



Memorandum

#12-037

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: April 26, 2012

SUBJECT: New Formulas Available, April 2012

A new clinic formula table has been downloaded to TWIN. This table includes 15 new formulas that are now available for issuance.

Attached are the following two documents:

- The updated formula code list.
- An addendum to the current formulary dated August 2011.

The formulary addendum provides the reasons for issuance of these new formulas and can be referred to until the updated formulary is posted. Please refer to the code list and addendum when making approval decisions for the formulas listed below. Level 1 through 3 formulas, when requested for the reasons listed in this formulary addendum, may be approved by the Certifying Authority (CA). Level 4 formulas always require State approval.

The new formulas and codes are shown below.

Formula Code	Formula Description
511	ENF PREMIUM NEWBORN PWD 12.5OZ
516	GOOD START GENTLE PWD 12.7OZ
517	GOOD START GENTLE CON 12.1OZ
518	GOOD START GENTLE RTU 33.8OZ
519	GOOD START 2 GENTLE PWD 22OZ
520	GOOD START PROTECT PWD 12.4OZ
521	GOOD START 2 PROTECT PWD 22OZ
522	GOOD START SOY CON 12.1OZ
523	GOOD START SOY RTU 33.8OZ
524	PEDIASMART PWD 12.7OZ
525	NEOCATE NUTRA PWD 14OZ
526	ENSURE ENLIVE RTU 6.7OZ
527	PERIFLEX ADVANCE PWD 16OZ
528	BENECALORIE RTU 1.5OZ
529	PEDIASURE PEPTIDE 1.5 RTU 8OZ

#12-037, New Formulas Available, April 2012

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The formula approval documents listed below can be found at <http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>, and will be updated in the near future to reflect the new formulas.

- *Formula Code List, April 2012* (attached)
- *Formula Maximum Quantity Table*
- *Texas WIC Formulary and Medical Reasons for Issuance*

If you have any questions or require additional information, please contact Cathy Plyler, Clinical Nutrition Specialist, Nutrition Education/Clinic Services Unit, at (512) 341-4577 or cathy.plyler@dshs.state.tx.us, or Sandra Brown, Food/Formula Specialist, Nutrition Education/Clinic Services Unit, at (512)341-4576 or sandra.brown@dshs.state.tx.us.

Attachments

**FORMULA CODE LIST
APRIL 2012**

Note: Shaded items have packaging challenges. Contact the formula pager for assistance with issuing.
(512) 499-6814

Formula Code	Formula Description	Smallest Available Unit/Comments
088	ACERFLEX PWD 454G	
409	ALIMENTUM PWD 16OZ	
395	ALIMENTUM RTU 32OZ	
463	BCAD 1 PWD 16 OZ	
278	BCAD 2 PWD 16OZ	
528	BENECALORIE RTU 1.5OZ	24 containers - NEW
274	BOOST HP RTU 8OZ	
429	BOOST PLS RTU 8OZ	
275	BOOST PUDD RTU 5OZ	4 pack
428	BOOST RTU 8OZ	
434	BRIGHT BEGIN SOY RTU 8OZ	6 pack
470	CALCILO XD PWD 13.2 OZ	
454	CIB LACTOSE FREE VHC RTU 250ML	DISCONTINUED-DO NOT ISSUE; Contact SA
101	COMPLEAT PEDIATRIC RTU 250ML	
102	COMPLEAT RTU 250ML	
105	CRUCIAL RTU 250ML	DISCONTINUED-DO NOT ISSUE; Contact SA
342	CYCLINEX 1 PWD 14.1OZ	
343	CYCLINEX 2 PWD 14.1OZ	
109	DIABETISOURCE AC RTU 250ML	
238	DUOCAL PWD 400G	
294	E028 SPLASH RTU 8 OZ	
479	ELECARE DHA/ARA PWD 14.1OZ	
515	ELECARE JR PWD 14.1OZ	For children only; Use this code for vanilla
110	ELECARE PWD 14.1OZ	DISCONTINUED-For infants, use 479, children use 515
443	ENF PREMATURE 24 /IRON RTU 2OZ	6 bottles
509	ENF PREMATURE HI PRO24 RTU 2OZ	6 bottles
511	ENF PREMIUM NEWBORN PWD 12.5OZ	NEW
371	ENFACARE PWD 12.8OZ	
442	ENFACARE RTU 32 OZ	
410	ENFAMIL AR PWD 12.9OZ	
401	ENFAMIL AR RTU 32OZ	
305	ENFAMIL HMF PWD 0.71G	100 packets
459	ENFAMIL LIPIL 24 RTU 2 OZ	6 bottles
510	ENFAMIL LIQUID HMF RTU 5ML	100 vials
486	ENFAMIL PREMIUM INF CON 13OZ	
483	ENFAMIL PREMIUM INF PWD 12.5OZ	
487	ENFAMIL PREMIUM INF RTU 32OZ	
481	ENFAPORT LIPIL RTU 8OZ	
495	ENLIVE RTU 8.1OZ	DISCONTINUED-Replace with 526
526	ENSURE ENLIVE RTU 6.7OZ	NEW
279	ENSURE HC RTU 8OZ	
118	ENSURE HP RTU 8OZ	
121	ENSURE PLS RTU 32OZ	
120	ENSURE PLS RTU 8OZ	
122	ENSURE PUDD RTU 4OZ	4 pack
075	ENSURE RTU 8OZ	

