufacturer Mead Johnson Form RTU, PWD Type Premature Transitional Level 2		See guidelines listed in next panel.	Premature or low birth weight infants meeting birthweight guidelines as indicated below. If needed longer or for other medical reasons, consult with state office staff. Premature infant over 5lbs 8oz with hospital Rx only - may issue for 1 month. 4lbs to ≤ to 5lbs 8oz (1801-2500gms) issue up to 6 months chronological age. 3lbs 5oz < 4lbs (1501 - 1800gms) issue up to 9 months chronological age. <3lbs. 5oz (<1500 gms) issue up to 12 months chronological age.	RTU: 32oz PWD: 12.8oz	25 10	28 11
<u>Enfamil AR LIPIL</u> Manufacturer Mead Johnson Form RTU, PWD Type Milk Based; Rice Starch Added Level 2		1 Certification Period	1) Gastroesophageal reflux disease (GERD). Not for benign spitting up. 2) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanechol, Tagamet, Reglan or generic equivalents. For other reasons, including requests for RTU, contact state office staff.	RTU: 32oz PWD: 12.9oz	25 9	28 11
<u>Enfamil LIPIL w/ Iron</u> Manufacturer Mead Johnson Form RTU, CON, PWD Type Standard Milk Protein Product Level 1		2-3 months	Documented intolerance to contract product. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	RTU: 32oz CON: 13oz POW: 12.9oz	25 31 9	28 35 10

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<p style="text-align: center;"><u>Ensure</u></p> <p>Manufacturer Ross</p> <p>Form RTU, PWD</p> <p>Type 31 cal/oz Supplement</p> <p>Level 2</p>	1 Certification Period	<p>1) Medical condition that increases calorie needs.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz		113	
			RTU: 32oz		28	
<p style="text-align: center;"><u>Ensure w/ Fiber</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type 31 cal/oz Supplement</p> <p>Level 2</p>	1 Certification Period	<p>1) Medical condition that increases calorie and fiber needs.</p> <p>2) Oral motor feeding problems and need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz		113	
<p style="text-align: center;"><u>Ensure Plus</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type 45 cal/oz Supplement</p> <p>Level 2</p>	1 Certification Period	<p>1) Medical condition that increases calorie needs and/or fluid restriction.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz		113	
			RTU: 32oz		28	
<p style="text-align: center;"><u>Ensure Pudding</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type 42.5 cal/oz Supplement</p> <p>Level 2</p>	1 Certification Period	Chewing or swallowing problems and need for increased calories.	RTU: 4oz		227	
<p style="text-align: center;"><u>GA</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Glutaric acidemia type I in infants or children.	PWD: 16oz	8	9	

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<p><u>Gentlease LIPIL</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Partially Hydrolyzed Product</p> <p>Level 1</p>	2-3 months	Documented intolerance to contract product. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	POW: 12oz	10	11
<p><u>Glutarex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Glutaric acidemia type I in infants or children.	PWD: 14.1oz	9	10
<p><u>Glutarex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Glutaric acidemia type I in children and adults.	PWD: 14.1oz		10
<p><u>Good Start Supreme</u></p> <p>Manufacturer Nestle</p> <p>Form RTU, CON, PWD</p> <p>Type Whey Hydrolysate</p> <p>Level 1</p>	2-3 months	Documented intolerance to contract product. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	RTU: 32oz CON: 13oz POW: 12oz	25 31 10	28 35 12
<p><u>Good Start Supreme DHA/ARA</u></p> <p>Manufacturer Nestle</p> <p>Form RTU, CON, PWD</p> <p>Type Whey Hydrolysate</p> <p>Level 1</p>	2-3 months	Documented intolerance to contract product. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	RTU: 32 oz CON: 13 oz PWD: 12 oz	25 31 10	28 35 12

