



Memorandum

#16-054

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: June 3, 2016

SUBJECT: Clinic Formula Table Update and Resources Available April 2016

The new updated versions of the following formula approval documents are attached to this memo:

- Formula Code List dated April, 2016
- Formula Maximum Quantity Table dated April 2016
- Texas WIC Formulary and Medical Reasons for Issuance dated April 2016

These will also soon be available and can be found at TexasWIC.org on the WIC Reference Page.

If you have any questions, please contact Sandra Brown, Food/Formula Specialist, Nutrition Education/Clinic Services Unit, at 512-341-4576 or Sandra.brown@dshs.state.tx.us, or Pat Koym, Clinical Nutrition Specialist, Nutrition Education/Clinic Services Unit, at 512-341-4578 or Patricia.koym@dshs.state.tx.us

FORMULA CODE LIST APRIL 2016

Formula Level: S/3 = Metabolic formula. Initial request is state approval only.

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

E=Exempt S=Std MF=WIC Elig Nutr	Formula Level	Formula Code	Formula Description	Packaging/Flavors	Smallest Available Unit/Comments
E	3	593	ALFAMINO INFANT PWD 14.1OZ	6 cans/case	
MF	3	594	ALFAMINO JR PWD 14.1OZ	6 cans/case	
E	1	598	ALIMENTUM PWD 12.1OZ	6 cans/case	NEW
E	1	409	ALIMENTUM PWD 16OZ	6 cans/case	PHASING OUT-DISCONTINUED
E	1	395	ALIMENTUM RTU 32OZ	6 ctnrs/case	
E	S/3	463	BCAD 1 PWD 16OZ	6 cans/case	
MF	S/3	278	BCAD 2 PWD 16OZ	6 cans/case	
MF	4	528	BENECALORIE RTU 1.5OZ	24 ctnrs/case	24 containers
MF	4	571	BETAQUIK MCT RTU 8.45OZ	18 ctnrs/case	Must order in multiples of 18
MF	3	496	BOOST BREEZE RTU 8OZ	27 ctnrs/case; orange, peach, berry, variety (mixed flavors)	
MF	2	274	BOOST HP RTU 8OZ	24 ctnrs/case; vanilla	
MF	2	429	BOOST PLS RTU 8OZ	24 ctnrs/case; vanilla, chocolate, strawberry	
MF	2	275	BOOST PUDD RTU 5OZ	4 cups/carton; vanilla, chocolate, butterscotch	4 pack
MF	2	428	BOOST RTU 8OZ	24 ctnrs/case; vanilla, chocolate, strawberry	
MF	2	538	BOOST VHC RTU 8OZ	27 ctnrs/case; vanilla	
MF	2	434	BRIGHT BEGIN SOY RTU 8OZ	24 cans/case; vanilla	6 pack
E	4	470	CALCILO XD PWD 13.2OZ	6 cans/case	
MF	4	572	CARB ZERO LCT RTU 8.45OZ	18 ctnrs/case	Must order in multiples of 18
MF	2	539	COMPLEAT PED RED CAL RTU 250ML	24 ctnrs/case	
MF	2	101	COMPLEAT PEDIATRIC RTU 250ML	24 ctnrs/case	
MF	2	102	COMPLEAT RTU 250ML	24 ctnrs/case	
MF	S/3	544	COMPLEX ESSENTIAL MSD PWD 1LB	4 cans/case; vanilla	
MF	S/3	542	COMPLEX JR MSD PWD 400G	4 cans/case	
MF	S/3	543	COMPLEX MSD AA BLEND PWD 1LB	4 cans/case	
E/MF	S/3	342	CYCLINEX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	343	CYCLINEX 2 PWD 14.1OZ	6 cans/case	
MF	4	109	DIABETISOURCE AC RTU 250ML	24 ctnrs/case	
MF	4	238	DUOCAL PWD 400G	6 cans/case	
MF	3	294	E028 SPLASH RTU 8OZ	27 ctnrs/case; orange pineapple, tropical fruit, grape	
E	3	479	ELECARE DHA/ARA PWD 14.1OZ	6 cans/case	
MF	3	515	ELECARE JR PWD 14.1OZ	6 cans/case; unflavored, vanilla	For children only; Use this code for vanilla
E	4	443	ENF PREMATURE 24 /IRON RTU 2OZ	6 bottles/carton; 48 bottles/case	6 bottles
E	4	557	ENF PREMATURE 30 RTU 2OZ	6 bottles/carton; 48 bottles/case	6 bottles
E	4	509	ENF PREMATURE HI PRO24 RTU 2OZ	6 bottles/carton; 48 bottles/case	6 bottles
E	1	371	ENFACARE PWD 12.8OZ	6 cans/case	
E	1	591	ENFACARE RTU 8OZ-6PK (48OZ)	4 - 6 packs/case (24 - 8oz ctnrs)	6 pack
S	1	410	ENFAMIL AR PWD 12.9OZ	6 cans/case	
S	1	587	ENFAMIL AR RTU 8OZ-6PK (48OZ)	4 - 6 packs/case (24 - 8oz ctnrs)	6 pack
E	4	305	ENFAMIL HMF PWD 0.71G	100 packets/carton; 2 cartons/case	100 packets
S	1	588	ENFAMIL INF RTU 8OZ-6PK (48OZ)	4 - 6 packs/case (24 - 8oz ctnrs)	6 pack
S	1	486	ENFAMIL INFANT CON 13OZ	12 cans/case	
S	1	483	ENFAMIL INFANT PWD 12.5OZ	6 cans/case	
S	1	487	ENFAMIL INFANT RTU 32OZ	6 cans/case	
E	4	510	ENFAMIL LIQUID HMF RTU 5ML	100 vials/carton; 2 cartons/case	100 vials
S	1	511	ENFAMIL NEWBORN PWD 12.5OZ	6 cans/case	
E	3	564	ENFAPORT RTU 6OZ-6PACK(36OZ)	4-6 packs/case (24-6oz ctnrs)	
MF	2	526	ENSURE CLEAR RTU 6.8OZ	27 ctnrs/case; apple, mixed berry	
MF	2	279	ENSURE HC RTU 8OZ	24 ctnrs/case; vanilla, chocolate	
MF	2	573	ENSURE HP TN RTU 8OZ	24 ctnrs/case; vanilla, chocolate	TN=Therapeutic nutrition; institutional version only
MF	2	121	ENSURE PLS RTU 32OZ	6 ctnrs/case; vanilla, chocolate	

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Formula Level: S/3 = Metabolic formula. Initial request is state approval only.