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Formula Code	Formula Description	Smallest Available Unit/Comments
126	FIBERSOURCE HN RTU 250ML	
464	GA PWD 16 OZ	
512	GENTLEASE PWD 12.4OZ	
431	GENTLEASE PWD 12OZ	DISCONTINUED-Replace with 512
500	GENTLEASE RTU 32OZ	
344	GLUTAREX 1 PWD 14.1OZ	
345	GLUTAREX 2 PWD 14.1OZ	
132	GLYTROL RTU 250ML	
519	GOOD START 2 GENTLE PWD 22OZ	NEW
521	GOOD START 2 PROTECT PWD 22OZ	NEW
517	GOOD START GENTLE CON 12.1OZ	NEW
516	GOOD START GENTLE PWD 12.7OZ	NEW
518	GOOD START GENTLE RTU 33.8OZ	NEW
520	GOOD START PROTECT PWD 12.4OZ	NEW
522	GOOD START SOY CON 12.1OZ	NEW
523	GOOD START SOY RTU 33.8OZ	NEW
490	GS 2 SOY PWD 24OZ	
385	GS GENTLE PLS RTU 32OZ	DISCONTINUED-Replace with 518
477	GS PREMATURE 24 RTU 3OZ	8 bottles
422	GS SOY PLS CON 13OZ	DISCONTINUED-Replace with 522
416	GS SOY PWD 12.9OZ	
423	GS SOY PLS RTU 32OZ	DISCONTINUED-Replace with 523
465	HCY 1 PWD 16OZ	
328	HCY 2 PWD 16OZ	
133	HEPATIC AID II PWD 3OZ	24 packets
285	HOM 2 PWD 500G	
346	HOMINEX 1 PWD 14.1OZ	
347	HOMINEX 2 PWD 14.1OZ	
348	I VALEX 1 PWD 14.1OZ	
349	I VALEX 2 PWD 14.1OZ	
141	IMPACT 1.5 RTU 250ML	
140	IMPACT RTU 250ML	
142	IMPACT W/FBR RTU 250ML	
152	ISOSOURCE 1.5 RTU 250ML	
153	ISOSOURCE HN RTU 250ML	
155	JEVITY RTU 8 OZ	
456	KETOCAL 3:1 PWD 300G	
364	KETOCAL 4:1 PWD 300G	
505	KETOCAL 4:1 RTU 8OZ	
350	KETONEX 1 PWD 14.1OZ	
351	KETONEX 2 PWD 14.1OZ	
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	
475	KID ESSENTIALS 1.5 RTU 8OZ	
492	KID ESSENTIALS RTU 8.25OZ	
498	LIPISTART PWD 400G	
453	LMD PWD 16OZ	

**FORMULA CODE LIST
APRIL 2012**

Note: Shaded items have packaging challenges. Contact the formula pager for assistance with issuing.
(512) 499-6814