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<p><u>Good Start Supreme Soy DHA/ARA</u></p> <p>Manufacturer Nestle</p> <p>Form RTU, CON, PWD</p> <p>Type Standard Soy Protein Product</p> <p>Level 1</p>	2-3 months	Documented intolerance to contract soy product, and cow's milk allergy, lactose intolerance or galactosemia. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment, unless medically contraindicated. Please document reason if medically contraindicated. Note: For galactosemia powder form is recommended.	<p>RTU: 32 oz</p> <p>CON: 13 oz</p> <p>PWD: 12.9 oz</p>	<p>25</p> <p>31</p> <p>9</p>	<p>28</p> <p>35</p> <p>11</p>
<p><u>Good Start 2 Supreme DHA/ARA</u></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Type Follow Up Milk Based Product</p> <p>Level 2</p>	2-3 months	<p>1) Documented intolerance to contract milk product and over age 1 with medical need for 20 cal/oz product. Possible reasons include: prematurity with need for catch up growth, developmental delay, oral motor feeding problems. Shall reassess product need every 3 months in coordination with food instrument issuance unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	PWD: 12oz	10	12
<p><u>Good Start 2 Supreme Soy DHA/ARA</u></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Type Follow Up Soy Based Product</p> <p>Level 1</p>	2-3 months	<p>1) Documented intolerance to contract soy product and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess product need every 3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p>	PWD: 12.9oz	9	11
<p><u>HCY 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Homocystinuria in infants or children.	PWD: 16oz	8	9
<p><u>HCY 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Homocystinuria in children or adults.	PWD: 16oz		9

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<p align="center"><u>HOM 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Homocystinuria due to cystathioninesynthase deficiency in children.	PWD: 500g		8
<p align="center"><u>Hominex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Vitamin B-6 nonresponsive homocystinuria in infants or toddlers.	PWD: 14.1oz	9	10
<p align="center"><u>Hominex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Vitamin B-6 nonresponsive homocystinuria in children or adults.	PWD: 14.1oz		10
<p align="center"><u>I Valex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers.	PWD: 14.1oz	9	10
<p align="center"><u>I Valex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	PWD: 14.1oz		10

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<p><u>Isomil DF</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Soy</p> <p>Level 1</p>	Do not exceed 8 cans per month (7-10 days supply)	Short-term diarrhea.	RTU: 32oz	8	8
<p><u>Ketonex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Branched-chain ketoaciduria (maple syrup urine disease) in infants or toddlers.	PWD: 14.1oz	9	10
<p><u>Ketonex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Branched-chain ketoaciduria (maple syrup urine disease) in children or adults.	PWD: 14.1oz		10
<p><u>Kindercal</u></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p><u>Kindercal w/ Fiber</u></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT and need for increased fiber.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113

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<u>Kindercal TF</u> Manufacturer Mead Johnson Form RTU Type Pediatric TF Supplement Level 2		1 Certification Period for a child over age 1.	1) Tube feeding. 2) Oral motor feeding problems. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz	100	113
<u>Kindercal TF w/ Fiber</u> Manufacturer Mead Johnson Form RTU Type Pediatric TF Supplement Level 2		1 Certification Period for a child over age 1.	1) Tube feeding and need for added fiber. 2) Oral motor feeding problems and need for added fiber. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz	100	113
<u>LactoFree LIPIL</u> Manufacturer Mead Johnson Form RTU, CON, PWD Type Standard Milk Protein Product Level 1		2-3 months	Documented intolerance to contract product and lactose intolerance. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	RTU: 32oz CON: 13oz PWD: 12.9oz	25 31 9	28 35 11
<u>LMD</u> Manufacturer Mead Johnson Form PWD Type Metabolic Level S/3		1 Certification Period	Disorders of leucine metabolism (including isovaleric acidemia) in infants, children or adults.	PWD: 16oz	8	9
<u>Lophlex</u> Manufacturer Nutricia Form PWD Type Metabolic Level S/3		1 Certification Period	PKU (phenylketonuria in children over age 9 or adults) requiring a low volume product.	PWD: 14.3g		285

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<p><u>MSUD Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form Pow</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in infants.	PWD: 400g	9	
<p><u>MSUD Maxamaid</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in children.	PWD: 454g		9
<p><u>MSUD Maxamum</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease (MSUD) in children over 8 years and adults.	PWD: 454g		9
<p><u>MSUD 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Maple syrup urine disease, hypervalinemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia in children.	PWD: 500g		8
<p><u>Neocate</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Elemental Product</p> <p>Level 3</p>	1 Certification Period	<p>1) Severe malabsorption</p> <p>2) Severe food allergies</p> <p>3) GI impairment, or medical condition requiring a hypoallergenic product.</p> <p>Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) shall be trialed before issuing unless medically contraindicated. Contact state office staff for exceptions.</p>	PWD: 400g	9	10