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

E=Exempt S=Std MF=WIC Elig Nutr	Formula Level	Formula Code	Formula Description	Packaging/Flavors	Smallest Available Unit/Comments
MF	2	120	ENSURE PLS RTU 8OZ	24 ctnrs/case; vanilla, chocolate, butter pecan, strawberries & cream, coffee latte	
MF	2	122	ENSURE PUDD RTU 4OZ	4 cups/carton; vanilla, milk chocolate, butterscotch	4 pack
MF	2	075	ENSURE RTU 8OZ	24 ctnrs/case; vanilla, chocolate, coffee latte, strawberry, butter pecan	
E	3	592	EXTENSIVE HA PWD 14.1OZ	6 cans/case	
MF	4	126	FIBERSOURCE HN RTU 250ML	24 ctnrs/case	
MF	S/3	580	GA 1 ANAMIX EARLY PWD 400G	6 cans/case	
E	S/3	464	GA PWD 16 OZ	6 cans/case	
S	1	512	GENTLEASE PWD 12.4OZ	6 cans/case	
S	1	500	GENTLEASE RTU 32OZ	6 cans/case	
S	1	589	GENTLEASE RTU 8OZ-6PK (48OZ)	4 - 6 packs/case (24 - 8oz ctnrs)	6 pack
MF	S/3	541	GLUTARADE AA GA 1 PWD 1LB	4 cans/case	
MF	S/3	540	GLUTARADE JR GA 1 PWD 400G	4 cans/case	
E	S/3	344	GLUTAREX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	345	GLUTAREX 2 PWD 14.1OZ	6 cans/case	
MF	4	132	GLYTROL RTU 250ML	24 ctnrs/case; vanilla	
S	1	517	GOOD START GENTLE CON 12.1OZ	12 ctnrs/case	
S	1	516	GOOD START GENTLE PWD 12.7OZ	6 cans/case	
S	1	518	GOOD START GENTLE RTU 33.8OZ	4-4 packs/case	4 pack
S	1	534	GOOD START SOOTHE PWD 12.4OZ	6 cans/case	
S	1	522	GOOD START SOY CON 12.1OZ	12 ctnrs/case	
S	1	416	GOOD START SOY PWD 12.9OZ	6 cans/case	
S	1	523	GOOD START SOY RTU 33.8OZ	4-4 packs/case	4 pack
S	1	552	GRADUATES GENTLE PWD 22OZ	3 ctnrs/case	
S	1	554	GRADUATES SOY PWD 24OZ	4 ctnrs/case	DISCONTINUED-DO NOT ISSUE
E	4	477	GS PREMATURE 24 RTU 3OZ	8 bottles/carton; 48 btls/case	8 bottles
E	4	569	GS PREMATURE 30 RTU 3OZ	8 bottles/carton; 48 btls/case	8 bottles
E	4	558	GS PREMATURE HI PRO24 3OZ	8 bottles/carton; 48 btls/case	8 bottles
MF	S/3	576	HCU ANAMIX EARLY PWD 400G	6 cans/case	
MF	S/3	583	HCU ANAMIX NEXT PWD 400G	6 cans/case	
E	S/3	465	HCY 1 PWD 16OZ	6 cans/case	
MF	S/3	328	HCY 2 PWD 16OZ	6 cans/case	
E	4	133	HEPATIC AID II PWD 3OZ	24 packets/case chocolate, eggnog, custard	24 packets
MF	S/3	285	HOM 2 PWD 500G	2 cans/case	
E/MF	S/3	346	HOMINEX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	347	HOMINEX 2 PWD 14.1OZ	6 cans/case	
E/MF	S/3	348	I VALEX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	349	I VALEX 2 PWD 14.1OZ	6 cans/case	
E	4	140	IMPACT RTU 250ML	24 ctnrs/case	
MF	4	152	ISOSOURCE 1.5 RTU 250ML	24 ctnrs/case	
MF	4	153	ISOSOURCE HN RTU 250ML	24 ctnrs/case	
MF	S/3	577	IVA ANAMIX EARLY PWD 400G	6 cans/case	
MF	S/3	584	IVA ANAMIX NEXT PWD 400G	6 cans/case	
MF	4	155	JEVITY RTU 8OZ	24 cans/case	
MF	S/3	456	KETOCAL 3:1 PWD 300G	6 cans/case	
MF	S/3	364	KETOCAL 4:1 PWD 300G	6 cans/case	
MF	S/3	505	KETOCAL 4:1 RTU 8OZ	27 ctnrs/case; vanilla	
E/MF	S/3	350	KETONEX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	351	KETONEX 2 PWD 14.1OZ	6 cans/case	
MF	2	476	KID ESSENTIALS 1.5 FBR RTU 8OZ	27 ctnrs/case vanilla, chocolate, strawberry	
MF	2	475	KID ESSENTIALS 1.5 RTU 8OZ	27 ctnrs/case vanilla, chocolate, strawberry	

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MF	2	492	KID ESSENTIALS RTU 8.25OZ	4 ctnrs/case vanilla, chocolate	
MF	4	498	LIPISTART PWD 400G	no case UPC available	
MF	S/3	567	LIQUIGEN RTU 8.5OZ	12/case	
E	S/3	574	LMD PWD 16OZ	6 cans/case	
MF	S/3	499	LOPHLEX LQ PKU RTU 4.2OZ	30 pouches/case; berry, tropical	Must order in multiples of 30
MF	4	425	MCT OIL RTU 32OZ	6 bottles/case	
MF	4	424	MICROLIPID RTU 3OZ	48 bottles/case	
MF	S/3	579	MMA-PA ANAMIX EARLY PWD 400G	6 cans/case	
MF	S/3	585	MMA-PA ANAMIX NEXT PWD 400G	6 cans/case	
MF	3	449	MONOGEN PWD 400G	6 cans/case	
MF	S/3	310	MSUD 2 PWD 500G	2 cans/case	
E	S/3	171	MSUD ANALOG PWD 400G	6 cans/case	
MF	S/3	575	MSUD ANAMIX EARLY PWD 400G	6 cans/case	
MF	S/3	172	MSUD MAXAMAID PWD 454G	6 cans/case	
MF	S/3	173	MSUD MAXAMUM PWD 454G	6 cans/case	
E	3	440	NEOCATE DHA/ARA PWD 400G	4 cans/case	
MF	3	504	NEOCATE JR PREBIOTICS PWD 400G	4 cans/case; unflavored, vanilla, strawberry	
MF	3	332	NEOCATE JR PWD 400G	4 cans/case; unflavored, chocolate, tropical fruit	
MF	4	525	NEOCATE NUTRA PWD 14OZ	3 cans/case	
E	3	565	NEOCATE SPLASH RTU 8OZ	27 ctnrs/case; unflavored	
E	1	370	NEOSURE PWD 13.1OZ	6 cans/case	
E	1	430	NEOSURE RTU 32OZ	6 bottles/case	
MF	3	174	NEPRO RTU 8OZ	24 ctnrs/case; vanilla, butter pecan, mixed berry	
MF	3	176	NOVASOURCE RENAL RTU 8OZ	27 ctnrs/case; vanilla	
E	1	031	NUTRAMIGEN CON 13OZ	12 cans/case	
E	1	480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	6 cans/case	
E	1	024	NUTRAMIGEN RTU 32OZ	6 cans/case	
E	1	590	NUTRAMIGEN RTU 8OZ-6PK (48OZ)	4 - 6 packs/case	6 pack
E	1	555	NUTRAMIGEN TODDLER PWD 12.6OZ	6 cans/case	
MF	2	183	NUTREN 1.0 RTU 250ML	24 ctnrs/case; vanilla	
MF	2	184	NUTREN 1.0 W/FBR RTU 250ML	24 ctnrs/case; vanilla	
MF	2	187	NUTREN 2.0 RTU 250ML	24 ctnrs/case; vanilla	
MF	2	189	NUTREN JR RTU 250ML	24 ctnrs/case; vanilla	
MF	2	188	NUTREN JR W/FBR RTU 250ML	24 ctnrs/case; vanilla	
MF	4	192	NUTREN PULMONARY RTU 250ML	24 ctnrs/case; vanilla	
MF	4	190	NUTRIHEP RTU 250ML	24 ctnrs/case	
E	S/3	445	OA 1 PWD 16 OZ	6 cans/case	
MF	S/3	446	OA 2 PWD 16 OZ	6 cans/case	
MF	S/3	290	OS 2 PWD 500G	2 cans/case	
MF	4	062	OSMOLITE 1.0 RTU 8OZ	24 cans/case	
MF	4	193	OSMOLITE 1.2 RTU 8OZ	24 cans/case	
MF	4	196	OXEPA RTU 8OZ	24 cans/case	
MF	4	550	PED SIDEKICKS INST RTU 8OZ	24 ctnrs/case; vanilla	Institutional version only
MF	4	524	PEDIASURE PWD 12.7OZ	6 cans/case; chocolate, vanilla	
MF	4	556	PEDIASURE SOY PWD 12.7OZ	6 cans/case	
MF	2	506	PEDIASURE 1.5 RTU 8OZ	24 ctnrs/case; vanilla	
MF	2	507	PEDIASURE 1.5 W/FBR RTU 8OZ	24 ctnrs/case; vanilla	
MF	2	292	PEDIASURE ENTER 1.0 RTU 8OZ	24 cans/case; vanilla	
MF	2	293	PEDIASURE ENTER 1.0FBR RTU 8OZ	24 cans/case; vanilla	
MF	3	514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	24 bottles/case; vanilla, strawberry, unflavored	
MF	3	529	PEDIASURE PEPTIDE 1.5 RTU 8OZ	24 ctnrs/case; vanilla	