Formula Code	Formula Description	Smallest Available Unit/Comments
499	LOPHLEX LQ 20 RTU 4.2OZ	Must order in multiples of 30
425	MCT OIL RTU 32OZ	
424	MICROLIPID RTU 3OZ	
449	MONOGEN PWD 400G	
310	MSUD 2 PWD 500G	
171	MSUD ANALOG PWD 400G	
172	MSUD MAXAMAID PWD 454G	
173	MSUD MAXAMUM PWD 454G	
440	NEOCATE DHA/ARA PWD 400G	
504	NEOCATE JR PREBIOTICS PWD 400G	
332	NEOCATE JR PWD 400G	
525	NEOCATE NUTRA PWD 14OZ	NEW
370	NEOSURE PWD 13.1OZ	
430	NEOSURE RTU 32OZ	
174	NEPRO RTU 8OZ	
176	NOVASOURCE RENAL RTU 8OZ	
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	
031	NUTRAMIGEN CON 13OZ	
024	NUTRAMIGEN RTU 32OZ	
183	NUTREN 1.0 RTU 250ML	
184	NUTREN 1.0 W/FBR RTU 250ML	
187	NUTREN 2.0 RTU 250ML	
189	NUTREN JR RTU 250ML	
188	NUTREN JR W/FBR RTU 250ML	
192	NUTREN PULMONARY RTU 250ML	
190	NUTRIHEP RTU 250ML	
445	OA 1 PWD 16 OZ	
446	OA 2 PWD 16 OZ	
288	OPTIMENTAL RTU 8OZ	
290	OS 2 PWD 500G	
062	OSMOLITE 1.0 RTU 8OZ	
193	OSMOLITE 1.2 RTU 8OZ	
196	OXEPA RTU 8OZ	
524	PEDIASmart PWD 12.7OZ	NEW
506	PEDIASURE 1.5 RTU 8OZ	
507	PEDIASURE 1.5 W/FBR RTU 8OZ	
292	PEDIASURE ENTER 1.0 RTU 8OZ	
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	
529	PEDIASURE PEPTIDE 1.5 RTU 8OZ	NEW
034	PEDIASURE RTU 8OZ	New pkgs - 6 pack only (except vanilla)
035	PEDIASURE W/FBR RTU 8OZ	
295	PEPDITE JR PWD 51G	
199	PEPTAMEN 1.5 RTU 250ML	
478	PEPTAMEN JR 1.5 RTU 250ML	

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Formula Code	Formula Description	Smallest Available Unit/Comments
438	PEPTAMEN JR PREBIO RTU 250ML	
051	PEPTAMEN JR RTU 250ML	
469	PEPTAMEN JR W/FBR RTU 250ML	
197	PEPTAMEN RTU 250ML	
200	PERATIVE RTU 8OZ	
527	PERIFLEX ADVANCE PWD 16OZ	NEW
265	PERIFLEX INFANT PWD 400G	
201	PERIFLEX JR PWD 454G	
466	PFD 1 PWD 16 OZ	
329	PFD 2 PWD 16OZ	
352	PHENEX 1 PWD 14.1OZ	
353	PHENEX 2 PWD 14.1OZ	
311	PHENYL FREE 1 PWD 16OZ	
297	PHENYL FREE 2 PWD 16OZ	
298	PHENYL FREE 2HP PWD 16OZ	
501	PHENYLADE ESSENTIAL PWD 454G	
338	PHENYLADE PWD 454G	
439	PHLEXY10 DRINK PWD 20G	
300	PKU 2 PWD 500G	
301	PKU 3 PWD 500G	
008	PORTAGEN PWD 16OZ	
462	PREGESTIMIL 20 RTU 2OZ	6 bottles
461	PREGESTIMIL 24 RTU 2OZ	6 bottles
036	PREGESTIMIL DHA&ARA PWD 16OZ	
356	PRO PHREE PWD 14.1OZ	
213	PROMOTE RTU 8OZ	6 pack
214	PROMOTE W/FBR RTU 8OZ	6 pack
354	PROPIMEX 1 PWD 14.1OZ	
355	PROPIMEX 2 PWD 14.1OZ	
373	PROSOBEE CON 13OZ	
376	PROSOBEE PWD 12.9OZ	
375	PROSOBEE RTU 32OZ	
219	PULMOCARE RTU 8 OZ	6 pack
230	RCF CON 13OZ	
222	RENALCAL RTU 250ML	
508	RENASTART PWD 1000G	
224	REPLETE W/FBR RTU 250ML	
177	RESOURCE 2.0 RTU 8OZ	
496	RESOURCE BREEZE RTU 8OZ	
232	SCANDISHAKE LF PWD 12OZ	4 packets
233	SCANDISHAKE PWD 12OZ	4 packets
234	SCANDISHAKE W/ASP PWD 18OZ	
471	SIM GO&GROW MILK PWD 22OZ	
472	SIM GO&GROW SOY PWD 22OZ	
042	SIM PM60/40 LOWIRON PWD 14.1OZ	
482	SIMILAC FOR SPIT UP PWD 12.3OZ	