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<u>Neocate w/DHA/ARA</u> Manufacturer Nutricia Form PWD Type Elemental Product Level 3		1 Certification Period	1) Severe malabsorption 2) Severe food allergies 3) GI impairment, or medical condition requiring a hypoallergenic product. Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum Advance, or Pregestimil) shall be trialed before issuing unless medically contraindicated. Contact state office staff for exceptions.	PWD: 400g	9	10
<u>Neocate Junior</u> Manufacturer Nutricia Form PWD Type Pediatric Elemental Product Level 3		1 Certification Period	1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance. 3) GI impairment. 4) Medical condition requiring a hypoallergenic elemental product. Normally used for children over age 1.	PWD: 400g		10
<u>Neocate One+</u> Manufacturer Nutricia Form PWD Type Pediatric Elemental Product Level 3		1 Certification Period	1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance. 3) GI impairment. 4) Medical condition requiring a hypoallergenic elemental product. Normally used for children over age 1.	PWD: 100g	36	40
<u>Neosure</u> Manufacturer Ross Form RTU, PWD Type Premie Transitional Product Level 2		See guidelines listed in next panel.	Premature or low birth weight infants meeting birthweight guidelines as indicated below. If needed longer or for other medical reasons, consult with state office staff. Premature infant over 5lbs 8oz with hospital Rx only - may issue for 1 month. 4lbs to ≤ to 5lb 8oz (1801-2500gms) issue up to 6 months chronological age. 3lbs. 5oz < 4lbs (1501 - 1800gms) issue up to 9 months chronological age. <3lbs. 5oz (<1500 gms) issue up to 12 months chronological age.	RTU: 32oz PWD: 12.8oz	25 10	28 11
<u>NEXT STEP LIPIL</u> Manufacturer Mead Johnson Form PWD Type Follow Up Milk Based Product Level 2		2-3 months	1) Documented intolerance to contract milk product and over age 1 with medical need for 20 cal/oz product. Possible reasons include: prematurity with need for catch up growth, developmental delay, oral motor feeding problems. Shall reassess product need 3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. 2) Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	PWD: 24oz	5	6

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Level 3: RD

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Formulas concentrated 21 cal/oz to 24 cal/oz are level 2, >24 cal/oz are level 3.

PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>NEXT STEP ProSobee LIPIL</u></p> <p>Manufacturer Mead Johnson</p> <p>Form Pow</p> <p>Type Follow Up Soy Based Product</p> <p>Level 1</p>	2-3 months	<p>1) Documented intolerance to contract soy product and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess product need every 3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p>	PWD: 24oz	5	6
<p><u>Nutramigen LIPIL</u></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU, CON, PWD</p> <p>Type Casein Hydrolysate</p> <p>Level 1</p>	1 Certification period	<p>1) Cow's milk and/or soy protein allergy, intolerance or sensitivity.</p> <p>2) GERD (Gastroesophageal reflux disease).</p> <p>3) Intact protein sensitivity/allergy.</p>	<p>RTU: 32oz</p> <p>CON: 13oz</p> <p>PWD: 16oz</p>	<p>25</p> <p>31</p> <p>8</p>	<p>28</p> <p>35</p> <p>9</p>
<p><u>Nutren Junior</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 250mL</p> <p>8.45oz</p>	95	107
<p><u>Nutren Junior w/ Fiber</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT and need for increased fiber.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 250mL</p> <p>8.45oz</p>	95	107
<p><u>OA 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Propionic acidemia or methylmalonic acidemia in infants or toddlers. OA stands for organic acid.	PWD: 16oz	8	9