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MF	2	034	PEDIASURE RTU 8OZ	24 ctnrs/case; vanilla, chocolate, strawberry, banana crème	Retail - 6 pack only (except vanilla when special order)
MF	2	035	PEDIASURE W/FBR RTU 8OZ	24 ctnrs/case	6 ctnrs/carton
MF	3	295	PEPDITE JR PWD 51G	15 packets/case; unflavored	
MF	2	199	PEPTAMEN 1.5 RTU 250ML	24 ctnrs/case; unflavored, vanilla	
MF	3	478	PEPTAMEN JR 1.5 RTU 250ML	24 ctnrs/case; unflavored, vanilla	
MF	3	438	PEPTAMEN JR PREBIO RTU 250ML	24 ctnrs/case; vanilla	
MF	3	051	PEPTAMEN JR RTU 250ML	24 ctnrs/case; unflavored, vanilla, chocolate, strawberry	
MF	3	469	PEPTAMEN JR W/FBR RTU 250ML	24 ctnrs/case; vanilla	
MF	3	197	PEPTAMEN RTU 250ML	24 ctnrs/case; unflavored, vanilla	
MF	4	200	PERATIVE RTU 8OZ	24 cans/case	
MF	S/3	527	PERIFLEX ADVANCE PWD 16OZ	6 cans/case; unflavored, orange, chocolate	
E	S/3	265	PERIFLEX INFANT PWD 400G	6 cans/case	
E	S/3	566	PERIFLEX JR PLS PWD 400G	6 cans/case; plain, orange, berry, vanilla	
MF	S/3	201	PERIFLEX JR PWD 454G	6 cans/case; unflavored, orange, chocolate	
E	S/3	497	PERIFLEX LQ PKU RTU 8.5OZ	18 ctnrs/case; berry, orange	
MF	S/3	329	PFD 2 PWD 16OZ	6 cans/case	
E	S/3	352	PHENEX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	353	PHENEX 2 PWD 14.1OZ	6 cans/case; vanilla	
E	S/3	311	PHENYL FREE 1 PWD 16OZ	6 cans/case	
MF	S/3	297	PHENYL FREE 2 PWD 16OZ	6 cans/case	
MF	S/3	298	PHENYL FREE 2HP PWD 16OZ	6 cans/case	
MF	S/3	545	PHENYLADE 60 PWD 1LB	4 cans/case unflavored, vanilla	
MF	S/3	546	PHENYLADE AA BLEND PWD 1LB	4 cans/case	
MF	S/3	501	PHENYLADE ESSENTIAL PWD 454G	4 cans/case vanilla, strawberry, orange creme, chocolate	
MF	S/3	547	PHENYLADE MTE AA BLEND PWD 1LB	4 cans/case	
MF	S/3	338	PHENYLADE PWD 454G	4 cans/case vanilla, strawberry, orange crème	
MF	S/3	439	PHLEXY10 DRINK PWD 20G	30 packs/case black currant, apple, tropical surprise	
MF	S/3	300	PKU 2 PWD 500G	2 cans/case	
MF	S/3	301	PKU 3 PWD 500G	2 cans/case	
MF	S/3	581	PKU PERIFLEX EARLY PWD 400G	6 cans/case	
MF	4	570	POLYCAL PWD 400G	12 cans/case	
MF	3	597	PORTAGEN PWD 14.46OZ	6 cans/case	
MF	3	008	PORTAGEN PWD 16OZ	6 cans/case	PHASING OUT-DISCONTINUED
E	1	462	PREGESTIMIL 20 RTU 2OZ	48 bottles/case	6 bottles
E	4	461	PREGESTIMIL 24 RTU 2OZ	48 bottles/case	6 bottles
E	1	036	PREGESTIMIL DHA&ARA PWD 16OZ	6 cans/case	
E/MF	4	356	PRO PHREE PWD 14.1OZ	6 cans/case	
MF	4	213	PROMOTE RTU 8OZ	24 cans/case; vanilla	6 pack
MF	4	214	PROMOTE W/FBR RTU 8OZ	24 cans/case; vanilla	6 pack
MF	S/3	354	PROPIMEX 1 PWD 14.1OZ	24 cans/case	
MF	S/3	355	PROPIMEX 2 PWD 14.1OZ	6 cans/case	
S	1	373	PROSOBEE CON 13OZ	12 cans/case	
S	1	376	PROSOBEE PWD 12.9OZ	6 cans/case	
S	1	586	PROSOBEE RTU 8OZ-6PK (48OZ)	4 - 6 packs/case (24 - 8oz ctnrs)	6 pack
MF	4	219	PULMOCARE RTU 8 OZ	24 cans/case; vanilla, strawberry	6 pack
E	3	460	PURAMINO DHA&ARA PWD 14.1OZ	4 cans/case	
MF	3	599	PURAMINO TODDLER PWD 14.1OZ	4 cans/case	NEW
E	4	230	RCF CON 13OZ	12 cans/case	
MF	3	222	RENALCAL RTU 250ML	24 ctnrs/case; unflavored	