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(512) 499-6814

Formula Code	Formula Description	Smallest Available Unit/Comments
450	SIMILAC FOR SPIT UP RTU 32OZ	
441	SIM SPEC CARE24 W/IRON RTU 2OZ	8 bottles
503	SIM SPECIAL CARE 30 RTU 2OZ	8 bottles
388	SIMILAC ADVANCE CON 13OZ	
414	SIMILAC ADVANCE PWD 12.4OZ	
365	SIMILAC ADVANCE RTU 32OZ	
019	SIMILAC FOR DIARRHEA RTU 32OZ	
235	SIMILAC HMF PWD 0.9G	50 packets
411	SIMILAC SENSITIVE CON 13OZ	
394	SIMILAC SENSITIVE PWD 12.6OZ	
397	SIMILAC SENSITIVE RTU 32OZ	
391	SIMILAC SOY ISOMIL CON 13OZ	
389	SIMILAC SOY ISOMIL PWD 12.4OZ	
390	SIMILAC SOY ISOMIL RTU 32OZ	
239	SUPLINA RTU 8OZ	
240	TOLEREX PWD 2.82OZ	
245	TWOCAL HN RTU 8OZ	
304	TYR 2 PWD 500G	
357	TYREX 1 PWD 14.1OZ	
358	TYREX 2 PWD 14.1OZ	
467	TYROS 1 PWD 16OZ	
330	TYROS 2 PWD 16OZ	
307	UCD 2 PWD 500G	
249	VITAL HN PWD 2.79OZ	6 pack
444	VITAL JR RTU 8OZ	DISCONTINUED-Replace with 514
250	VIVONEX PEDIATRIC PWD 1.7OZ	
251	VIVONEX PLS PWD 2.8OZ	
252	VIVONEX TEN PWD 2.84OZ	
468	WND 1 PWD 16OZ	
331	WND 2 PWD 16OZ	
253	XLEU ANALOG PWD 400G	
254	XLEU MAXAMAID PWD 454G	
255	XLEU MAXAMUM PWD 454G	
256	XLYS,XTRP ANALOG PWD 400G	
257	XLYS,XTRP MAXAMAID PWD 454G	
258	XLYS,XTRP MAXAMUM PWD 454G	
259	XMET ANALOG PWD 400G	
260	XMET MAXAMAID PWD 454G	
261	XMET MAXAMUM PWD 454G	
262	XMTVI ANALOG PWD 400G	
263	XMTVI MAXAMAID PWD 454G	
264	XMTVI MAXAMUM PWD 454G	
242	XPHE MAXAMAID PWD 454G	
497	XPHE MAXAMUM DRINK RTU 8.5OZ	
243	XPHE MAXAMUM PWD 454G	
244	XPHE,XTYR ANALOG PWD 400G	

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Note: Shaded items have packaging challenges. Contact the formula pager for assistance with issuing.
(512) 499-6814

Formula Code	Formula Description	Smallest Available Unit/Comments
135	XPHE,XTYR MAXAMAID PWD 454G	
134	XPTM ANALOG PWD 400G	

August 2011 Formulary Addendum (For Use April 2012)