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p align="center"><u>OA 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Propionic acidemia or methylmalonic acidemia in children or adults. OA stands for organic acid.	PWD: 16oz		9
<p align="center"><u>OS 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Propionic acidemia or methylmalonic aciduria.	PWD: 500g		8
<p align="center"><u>Pediasure</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p align="center"><u>Pediasure Enteral</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Tube feeding.</p> <p>2) Oral motor feeding problems.</p> <p>3) Medical condition that increases calorie needs.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p align="center"><u>Pediasure Enteral w/ Fiber</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT and need for increased fiber.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Pediasure w/ Fiber</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT and need for increased fiber.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p><u>Pepdite Jr.</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Pediatric Elemental Product</p> <p>Level 3</p>	1 Certification Period	<p>1) Severe malabsorption</p> <p>2) Severe food allergies, multiple protein intolerance.</p> <p>3) GI impairment</p> <p>4) Medical condition requiring a hypoallergenic elemental product.</p> <p>Normally used for children over age 1.</p>	PWD: 51g		80
<p><u>Peptamen Junior</u></p> <p>Manufacturer Nestle</p> <p>Form RTU, PWD</p> <p>Type Pediatric Supplement</p> <p>Level 3</p>	1 Certification Period	<p>1) GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis.</p> <p>2) Call state if needed for other reasons</p> <p>Normally used for children over age 1.</p>	<p>RTU: 250mL</p> <p>8.45oz</p> <p>PWD: 400g</p>	95	107
<p><u>Peptamen Junior w/Prebio</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 3</p>	1 Certification Period	<p>1) GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and need for added fiber.</p> <p>2) Call state if needed for other reasons</p> <p>Normally used for children over age 1.</p>	<p>RTU: 250mL</p> <p>8.45oz</p>	95	107
<p><u>Periflex Advance</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria in children older than 8 years.	PWD: 454g		9

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Periflex Junior</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria in children older than 1 year.	PWD: 454g		9
<p><u>PF1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Inborn errors of amino acid metabolism in infants or toddlers.	PWD: 16oz	8	9
<p><u>PF2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Inborn errors of amino acid metabolism in children and adults.	PWD: 16oz		9
<p><u>Phenex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria (PKU) or hyperphenylalaninemia in infants or toddlers.	PWD: 14.1oz	9	10
<p><u>Phenex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria (PKU) or hyperphenylalaninemia in children or adults.	PWD: 14.1oz		10

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<u>Phenyl Free 1</u> Manufacturer Mead Johnson Form PWD Type Metabolic Level S/3	1 Certification Period	Hyperphenyl-alaninemia, including PKU in infants or toddlers.	PWD: 16oz	8	9
<u>Phenyl Free 2</u> Manufacturer Mead Johnson Form PWD Type Metabolic Level S/3	1 Certification Period	Hyperphenyl-alaninemia, including PKU in children or adults.	PWD: 16oz		9
<u>Phenyl Free 2HP</u> Manufacturer Mead Johnson Form PWD Type Metabolic Level S/3	1 Certification Period	Hyperphenyl-alaninemia, including PKU in children or adults. High protein phenylalanine-free product.	PWD: 16oz		9
<u>PhenylAde AA Blend</u> Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3	1 Certification Period	Phenylketonuria (PKU) in children or adults.	PWD: 454g		9
<u>PhenylAde Drink Mix</u> Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3	1 Certification Period	Phenylketonuria (PKU) in children or adults.	PWD: 454g		9

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>PhenylAde MTE AA Blend</u></p> <p>Manufacturer Applied Nutrition</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria (PKU) in children or adults.	PWD: 454g		9
<p><u>Phlexy - 10 Drink Mix</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Phenylketonuria in children over age 1 and adults.	PWD: 20g		204
<p><u>PKU 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Hyperphenyl-alaninemia, including PKU in children.	PWD: 500g		8
<p><u>PKU 3</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Hyperphenylalaninemia, including PKU in children or adults.	PWD: 500g		8
<p><u>Pregestimil LIPIL</u></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU, PWD</p> <p>Type Protein Hydrolysate</p> <p>Level 2</p>	1 Certification Period	<p>1) Malabsorption</p> <p>2) Malabsorption and allergy or sensitivity to milk and /or soy protein.</p> <p>3) Malabsorption and allergy or sensitivity to intact protein.</p> <p>4) Contact state office staff if needed for other reasons.</p>	PWD: 16oz	8	9