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MF	3	600	RENASTART PWD 14.1OZ		NEW
MF	4	224	REPLETE W/FBR RTU 250ML	24 ctnrs/case; vanilla	
MF	4	177	RESOURCE 2.0 RTU 8OZ	27 ctnrs/case	
E	3	232	SCANDISHAKE LF PWD 12OZ	4 packets/box; 6 boxes/case; chocolate, vanilla	Issued by box only
MF	3	233	SCANDISHAKE PWD 12OZ	4 packets/box; 6 boxes/case; chocolate, strawberry, vanilla	Issued by box only
E	3	234	SCANDISHAKE W/ASP PWD 18OZ	6 cans/case; vanilla, chocolate	
MF	1	471	SIM GO&GROW MILK PWD 1.38LBS	6 cans/case	Reclassified - No longer contract infant formula
E	3	042	SIM PM60/40 LOWIRON PWD 14.1OZ	6 cans/case	
E	4	595	SIM SPEC CARE 20 RTU 2OZ	48 bottles/case	
E	4	596	SIM SPEC CARE 24 HP RTU 2OZ	48 bottles/case	
E	4	441	SIM SPEC CARE24 W/IRON RTU 2OZ	48 bottles/case	8 bottles
E	4	503	SIM SPECIAL CARE 30 RTU 2OZ	48 bottles/case	8 bottles
S	1	388	SIMILAC ADVANCE CON 13OZ	12 cans/case	
S	1	414	SIMILAC ADVANCE PWD 12.4OZ	6 cans/case	
S	1	365	SIMILAC ADVANCE RTU 32OZ	6 ctnrs/case	
E	1	019	SIMILAC FOR DIARRHEA RTU 32OZ	6 cans/case	
S	1	561	SIMILAC FOR SPIT-UP PWD 12OZ	6 cans/case	Contract - RX required
S	1	562	SIMILAC FOR SPIT-UP RTU 32OZ	6 cans/case	Contract - RX required
E/MF	4	235	SIMILAC HMF PWD 0.9G	.90 grams/packet; 50 pkts/carton; 3 cartons/case	50 packets
S	1	559	SIMILAC SENSITIVE PWD 12OZ	6 cans/case	Contract - RX required
S	1	560	SIMILAC SENSITIVE RTU 32OZS	6 ctnrs/case	Contract - RX required
S	1	391	SIMILAC SOY ISOMIL CON 13OZ	12 cans/case	
S	1	389	SIMILAC SOY ISOMIL PWD 12.4OZ	6 cans/case	
S	1	390	SIMILAC SOY ISOMIL RTU 32OZ	6 ctnrs/case	
S	1	563	SIMILAC TOTAL COMFORT PWD 12OZ	6 cans/case	Contract - RX required
MF	S/3	578	SOD ANAMIX EARLY PWD 400G	6 cans/case	
MF	3	239	SUPLENA RTU 8OZ	24 cans/case; vanilla	
MF	3	240	TOLEREX PWD 2.82OZ	60 packets/case	
MF	4	245	TWOCAL HN RTU 8OZ	24 cans/case; vanilla, butter pecan	
MF	S/3	304	TYR 2 PWD 500G	2 cans/case	
MF	S/3	582	TYR ANAMIX EARLY PWD 400G	6 cans/case	
MF	S/3	568	TYR ANAMIX NEXT PWD 400G	6 cans/case	
E/MF	S/3	357	TYREX 1 PWD 14.1OZ	6 cans/case	
MF	S/3	358	TYREX 2 PWD 14.1OZ	6 cans/case	
E	S/3	467	TYROS 1 PWD 16OZ	6 cans/case	
MF	S/3	330	TYROS 2 PWD 16OZ	6 cans/case	
MF	S/3	307	UCD 2 PWD 500G	2 cans/case	
MF	S/3	548	UCD ANAMIX JR PWD 400G	6 cans/case; unflavored, vanilla	
MF	3	249	VITAL HN PWD 2.79OZ	6 packets/carton; vanilla	6 pack
MF	3	250	VIVONEX PEDIATRIC PWD 1.7OZ	36 packets/case	
MF	3	251	VIVONEX PLS PWD 2.8OZ	36 packets/case	
MF	3	252	VIVONEX TEN PWD 2.84OZ	60 packets/case	
E	S/3	468	WND 1 PWD 16OZ	6 cans/case	
MF	S/3	331	WND 2 PWD 16OZ	6 cans/case	
E	S/3	253	XLEU ANALOG PWD 400G	6 cans/case	
MF	S/3	254	XLEU MAXAMAID PWD 454G	6 cans/case; orange	
MF	S/3	255	XLEU MAXAMUM PWD 454G	6 cans/case; orange	
E	S/3	256	XLYS,XTRP ANALOG PWD 400G	6 cans/case	
MF	S/3	257	XLYS,XTRP MAXAMAID PWD 454G	6 cans/case; orange	

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E=Exempt S=Std MF=WIC Elig Nutr	Formula Level	Formula Code	Formula Description	Packaging/Flavors	Smallest Available Unit/Comments
MF	S/3	258	XLYS,XTRP MAXAMUM PWD 454G	6 cans/case; orange	
E	S/3	259	XMET ANALOG PWD 400G	6 cans/case	
MF	S/3	260	XMET MAXAMAID PWD 454G	6 cans/case	
MF	S/3	261	XMET MAXAMUM PWD 454G	6 cans/case; orange	
E	S/3	262	XMTVI ANALOG PWD 400G	6 cans/case; orange	
MF	S/3	263	XMTVI MAXAMAID PWD 454G	6 cans/case	
MF	S/3	264	XMTVI MAXAMUM PWD 454G	6 cans/case	
MF	S/3	242	XPHE MAXAMAID PWD 454G	6 cans/case; unflavored, orange, strawberry	
MF	S/3	243	XPHE MAXAMUM PWD 454G	6 cans/case; orange, unflavored	
E	S/3	244	XPHE,XTYR ANALOG PWD 400G	6 cans/case	
MF	S/3	135	XPHE,XTYR MAXAMAID PWD 454G	6 cans/case	