Definitions: Exempt = Exempt formula or medical food		Non-Exempt = Standard milk- or soy-based formula	
PRODUCTS	DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Benecalorie</u></p> <p>Manufacturer Nestle Form RTU Type Modular Level 4 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>220 cal/oz; 330 cal/1.5 oz ctrn. Lactose-free, gluten-free, Kosher, cholesterol-free. 7 g milk protein as calcium caseinate per 1.5 oz serving. Not hypoallergenic. Liquid modular intended to be added to food or beverage.</p>	<p>1) Medical conditions that increase calorie needs such as in malnutrition, anorexia, cachexia, and reduced appetite. Refer to last page of formulary for more examples.* 2) Oral motor-feeding problems, volume intolerance, and/or inadequate oral intake.</p> <p>System will not allow formula to be issued to infants <6 months of age. Requires state agency approval. Approver note: Limit issuance to 2 cases/month. Maximum quantity allows issuance of this product and up to 1/2 package of another formula.</p>	<p>RTU: 1.5 oz ctrn 24 ctrns/case</p>
<p style="text-align: center;"><u>Enfamil Premium Newborn</u></p> <p>Manufacturer Mead Johnson Form PWD Type Standard Milk-Based Infant Formula Level 1 Non-Exempt Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, nutritionally complete infant formula, 80:20 whey:casein ratio, Kosher, gluten-free. Contains DHA/ARA, prebiotic galactooligosaccharides (GOS) and polydextrose.</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. Contains 400 IU of Vitamin D in 27 fluid ounces; similar to quantity found in Similac Advance.</p>	<p>PWD: 12.5 oz can 6 cans/case</p>
<p style="text-align: center;"><u>Ensure Enlive!</u></p> <p>Manufacturer Abbott Form RTU Type Increased Calorie Supplement Level 4 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>31 cal/oz, clear liquid, fat-free, low-residue. Lactose-free, gluten-free. Contains milk ingredients. Not intended as a sole source of nutrition. Not for tube feeding.</p>	<p>1) Fat malabsorption. 2) Fat-restricted diets. 3) For pre- and post-surgeries, bowel-prep. 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia. 5) Alternative to creamy shake-like supplements.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 6.7 oz ctrn 27 ctrns/case apple mixed berry</p>
<p style="text-align: center;"><u>Good Start 2 Gentle</u></p> <p>Manufacturer Nestle Form PWD Type Follow Up Milk-Based Formula Level 1 Non-Exempt Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, nutritionally complete formula for toddlers. Contains DHA/ARA, prebiotic galactooligosaccharides (GOS), partially hydrolyzed 100% whey protein with additional calcium and iron.</p>	<p>1) Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, oral motor-feeding problems and; 2) Documented intolerance to contract formula.</p> <p>Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. Can only be issued to women and children.</p>	<p>PWD: 22 oz can 6 cans/case</p>

Level 1: Certifying Authority
Level 2: Nutritionist
Level 3: RD or LD

Level S/3: Initial issuance-State approval; renewals-Level 3
Level 4: State approval only

Updated 4/19/12

Any CA may approve Levels 1-3 that meet guidelines above.

Texas WIC1

August 2011 Formulary Addendum (For Use April 2012)

Definitions: Exempt = Exempt formula or medical food		Non-Exempt = Standard milk- or soy-based formula	
PRODUCTS	DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Good Start 2 Protect</u></p> <p>Manufacturer Nestle Form PWD Type Follow Up Milk-Based Formula Level 1 Non-Exempt Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, nutritionally complete formula for toddlers. Contains DHA/ARA, probiotic <u>bifidus lactis</u> (BL), partially hydrolyzed 100% whey protein with additional calcium and iron.</p>	<p>1) Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems and; 2) Documented intolerance to contract formula.</p> <p>Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 22 oz can 6 cans/case</p>
<p style="text-align: center;"><u>Good Start Gentle</u></p> <p>Manufacturer Nestle Form PWD, CON, RTU Type Standard Milk-Based Infant Formula Level 1 Non-Exempt Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA. And prebiotic galactooligosaccharides (GOS).</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated.</p> <p>Please document reason if medically contraindicated.</p>	<p>PWD: 12.7 oz can 6 cans/case CON: 12.1 oz ctrn 12 ctrns/case RTU: 33.8 oz (4 - 8.45 oz) 4 - 4 packs/case</p>
<p style="text-align: center;"><u>Good Start Protect</u></p> <p>Manufacturer Nestle Form PWD Type Standard Milk-Based Infant Formula Level 1 Non-Exempt Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, nutritionally complete infant formula . Contains DHA/ARA, probiotic <u>bifidus lactis</u> (BL), partially hydrolyzed 100% whey protein.</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated.</p> <p>Please document reason if medically contraindicated.</p>	<p>PWD: 12.4 oz 6 cans/case</p>
<p style="text-align: center;"><u>Neocate Nutra</u></p> <p>Manufacturer Nutricia Form PWD Type Pediatric Elemental Food Level 4 Medical Food Maximum Length of Issuance 6 months</p>	<p>472 cal/100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops. Hypoallergenic amino acid-based semi-solid food with essential vitamins and minerals. Not nutritionally complete. Oral use only, not in a bottle or tube feeding.</p>	<p>1) Severe malabsorption, cow milk allergy. 2) Severe food allergies, multiple protein intolerance. 3) GI impairment such as in Eosinophilic esophagitis (EE), or gastroesophageal reflux (GERD). 4) Food Protein-Induced Enterocolitis Syndrome (FPIES).</p> <p>System will not issue to infants under 6 months of age. Note: For infants, typically issued with formula. Requires state agency approval.</p>	<p>PWD: 400 g (14 oz) can 3 cans/case</p>

Level 1:Certifying Authority
Level 2:Nutritionist
Level 3:RD or LD

Level S/3:Initial issuance-State approval; renewals-Level 3
Level 4:State approval only

Updated 4/19/12

Any CA may approve Levels 1-3 that meet guidelines above.