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Product 3232A</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Disaccharidase deficiencies, impaired glucose transport, intractable diarrhea in infants and children.	PWD: 16oz	8	9
<p><u>Pro-Phree</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Need for reduced protein intake, specific mixtures of L-amino acids or increased energy, minerals and vitamins in infants or toddlers.	PWD: 14.1oz	9	10
<p><u>Propimex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Propionic or methylmalonic acidemia in infants or toddlers.	PWD: 14.1oz	9	10
<p><u>Propimex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p>	1 Certification Period	Propionic or methylmalonic acidemia.	PWD: 14.1oz		10
<p><u>ProSobee LIPIL</u></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU, CON, PWD</p> <p>Type Standard Soy Protein Product</p> <p>Level 1</p>	2-3 months	1) Documented intolerance to contract soy product, and cow's milk allergy, lactose intolerance or galactosemia. Shall reassess product need every 2-3 months in coordination with food instrument issuance. Challenge with contract product required during reassessment, unless medically contraindicated. Please document reason if medically contraindicated. Note: For galactosemia powder form is recommended.	RTU: 32oz CON: 13oz POW: 12.9oz	25 31 9	28 35 11

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Resource Just for Kids</u></p> <p>Manufacturer Novartis Form RTU Type Pediatric Supplement Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p><u>Resource Just for Kids w/ Fiber</u></p> <p>Manufacturer Novartis Form RTU Type Pediatric Supplement Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT and need for increased fiber.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	RTU: 8oz	100	113
<p><u>Resource Just for Kids 1.5</u></p> <p>Manufacturer Novartis Form RTU Type Pediatric Supplement 45 cal/oz Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems.</p> <p>3) Tube feeding.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If requested for an infant under age 1, contact state office staff.</p>	RTU: 8oz	100	113
<p><u>Resource Just for Kids 1.5 w/Fiber</u></p> <p>Manufacturer Novartis Form RTU Type Pediatric Supplement 45 cal/oz Level 2</p>	1 Certification Period for a child over age 1.	<p>1) Medical condition that increases calorie and fiber needs or for catch up growth in preemies.</p> <p>2) Oral motor feeding problems with need for increased fiber.</p> <p>3) Tube feeding and need for increased fiber.</p> <p>4) May provide for 1 month for diagnostic purposes such as ruling out FTT.</p> <p>Normally used for children. If requested for an infant under age 1, contact state office staff.</p>	RTU: 8oz	100	113
<p><u>Similac Go & Grow Milk</u></p> <p>Manufacturer Ross Form PWD Type Follow Up Milk Based Product Level 2</p>	2-3 Months	<p>1) Over age 1 with medical need for 20 cal/oz product. Possible reasons include: prematurity with need for catch up growth, developmental delay, oral-motor feeding problems. Current contract milk-based toddler product.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p>	PWD: 12.9oz	9	11

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Similac Go & Grow Soy</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Follow Up Soy Product</p> <p>Level 1</p>	1 Certification period.	<p>1) Allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1. Current contract toddler soy product.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p>	PWD: 12.9oz	9	11
<p><u>Similac PM 60/40 Low Iron</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Type Low Mineral Product</p> <p>Level 3</p>	1 Certification Period (Address need for iron supplement when using this product).	<p>1) Hypocalcemia due to hyperphosphatemia.</p> <p>2) Renal condition requiring lowered mineral levels</p>	PWD: 14.1oz	9	10
<p><u>Similac Sensitive RS</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Lactose free; Rice Starch Added</p> <p>Level 2</p>	1 Certification Period	<p>1) Gastroesophageal reflux disease (GERD). Not for benign spitting up.</p> <p>2) Gastroesophageal reflux (GER), with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary displasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan or generic equivalents. For other reasons, contact state office staff.</p>	RTU: 32oz	25	28
<p><u>Tolerex</u></p> <p>Manufacturer Novartis</p> <p>Form PWD</p> <p>Type Elemental Formula</p> <p>Level 3</p>	1 Certification Period	<p>1) Impaired digestion and absorption</p> <p>2) Specialized nutrient needs such as food allergies</p>	PWD: 2.82oz		51
<p><u>TYR 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children and adults with tyrosinemia type I, inherited; tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome).	PWD: 500g		8

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Tyrex 1</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants and toddlers with tyrosinemia type I, II, or III.	PWD: 14.1oz	9	10
<p><u>Tyrex 2</u></p> <p>Manufacturer Ross</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children and adults with tyrosinemia type I, II, or III.	PWD: 14.1oz		10
<p><u>TYROS 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants and toddlers with tyrosinemia or other inborn errors of tyrosine metabolism.	PWD: 16oz	8	9
<p><u>TYROS 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children and adults with tyrosinemia or other inborn errors of tyrosine metabolism.	PWD: 16oz		9
<p><u>UCD 2</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children and adults with carbamylphosphate synthetase deficiency, ornithine transcarbamylase deficiency, citrullinemia or argininosuccinic acid synthetase deficiency, argininosuccinic acid lyase deficiency, arginase deficiency	PWD: 500g		8