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
593	ALFAMINO INFANT PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	9	94
593	ALFAMINO INFANT PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
593	ALFAMINO INFANT PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
593	ALFAMINO INFANT PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
594	ALFAMINO JR PWD 14.1OZ	E															14	62
594	ALFAMINO JR PWD 14.1OZ	E																
598	ALIMENTUM PWD 12.1OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
598	ALIMENTUM PWD 12.1OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
598	ALIMENTUM PWD 12.1OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11		
598	ALIMENTUM PWD 12.1OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6		
409	ALIMENTUM PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	6	6	6	7	115
409	ALIMENTUM PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	3		
409	ALIMENTUM PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
409	ALIMENTUM PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
395	ALIMENTUM RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
395	ALIMENTUM RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
395	ALIMENTUM RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
395	ALIMENTUM RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
463	BCAD 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
463	BCAD 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
463	BCAD 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
463	BCAD 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
278	BCAD 2 PWD 16OZ	E															14	93/62
278	BCAD 2 PWD 16OZ	E																
528	BENECALORIE RTU 1.5OZ	E	FF	0	0	0	0	0	0	0	96	96	96	96	96	96	96	1.5
528	BENECALORIE RTU 1.5OZ	E	MBF		0	0	0	0	0	0	48	48	48	48	48	48		
528	BENECALORIE RTU 1.5OZ	E	NFF	0	0	0	0	0	0	0	96	96	96	96	96	96		
528	BENECALORIE RTU 1.5OZ	E	NFMBF		0	0	0	0	0	0	48	48	48	48	48	48		
571	BETAQUIK MCT RTU 8.45OZ	E															107	8.45
571	BETAQUIK MCT RTU 8.45OZ	E																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
496	BOOST BREEZE RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
496	BOOST BREEZE RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
496	BOOST BREEZE RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
496	BOOST BREEZE RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
274	BOOST HP RTU 8OZ	E																113	8
274	BOOST HP RTU 8OZ	E																	
429	BOOST PLS RTU 8OZ	E																113	8
429	BOOST PLS RTU 8OZ	E																	
275	BOOST PUDD RTU 5OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	128	128	128	182	5
275	BOOST PUDD RTU 5OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	64	64	64		
275	BOOST PUDD RTU 5OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	179	179	179		
275	BOOST PUDD RTU 5OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	89	89	89		
428	BOOST RTU 8OZ	E																113	8
428	BOOST RTU 8OZ	E																	
538	BOOST VHC RTU 8OZ	E																113	8
538	BOOST VHC RTU 8OZ	E																	
434	BRIGHT BEGIN SOY RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
434	BRIGHT BEGIN SOY RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
434	BRIGHT BEGIN SOY RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
434	BRIGHT BEGIN SOY RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
470	CALCILO XD PWD 13.2OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	7	9	96
470	CALCILO XD PWD 13.2OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4	4		
470	CALCILO XD PWD 13.2OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10	10		
470	CALCILO XD PWD 13.2OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5	5		
572	CARB ZERO LCT RTU 8.45OZ	E																107	8.45
572	CARB ZERO LCT RTU 8.45OZ	E																	
539	COMPLEAT PED RED CAL RTU 250ML	E																107	8.45
539	COMPLEAT PED RED CAL RTU 250ML	E																	
101	COMPLEAT PEDIATRIC RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
101	COMPLEAT PEDIATRIC RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	0	37	37	37		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
101	COMPLEAT PEDIATRIC RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	0	106	106	106		
101	COMPLEAT PEDIATRIC RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	0	53	53	53		
102	COMPLEAT RTU 250ML	E																107	8.45
102	COMPLEAT RTU 250ML	E																	
544	COMPLEX ESSENTIAL MSD PWD 1LB	E																10	91
544	COMPLEX ESSENTIAL MSD PWD 1LB	E																	
542	COMPLEX JR MSD PWD 400G	E																9	100
542	COMPLEX JR MSD PWD 400G	E																	
543	COMPLEX MSD AA BLEND PWD 1LB	E																11	80.5
543	COMPLEX MSD AA BLEND PWD 1LB	E																	
342	CYCLINEX 1 PWD 14.1OZ	E	FF	8	8	8	8	8	9	9	7	6	6	6	6	6	6	13	102/68
342	CYCLINEX 1 PWD 14.1OZ	E	MBF		3	3	4	4	4	5	4	3	3	3	3	3	3		
342	CYCLINEX 1 PWD 14.1OZ	E	NFF	8	8	8	8	8	9	9	9	9	9	9	9	9	9		
342	CYCLINEX 1 PWD 14.1OZ	E	NFMBF		3	3	4	4	4	5	5	5	4	4	4	4	4		
343	CYCLINEX 2 PWD 14.1OZ	E																15	88/59
343	CYCLINEX 2 PWD 14.1OZ	E																	
109	DIABETISOURCE AC RTU 250ML	E																107	8.45
109	DIABETISOURCE AC RTU 250ML	E																	
238	DUOCAL PWD 400G	E	FF	13	13	13	13	13	14	14	10	10	10	10	10	10	10	13	66
238	DUOCAL PWD 400G	E	MBF		6	6	6	6	7	7	5	5	5	5	5	5	5		
238	DUOCAL PWD 400G	E	NFF	13	13	13	13	13	14	14	14	14	14	14	14	14	14		
238	DUOCAL PWD 400G	E	NFMBF		6	6	6	6	7	7	7	7	7	7	7	7	7		
294	EO28 SPLASH RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
294	EO28 SPLASH RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
294	EO28 SPLASH RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
294	EO28 SPLASH RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
479	ELECARE DHA/ARA PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	7	14	95/62
479	ELECARE DHA/ARA PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4	4		
479	ELECARE DHA/ARA PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10	10		
479	ELECARE DHA/ARA PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5	5		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
515	ELECARE JR PWD 14.1OZ	E																14	62
515	ELECARE JR PWD 14.1OZ	E																	
443	ENF PREMATURE 24 /IRON RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2	
443	ENF PREMATURE 24 /IRON RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
443	ENF PREMATURE 24 /IRON RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
443	ENF PREMATURE 24 /IRON RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			
557	ENF PREMATURE 30 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2	
557	ENF PREMATURE 30 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
557	ENF PREMATURE 30 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
557	ENF PREMATURE 30 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			
509	ENF PREMATURE HI PRO24 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2	
509	ENF PREMATURE HI PRO24 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
509	ENF PREMATURE HI PRO24 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
509	ENF PREMATURE HI PRO24 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			
371	ENFACARE PWD 12.8OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	11	82	
371	ENFACARE PWD 12.8OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4			
371	ENFACARE PWD 12.8OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11			
371	ENFACARE PWD 12.8OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6			
591	ENFACARE RTU 8OZ-6PK (48OZ)	E	FF	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48	
591	ENFACARE RTU 8OZ-6PK (48OZ)	E	MBF		8	8	8	8	9	10	7	7	7	7	7	7			
591	ENFACARE RTU 8OZ-6PK (48OZ)	E	NFF	17	17	17	17	17	19	19	19	19	19	19	19	19			
591	ENFACARE RTU 8OZ-6PK (48OZ)	E	NFMBF		8	8	8	8	9	10	10	10	9	9	9	9			
410	ENFAMIL AR PWD 12.9OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	9	91	
410	ENFAMIL AR PWD 12.9OZ	S	MBF		4	4	4	4	5	5	4	4	4	4	4	4			
410	ENFAMIL AR PWD 12.9OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10	9	91	
410	ENFAMIL AR PWD 12.9OZ	S	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5			
587	ENFAMIL AR RTU 8OZ-6PK (48OZ)	S	FF	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48	
587	ENFAMIL AR RTU 8OZ-6PK (48OZ)	S	MBF		8	8	8	8	9	10	7	7	7	7	7	7			
587	ENFAMIL AR RTU 8OZ-6PK (48OZ)	S	NFF	17	17	17	17	17	19	19	19	19	19	19	19	19			
587	ENFAMIL AR RTU 8OZ-6PK (48OZ)	S	NFMBF		8	8	8	8	9	10	10	10	9	9	9	9			