Texas WIC2

August 2011 Formulary Addendum (For Use April 2012)

Definitions: Exempt = Exempt formula or medical food		Non-Exempt = Standard milk- or soy-based formula	
PRODUCTS	DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Pediasmart</u></p> <p>Manufacturer: Natures One</p> <p>Form: PWD</p> <p>Type: Pediatric Supplement</p> <p>Level 4 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Phenylalanine-free medical food. Not intended as a sole source of nutrition. Intended for older children and adults (including pregnant women).</p>	<p>1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and /or</p> <p>2) Chronic illness, growth failure, eating disorders.</p> <p>System will not allow formula to be issued to infants <9 months of age.</p>	<p>PWD: 12.7 oz can</p> <p>6 cans/case</p> <p>chocolate</p> <p>vanilla</p>
<p style="text-align: center;"><u>Pediasure Peptide 1.5</u></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Semi-Elemental</p> <p>Level 3 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>45 cal/oz, Kosher, gluten-free, lactose-free, nutritionally complete, semi-elemental formula, with hydrolyzed whey protein and 50% of fat as MCT oil. For oral or tube feeding.</p>	<p>1) Malabsorption or maldigestion.</p> <p>2) GI impairment in children requiring 100% hydrolyzed protein or semi-elemental formula.</p> <p>3) Medical condition that increases caloric needs.*</p> <p>Can only be issued to women and children.</p>	<p>RTU: 8 oz ctr</p> <p>24 ctrs/case</p>
<p style="text-align: center;"><u>Periflex Advance</u></p> <p>Manufacturer: Nutricia</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Phenylalanine-free medical food. Not intended as a sole source of nutrition. Intended for older children and adults (including pregnant women).</p>	<p>Phenylketonuria (PKU).</p> <p>Requires state agency approval and metabolic prescription form.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 16 oz can</p> <p>6 cans/case</p> <p>unflavored</p> <p>orange</p> <p>chocolate</p>

****See Policy FD:15.0 for approval reasons for issuing RTU formula:**

- 1) The formula is only available ready-to-use.
- 2) The parent/guardian is unable to prepare formula from liquid concentrate or powder due to a physical or mental disability.
- 3) There is an unsafe or unsanitary water supply.

For Exempt formulas issued to infants, the following two reasons apply:

- 4) Improves compliance in consuming a medically prescribed formula. For issuance of Non-Exempt formulas, contact State.
- 5) Better accommodates the medical condition requiring the formula. For issuance of Non-Exempt formulas, contact State.

*** Examples of medical conditions include but are not limited to FTT, feeding aversion, cardiac conditions, burns/ trauma.**

All formulas, except contract formulas, remain the same level after the infant turns 1 year of age. Contract formulas become Level 1.

Exempt formula/medical food: Therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.

Non-Exempt (standard) formula: Contract and non-contract standard milk- or soy-based infant formula designed for use by healthy full-term infants.

Level 1: Certifying Authority
 Level 2: Nutritionist
 Level 3: RD or LD

Level S/3: Initial issuance-State approval; renewals-Level 3
 Level 4: State approval only

Updated 4/19/12

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Texas WIC3

August 2011 Formulary Addendum-For Use April 2012

Benecalorie

- **Manufacturer:** Nestle
- **Form:** Ready-to-Use
- **Type:** Modular
- **Level 4: Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
- 220 calories per ounce; 330 calories per 1.5 oz container. Lactose-free, gluten-free, Kosher, cholesterol-free. 7 grams of milk as protein calcium caseinate per 1.5 ounce serving. Not hypoallergenic. Liquid modular intended to be added to food or beverage.
- **Reasons for Issuance**
 - 1) Medical condition that increases calorie needs such as malnutrition, anorexia, cachexia, and reduced appetite. Refer to last page of formulary for other examples. *
 - 2) Oral motor feeding problems or volume intolerance and/or inadequate oral intake.
 - **Requires state agency approval.**
 - **Approver Note: System will not allow formula to be issued less than 6 months of age. Limited to 2 cases per month. Maximum quantity allows issuance of this product and up to ½ package of another formula.**
- **Packaging:**
 - Ready-to-Use:1.5 ounce container
 - 24 containers per case