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>Vital Jr.</u></p> <p>Manufacturer Ross</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 3</p>	1 Certification Period	Malabsorption, maldigestion, GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula.	RTU: 8oz	100	113
<p><u>Vivonex Pediatric</u></p> <p>Manufacturer Novartis</p> <p>Form PWD</p> <p>Type Pediatric Supplement</p> <p>Level 3</p>	1 Certification Period	GI impairment in infants or children, ie: Crohn's disease, short bowel disease or intractable diarrhea.	PWD: 1.7oz	75	84
<p><u>WND 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants and toddlers with urea cycle disorders.	PWD: 16oz	8	9
<p><u>WND 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children and adults with urea cycle disorders.	PWD: 16oz		9
<p><u>XLeu Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants with isovaleric acidemia and other disorders of leucine metabolism.	PWD: 400g	9	

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Level 3: RD

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Formulas concentrated 21 cal/oz to 24 cal/oz are level 2, >24 cal/oz are level 3.

PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>XLeu Maxamaid</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children 1 to 8 years of age with isovaleric acidemia and other disorders of leucine metabolism.	PWD: 454g		9
<p><u>XLeu Maxamum</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children over 8 years and adults with isovaleric acidemia and other disorders of leucine metabolism.	PWD: 454g		9
<p><u>XLys, XTrp Maxamaid</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children 1 to 8 years of age with glutaric aciduria type I .	PWD: 454g		9
<p><u>XLys, XTrp Maxamum</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children over 8 years and adults with glutaric aciduria type I .	PWD: 454g		9
<p><u>XLys, XTrp Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants with glutaric aciduria type I .	PWD: 400g	9	

Level 1: Certifying Authority

Level 2: Nutritionist

Level 3: RD

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<u>XMet Analog</u> Manufacturer Nutricia Form PWD Category Metabolic Level S/3	1 Certification Period	Infants with proven vitamin B-6 non-responsive homocystinuria or hyper-methioninemia.	PWD: 400g	9	
<u>XMet Maxamaid</u> Manufacturer Nutricia Form PWD Category Metabolic Level S/3	1 Certification Period	Children 1 to 8 years of age with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.	PWD: 454g		9
<u>XMet Maxamum</u> Manufacturer Nutricia Form PWD Category Metabolic Level S/3	1 Certification Period	Children over 8 years and adults with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.	PWD: 454g		
<u>XMTVI Analog</u> Manufacturer Nutricia Form PWD Category Metabolic Level S/3	1 Certification Period	Infants with methylmalonic acidemia vitamin B-12 non-responsive, or propionic acidemia.	PWD: 400g	9	
<u>XMTVI Maxamaid</u> Manufacturer Nutricia Form PWD Category Metabolic Level S/3	1 Certification Period	Children 1 to 8 years of age with methylmalonic acidemia vitamin B-12 non-responsive, or propionic acidemia.	PWD: 454g		9

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>XMTVI Maxamum</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children over 8 years and adults with methylmalonic acidemia vitamin B-12 non-responsive, or propionic acidemia.	PWD: 454g		9
<p><u>XPhe Maxamaid</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	For children 1 to 8 years of age with phenylketonuria.	PWD: 454g		9
<p><u>XPhe Maxamum</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children over 8 years and adults with phenylketonuria, including maternal PKU.	PWD: 454g		9
<p><u>XPhe Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants with phenylketonuria.	PWD: 400g	9	
<p><u>XPhe, XTyr Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants with tyrosinemia type I & II.	PWD: 400g	9	

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PRODUCTS	MAXIMUM LENGTH OF ISSUANCE	REASONS FOR ISSUANCE	PACKAGING	Allowable Infant	Allowable Child/Woman
<p><u>XPhe, XTvr Maxamaid</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Children aged 1 to 8 years of age with tyrosinemia type I & II.	PWD: 454g		9
<p><u>XPTM Analog</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p>Level S/3</p>	1 Certification Period	Infants with tyrosinemia type I.	PWD: 400g	9	

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