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
305	ENFAMIL HMF PWD .71G	E	FF	800	800	800	800	800	800	800	800	700	700	700	700	700	700	0	N/A
305	ENFAMIL HMF PWD .71G	E	MBF		400	400	400	400	400	400	400	400	400	400	400	400	400		
305	ENFAMIL HMF PWD .71G	E	NFF	800	800	800	800	800	800	800	800	800	800	800	800	800	800		
305	ENFAMIL HMF PWD .71G	E	NFMBF		400	400	400	400	400	400	400	400	400	400	400	400	400		
588	ENFAMIL INF RTU 8OZ-6PK (48OZ)	S	FF	17	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48
588	ENFAMIL INF RTU 8OZ-6PK (48OZ)	S	MBF		8	8	8	8	8	9	10	7	7	7	7	7	7		
588	ENFAMIL INF RTU 8OZ-6PK (48OZ)	S	NFF	17	17	17	17	17	17	19	19	19	19	19	19	19	19		
588	ENFAMIL INF RTU 8OZ-6PK (48OZ)	S	NFMBF		8	8	8	8	8	9	10	10	10	9	9	9	9		
486	ENFAMIL INFANT CON 13OZ	S	FF	31	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
486	ENFAMIL INFANT CON 13OZ	S	MBF		14	14	14	14	14	17	17	12	12	12	12	12	12		
486	ENFAMIL INFANT CON 13OZ	S	NFF	31	31	31	31	31	31	34	34	34	34	34	34	34	34		
486	ENFAMIL INFANT CON 13OZ	S	NFMBF		14	14	14	14	14	17	17	17	17	17	17	17	17		
483	ENFAMIL INFANT PWD 12.5OZ	S	FF	9	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
483	ENFAMIL INFANT PWD 12.5OZ	S	MBF		4	4	4	4	5	5	5	4	4	4	4	4	4		
483	ENFAMIL INFANT PWD 12.5OZ	S	NFF	9	9	9	9	9	9	10	10	10	10	10	10	10	10		
483	ENFAMIL INFANT PWD 12.5OZ	S	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5	5		
487	ENFAMIL INFANT RTU 32OZ	S	FF	26	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
487	ENFAMIL INFANT RTU 32OZ	S	MBF		12	12	12	12	12	14	14	10	10	10	10	10	10		
487	ENFAMIL INFANT RTU 32OZ	S	NFF	26	26	26	26	26	26	28	28	28	28	28	28	28	28		
487	ENFAMIL INFANT RTU 32OZ	S	NFMBF		12	12	12	12	12	14	14	14	14	14	14	14	14		
510	ENFAMIL LIQUID HMF RTU 5ML	E	FF	800	800	800	800	800	800	800	800	700	700	700	700	700	700	0	N/A
510	ENFAMIL LIQUID HMF RTU 5ML	E	MBF		400	400	400	400	400	400	400	400	400	400	400	400	400		
510	ENFAMIL LIQUID HMF RTU 5ML	E	NFF	800	800	800	800	800	800	800	800	800	800	800	800	800	800		
510	ENFAMIL LIQUID HMF RTU 5ML	E	NFMBF		400	400	400	400	400	400	400	400	400	400	400	400	400		
511	ENFAMIL NEWBORN PWD 12.5OZ	S	FF	9	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
511	ENFAMIL NEWBORN PWD 12.5OZ	S	MBF		4	4	4	4	5	5	5	4	4	4	4	4	4		
511	ENFAMIL NEWBORN PWD 12.5OZ	S	NFF	9	9	9	9	9	9	10	10	10	10	10	10	10	10		
511	ENFAMIL NEWBORN PWD 12.5OZ	S	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5	5		
564	ENFAPORT RTU 6OZ-6PACK (36OZ)	E	FF	23	23	23	23	23	23	25	25	18	18	17	17	17	17	25	36
564	ENFAPORT RTU 6OZ-6PACK (36OZ)	E	MBF		10	10	11	11	11	12	13	9	9	9	9	8	8		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
564	ENFAPORT RTU 6OZ-6PACK (36OZ)	E	NFF	23	23	23	23	23	25	25	25	25	25	25	24	24		
564	ENFAPORT RTU 6OZ-6PACK (36OZ)	E	NFMBF		10	10	11	11	12	13	13	12	12	12	12	12		
526	ENSURE CLEAR RTU 6.7OZ	E															124	6.7
526	ENSURE CLEAR RTU 6.7OZ	E																
279	ENSURE HC RTU 8OZ	E															113	8
279	ENSURE HC RTU 8OZ	E																
573	ENSURE HP TN RTU 8OZ	E															113	8
573	ENSURE HP TN RTU 8OZ	E																
121	ENSURE PLS RTU 32OZ	E															28	32
121	ENSURE PLS RTU 32OZ	E																
120	ENSURE PLS RTU 8OZ	E															113	8
120	ENSURE PLS RTU 8OZ	E																
122	ENSURE PUDD RTU 4OZ	E	FF	0	0	0	0	0	0	0	0	0	0	156	156	156	227	4
122	ENSURE PUDD RTU 4OZ	E	MBF		0	0	0	0	0	0	0	0	0	78	78	78		
122	ENSURE PUDD RTU 4OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	221	221	221		
122	ENSURE PUDD RTU 4OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	111	111	111		
075	ENSURE RTU 8OZ	E															113	8
075	ENSURE RTU 8OZ	E																
592	EXTENSIVE HA PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	9	96
592	EXTENSIVE HA PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
592	EXTENSIVE HA PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
592	EXTENSIVE HA PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
126	FIBERSOURCE HN RTU 250ML	E															107	8.45
126	FIBERSOURCE HN RTU 250ML	E																
580	GA 1 ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
580	GA 1 ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
580	GA 1 ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	9	10	10	10	10	10	10	10		
580	GA 1 ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
464	GA PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
464	GA PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
464	GA PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
464	GA PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
512	GENTLEASE PWD 12.4OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
512	GENTLEASE PWD 12.4OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
512	GENTLEASE PWD 12.4OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
512	GENTLEASE PWD 12.4OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
500	GENTLEASE RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
500	GENTLEASE RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
500	GENTLEASE RTU 32OZ	S	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
500	GENTLEASE RTU 32OZ	S	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
589	GENTLEASE RTU 8OZ-6PK (48OZ)	S	FF	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48
589	GENTLEASE RTU 8OZ-6PK (48OZ)	S	MBF		8	8	8	8	9	10	7	7	7	7	7	7		
589	GENTLEASE RTU 8OZ-6PK (48OZ)	S	NFF	17	17	17	17	17	19	19	19	19	19	19	19	19		
589	GENTLEASE RTU 8OZ-6PK (48OZ)	S	NFMBF		8	8	8	8	9	10	10	10	9	9	9	9		
541	GLUTARADE AA GA 1 PWD 1LB	E															11	81
541	GLUTARADE AA GA 1 PWD 1LB	E																
540	GLUTARADE JR GA 1 PWD 400G	E															9	101
540	GLUTARADE JR GA 1 PWD 400G	E																
344	GLUTAREX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
344	GLUTAREX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
344	GLUTAREX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
344	GLUTAREX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
345	GLUTAREX 2 PWD 14.1OZ	E															16	82/55
345	GLUTAREX 2 PWD 14.1OZ	E																
132	GLYTROL RTU 250ML	E															107	8.45
132	GLYTROL RTU 250ML	E																
517	GOOD START GENTLE CON 12.1OZ	S	FF	34	34	34	34	34	37	37	26	26	26	26	26	26	37	24.2
517	GOOD START GENTLE CON 12.1OZ	S	MBF		16	16	16	16	19	19	13	13	13	13	13	13		
517	GOOD START GENTLE CON 12.1OZ	S	NFF	34	34	34	34	34	37	37	37	37	37	37	37	37		
517	GOOD START GENTLE CON 12.1OZ	S	NFMBF		16	16	16	16	19	19	19	19	19	19	19	19		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
516	GOOD START GENTLE PWD 12.7OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
516	GOOD START GENTLE PWD 12.7OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
516	GOOD START GENTLE PWD 12.7OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
516	GOOD START GENTLE PWD 12.7OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
518	GOOD START GENTLE RTU 33.8OZ	S	FF	24	24	24	24	24	27	27	19	19	19	19	19	19	26	33.8
518	GOOD START GENTLE RTU 33.8OZ	S	MBF		11	11	11	11	14	14	10	10	10	10	10	10		
518	GOOD START GENTLE RTU 33.8OZ	S	NFF	24	24	24	24	24	27	27	27	27	27	27	27	27		
518	GOOD START GENTLE RTU 33.8OZ	S	NFMBF		11	11	11	11	14	14	14	14	14	14	14	14		
534	GOOD START SOOTHE PWD 12.4OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
534	GOOD START SOOTHE PWD 12.4OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
534	GOOD START SOOTHE PWD 12.4OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
534	GOOD START SOOTHE PWD 12.4OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
522	GOOD START SOY CON 12.1OZ	S	FF	34	34	34	34	34	37	37	26	26	26	26	26	26	37	24.2
522	GOOD START SOY CON 12.1OZ	S	MBF		16	16	16	16	19	19	13	13	13	13	13	13		
522	GOOD START SOY CON 12.1OZ	S	NFF	34	34	34	34	34	37	37	37	37	37	37	37	37		
522	GOOD START SOY CON 12.1OZ	S	NFMBF		16	16	16	16	19	19	19	19	19	19	19	19		
416	GOOD START SOY PWD 12.9OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	91
416	GOOD START SOY PWD 12.9OZ	S	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
416	GOOD START SOY PWD 12.9OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
416	GOOD START SOY PWD 12.9OZ	S	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
523	GOOD START SOY RTU 33.8OZ	S	FF	24	24	24	24	24	27	27	19	19	19	19	19	19	26	33.8
523	GOOD START SOY RTU 33.8OZ	S	MBF		11	11	11	11	14	14	10	10	10	10	10	10		
523	GOOD START SOY RTU 33.8OZ	S	NFF	24	24	24	24	24	27	27	27	27	27	27	27	27		
523	GOOD START SOY RTU 33.8OZ	S	NFMBF		11	11	11	11	14	14	14	14	14	14	14	14		
552	GRADUATES GENTLE PWD 22OZ	S															5	154
552	GRADUATES GENTLE PWD 22OZ	S																
554	GRADUATES SOY PWD 24OZ	S															5	170
554	GRADUATES SOY PWD 24OZ	S																
477	GS PREMATURE 24 RTU 3OZ	E	FF	269	269	269	269	269	295	295	208	208	208	208	208	208	303	3
477	GS PREMATURE 24 RTU 3OZ	E	MBF		122	122	122	122	148	148	104	104	104	104	104	104		