Enfamil Premium Newborn

- **Manufacturer:** Mead Johnson
- **Form:** Powder
- **Type:** Standard Milk-Based Infant Formula
- **Level 1: Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months
- **Description:**
- 20 calories per ounce, nutritionally complete infant formula, 80 to 20 whey to casein ratio, Kosher, gluten free. Contains Docosahexaenoic Acid (DHA), Arachidonic Acid (ARA) and prebiotic galactooligosaccharides (GOS) and polydextrose.
- **Reasons for Issuance**
 - Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
 - Contains 400 IU of Vitamin D in 27 fluid ounces; similar to quantity found in Similac Advance.
- **Packaging:**
 - Powder: 12.5 ounce can
 - 6 cans per case

Ensure Enlive!

- **Manufacturer:** Abbott
- **Form:** Ready-to-Use
- **Type:** Increased Calorie Supplement
- **Level 4: Medical Food**

- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - 31 calories per ounce, clear liquid, fat-free, low-residue. Lactose-free, gluten-free. Contains milk ingredients. Not intended as a sole source of nutrition. Not for tube feeding.
- **Reasons for Issuance**
 - 1) Fat malabsorption
 - 2) Fat-restricted diets
 - 3) For pre- and post-surgeries, bowel-prep
 - 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia.
 - 5) Alternative to creamy shake-like supplements.
 - **Can only be issued to women and children.**
- **Packaging:**
 - Ready –to-Use: 6.7 ounce container
 - 27 containers per case
 - Apple
 - Mixed berry

Good Start 2 Gentle

- **Manufacturer:** Nestle
- **Form:** Powder
- **Type:** Follow-Up Milk-Based Formula
- **Level:** 1
- **Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months.
- **Description:**

20 calories per ounce, nutritionally complete infant formula for toddlers. Contains DHA and ARA, and prebiotic galactooligosaccharides (GOS), partially hydrolyzed 100% whey protein with additional calcium and iron.
- **Reasons for Issuance**
 - 1) Over age 1 with medical need for 20 calorie per ounce formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems AND:
 - 2) Documented intolerance to contract formulas.
Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
- **Can only be issued to women and children.**
- **Packaging:**

Powder: 22 ounce can
6 cans per case

Good Start 2 Protect

- **Manufacturer:** Nestle
- **Form:** Powder
- **Type:** Follow-Up Milk-Based Formula
- **Level:** 1
- **Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months.

- **Description:**
20 calories per ounce, nutritionally complete infant formula for toddlers. Contains DHA and ARA probiotic bifidus lactis (BL), partially hydrolyzed 100% whey protein with additional calcium and iron.
- **Reasons for Issuance**
 - 3) Over age 1 with medical need for 20 calorie per ounce formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems AND:
 - 4) Documented intolerance to contract formulas.
Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
- **Can only be issued to women and children.**
- **Packaging:**
Powder: 22 ounce can
6 cans per case

Good Start Gentle

- **Manufacturer:** Nestle
- **Form:** Powder, Concentrate, and Ready-to-Use
- **Type:** Standard Milk-Based Infant Formula
- **Level:** 1
- **Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months
- **Description:**
 - 20 calories per ounce, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA and ARA and probiotic galactooligosaccharides (GOS).
- **Reasons for Issuance**
- Documented intolerance to contract formulas. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
- **Packaging:**
 - Powder: 12.7 ounce can,
6 cans per case
 - Concentrate 12.1 ounce container
12 containers per case
 - Ready to Use 33.8 ounces
4-8.45 ounces
4-4 packs per case

Good Start Protect

- **Manufacturer:** Nestle
- **Form:** Powder
- **Type:** Standard Milk Based Infant Formula
- **Level:** 1
- **Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months.
- **Description:**
20 calories per ounce, nutritionally complete infant formula. Contains DHA and ARA, probiotic bifidus lactis (BL), partially hydrolyzed 100% whey protein.