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
477	GS PREMATURE 24 RTU 3OZ	E	NFF	269	269	269	269	269	295	295	295	295	295	295	295	295		
477	GS PREMATURE 24 RTU 3OZ	E	NFMBF		122	122	122	122	148	148	148	148	148	148	148	148		
569	GS PREMATURE 30 RTU 3OZ	E	FF	269	269	269	269	269	295	295	208	208	208	208	208	208	303	3
569	GS PREMATURE 30 RTU 3OZ	E	MBF		122	122	122	122	148	148	104	104	104	104	104	104		
569	GS PREMATURE 30 RTU 3OZ	E	NFF	269	269	269	269	269	295	295	295	295	295	295	295	295		
569	GS PREMATURE 30 RTU 3OZ	E	NFMBF		122	122	122	122	148	148	148	148	148	148	148	148		
558	GS PREMATURE HI PRO24 3OZ	E	FF	269	269	269	269	269	295	295	208	208	208	208	208	208	303	3
558	GS PREMATURE HI PRO24 3OZ	E	MBF		122	122	122	122	148	148	104	104	104	104	104	104		
558	GS PREMATURE HI PRO24 3OZ	E	NFF	269	269	269	269	269	295	295	295	295	295	295	295	295		
558	GS PREMATURE HI PRO24 3OZ	E	NFMBF		122	122	122	122	148	148	148	148	148	148	148	148		
576	HCU ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
576	HCU ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
576	HCU ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
576	HCU ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
583	HCU ANAMIX NEXT PWD 400G	E															17	51
583	HCU ANAMIX NEXT PWD 400G	E																
465	HCY 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
465	HCY 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
465	HCY 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
465	HCY 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
328	HCY 2 PWD 16OZ	E															14	93/62
328	HCY 2 PWD 16OZ	E																
133	HEPATIC AID II PWD 3OZ	E															82	11
133	HEPATIC AID II PWD 3OZ	E																
285	HOM 2 PWD 500G	E															18	73/48
285	HOM 2 PWD 500G	E																
346	HOMINEX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
346	HOMINEX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
346	HOMINEX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
346	HOMINEX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
347	HOMINEX 2 PWD 14.1OZ	E															16	82/55
347	HOMINEX 2 PWD 14.1OZ	E																
348	I VALEX 1 PWD 14.1.OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
348	I VALEX 1 PWD 14.1.OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
348	I VALEX 1 PWD 14.1.OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
348	I VALEX 1 PWD 14.1.OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
349	I VALEX 2 PWD 14.1OZ	E															16	82/55
349	I VALEX 2 PWD 14.1OZ	E																
140	IMPACT RTU 250ML	E															107	8.45
140	IMPACT RTU 250ML	E																
152	ISOSOURCE 1.5 RTU 250ML	E															107	8.45
152	ISOSOURCE 1.5 RTU 250ML	E																
153	ISOSOURCE HN RTU 250ML	E															107	8.45
153	ISOSOURCE HN RTU 250ML	E																
577	IVA ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
577	IVA ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
577	IVA ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
577	IVA ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
584	IVA ANAMIX NEXT PWD 400G	E															18	50
584	IVA ANAMIX NEXT PWD 400G	E																
155	JEVITY RTU 8OZ	E															113	8
155	JEVITY RTU 8OZ	E																
456	KETOCAL 3:1 PWD 300G	E	FF	8	8	8	8	8	9	9	6	6	6	6	6	6	13	105/70
456	KETOCAL 3:1 PWD 300G	E	MBF		4	4	4	4	4	5	3	3	3	3	3	3		
456	KETOCAL 3:1 PWD 300G	E	NFF	8	8	8	8	8	9	9	9	9	9	9	9	9		
456	KETOCAL 3:1 PWD 300G	E	NFMBF		4	4	4	4	4	5	5	5	4	4	4	4		
364	KETOCAL 4:1 PWD 300G	E	FF	17	17	17	17	17	18	18	13	13	13	13	13	13	18	50
364	KETOCAL 4:1 PWD 300G	E	MBF		8	8	8	8	9	9	7	7	7	7	7	7		
364	KETOCAL 4:1 PWD 300G	E	NFF	17	17	17	17	17	18	18	18	18	18	18	18	18		
364	KETOCAL 4:1 PWD 300G	E	NFMBF		8	8	8	8	9	9	9	9	9	9	9	9		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
505	KETOCAL 4:1 RTU 8OZ	E															113	8
505	KETOCAL 4:1 RTU 8OZ	E																
350	KETONEX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	16	96/55
350	KETONEX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
350	KETONEX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
350	KETONEX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
351	KETONEX 2 PWD 14.1OZ	E															16	82/55
351	KETONEX 2 PWD 14.1OZ	E																
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	112	112	112		
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	56	56	56		
475	KID ESSENTIALS 1.5 RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
475	KID ESSENTIALS 1.5 RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
475	KID ESSENTIALS 1.5 RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	112	112	112		
475	KID ESSENTIALS 1.5 RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	56	56	56		
492	KID ESSENTIALS RTU 8.25OZ	E	FF	0	0	0	0	0	0	0	0	0	0	76	76	76	110	8.25
492	KID ESSENTIALS RTU 8.25OZ	E	MBF		0	0	0	0	0	0	0	0	0	38	38	38		
492	KID ESSENTIALS RTU 8.25OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	108	108	108		
492	KID ESSENTIALS RTU 8.25OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	54	54	54		
498	LIPISTART PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
498	LIPISTART PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
498	LIPISTART PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
498	LIPISTART PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
567	LIQUIGEN RTU 8.5OZ	E	FF	95	95	95	95	95	104	104	74	74	74	74	74	74	107	8.5
567	LIQUIGEN RTU 8.5OZ	E	MBF		43	43	43	43	52	52	37	37	37	37	37	37		
567	LIQUIGEN RTU 8.5OZ	E	NFF	95	95	95	95	95	104	104	104	104	104	104	104	104		
567	LIQUIGEN RTU 8.5OZ	E	NFMBF		43	43	43	43	52	52	52	52	52	52	52	52		
574	LMD PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	6	6	6	8	114
574	LMD PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	3		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
574	LMD PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
574	LMD PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
499	LOPHLEX LQ PKU RTU 4.2OZ	E															216	4.2
499	LOPHLEX LQ PKU RTU 4.2OZ	E																
425	MCT OIL RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
425	MCT OIL RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
425	MCT OIL RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
425	MCT OIL RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
424	MICROLIPID RTU 3OZ	E	FF	269	269	269	269	269	295	295	208	208	208	208	208	208	303	3
424	MICROLIPID RTU 3OZ	E	MBF		122	122	122	122	148	148	104	104	104	104	104	104		
424	MICROLIPID RTU 3OZ	E	NFF	269	269	269	269	269	295	295	295	295	295	295	295	295		
424	MICROLIPID RTU 3OZ	E	NFMBF		122	122	122	122	148	148	148	148	148	148	148	148		
579	MMA-PA ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
579	MMA-PA ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
579	MMA-PA ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
579	MMA-PA ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
585	MMA-PA ANAMIX NEXT PWD 400G	E															18	50
585	MMA-PA ANAMIX NEXT PWD 400G	E																
449	MONOGEN PWD 400G	E	FF	11	11	11	11	11	12	12	9	9	9	9	9	9	16	76/56
449	MONOGEN PWD 400G	E	MBF		5	5	5	5	6	6	5	5	5	5	5	5		
449	MONOGEN PWD 400G	E	NFF	11	11	11	11	11	12	12	12	12	12	12	12	12		
449	MONOGEN PWD 400G	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6		
310	MSUD 2 PWD 500G	E															18	75/50
310	MSUD 2 PWD 500G	E																
171	MSUD ANALOG PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	95/63
171	MSUD ANALOG PWD 400G	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
171	MSUD ANALOG PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
171	MSUD ANALOG PWD 400G	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
575	MSUD ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
575	MSUD ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		