- **Reasons for Issuance**
Documented intolerance to contract formulas. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
- **Packaging:**
Powder: 12.4 ounce can
6 cans per case

Neocate Nutra

- **Manufacturer: Nutricia**
- **Form: Powder**
- **Type: Pediatric Elemental Food**
- **Level: 4**
- **Medical Food**
- **Maximum Length of Issuance**
 - 6 months
- **Description:**
 - 472 calories per 100 grams, 4.7 grams per scoop, approximately 22 calories per scoop. (1 teaspoon = 2 grams), serving size is 8 scoops. Hypoallergenic, amino-acid-based semi-solid medical food with essential vitamins and minerals. Not nutritionally complete. Oral used only, not in a bottle or tube feeding.
- **Reasons for Issuance**
 - 1) Severe malabsorption, cow milk allergy,
 - 2) Severe food allergies, multiple protein intolerance
 - 3) GI impairment such as Eosinophilic Esophagitis (EE), Gastroesophageal Reflux Disease (GERD)
 - 4) Food Protein-Induced Enterocolitis Syndrome (FPIES)
 - **System will not issue to infants under 6 months of age. Note: For infants, typically issued with formula.**
Requires state agency approval.
- **Packaging:**
 - Powder: 400 gram per 14 ounce can
 - 3 cans per case

Pediasmart

- **Manufacturer: Natures One**
- **Form: Powder**
- **Type: Pediatric Supplement**
- **Level: 4**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period.
- **Description:**
 - Nutritionally complete organic supplement free of artificial colors and dyes. Lactose and gluten free, contains no DHA or ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, or added growth hormones.
- **Reasons for Issuance**
 - 1) Medical conditions that show intolerance to dyes or chemicals or sensitivity or organophosphates or other additives and/or
 - 2) Chronic illness, growth failure, or eating disorders
 - **System will not allow formula to be issued to infants less than 9 months of age.**
- **Packaging:**
 - Powder: 12.7 oz can

- 6 cans per case
- Chocolate
- Vanilla

Pediasure Peptide 1.5

- **Manufacturer: Abbott**
- **Form: Ready-to-Use**
- **Type: Pediatric Semi-Elemental**
- **Level 3**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - 45 calories per ounce, Kosher, gluten-free, lactose-free, nutritionally complete, semi-elemental formula with hydrolyzed whey protein and 50% of fat as medium chain triglycerides (MCT) oil. For oral or tube feeding.
- **Reasons for Issuance:**
 - 1) Malabsorption or maldigestion
 - 2) GI impairment in children requiring 100% hydrolyzed protein or semi-elemental formula.
 - 3) Medical condition that increases caloric needs.*

Can only be issued to women and children.
- **Packaging**
 - Ready-to-use 8 ounce container
 - 24 containers per case

Periflex Advance

- **Manufacturer: Nutricia**
- **Form: Powder**
- **Type: Metabolic**
- **Level: S/3**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Phenylalanine-free medical food. Not intended as a sole source of nutrition. Intended for older children and adults (including pregnant women).
- **Reasons for Issuance**
 - Phenylketonuria (PKU).
 - **Requires state agency approval and metabolic prescription form.**
 - **Can only be issued to women and children.**
- **Packaging:**
 - Powder: 16 ounce can
 - 6 cans per case
 - Unflavored
 - Orange
 - Chocolate

****See Policy FD:15.0 for approval reasons for issuing Ready-To-Use formula:**

- 1) The formula is only available ready-to-use.
- 2) The parent/guardian is unable to prepare formula from liquid concentrate or powder due to a physical or mental disability.

- 3) There is an unsafe or unsanitary water supply.
- **For Exempt formulas issued to infants, the following two reasons apply:**
 - 4) Improves compliance in consuming a medically prescribed formula. For issuance of Non-Exempt formulas, contact State.
 - 5) Better accommodates the medical condition requiring the formula. For issuance of Non-Exempt formulas, contact State.

***Examples of medical conditions that increase calorie needs include but are not limited to Failure to Thrive (FTT), feeding aversion, cardiac conditions, burns/trauma.**

- **All formulas, *except contract formulas*, remain the same after the infant turns 1 year of age. Contract formulas become Level 1.**
- **Exempt formula/medical food: Therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.**
- **Non-Exempt (standard) formula: Contract and non-contract standard milk- or soy-based infant formula designed for use by healthy full-term infants.**
- Level 1 is a Certifying Authority.
- Level 2 is a Nutritionist.
- Level 3 is an RD or LD.
- Level S/3 means State or Level 3. Initial issuance requires State approval. Renewals are Level 3.
- Level 4 is State approval only.
- Any CA may approve Levels 1-3 that meet guidelines above.