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Form Code	Formula Description	Std or Exmpt	FormFed or Mostly BF	Infant Quantity per Issuance Month													Woman or Child Quantity	Reconst. Oz/Ctnr 20/30
				0	<1	1	2	3	4	5	6	7	8	9	10	11		
575	MSUD ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
575	MSUD ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
172	MSUD MAXAMAID PWD 454G	E															11	78
172	MSUD MAXAMAID PWD 454G	E																
173	MSUD MAXAMUM PWD 454G	E															11	78
173	MSUD MAXAMUM PWD 454G	E																
440	NEOCATE DHA/ARA PWD 400G	E	FF	8	8	8	9	9	9	10	7	7	7	7	7	7	9	97
440	NEOCATE DHA/ARA PWD 400G	E	MBF		4	4	4	4	5	5	4	4	3	3	3	3		
440	NEOCATE DHA/ARA PWD 400G	E	NFF	8	8	8	9	9	9	10	10	9	9	9	9	9		
440	NEOCATE DHA/ARA PWD 400G	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
504	NEOCATE JR PREBIOTICS PWD 400G	E															14	62
504	NEOCATE JR PREBIOTICS PWD 400G	E																
332	NEOCATE JR PWD 400G	E															14	62
332	NEOCATE JR PWD 400G	E																
525	NEOCATE NUTRA PWD 14OZ	E	FF	0	0	0	0	0	0	0	18	18	18	18	18	18	25	36
525	NEOCATE NUTRA PWD 14OZ	E	MBF	0	0	0	0	0	0	0	9	9	9	9	9	9		
525	NEOCATE NUTRA PWD 14OZ	E	NFF	0	0	0	0	0	0	0	25	25	25	25	25	25		
525	NEOCATE NUTRA PWD 14OZ	E	NFMBF	0	0	0	0	0	0	0	13	13	13	13	13	13		
565	NEOCATE SPLASH RTU 8OZ	E															113	8
565	NEOCATE SPLASH RTU 8OZ	E																
370	NEOSURE PWD 13.1OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
370	NEOSURE PWD 13.1OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
370	NEOSURE PWD 13.1OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11		
370	NEOSURE PWD 13.1OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6		
430	NEOSURE RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
430	NEOSURE RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
430	NEOSURE RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
430	NEOSURE RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
174	NEPRO RTU 8OZ	E															113	8
174	NEPRO RTU 8OZ	E																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
176	NOVASOURCE RENAL RTU 8OZ	E															113	8
176	NOVASOURCE RENAL RTU 8OZ	E																
031	NUTRAMIGEN CON 13OZ	E	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
031	NUTRAMIGEN CON 13OZ	E	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
031	NUTRAMIGEN CON 13OZ	E	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
031	NUTRAMIGEN CON 13OZ	E	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11		
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6		
024	NUTRAMIGEN RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
024	NUTRAMIGEN RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
024	NUTRAMIGEN RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
024	NUTRAMIGEN RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
590	NUTRAMIGEN RTU 8OZ-6PK (48OZ)	E	FF	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48
590	NUTRAMIGEN RTU 8OZ-6PK (48OZ)	E	MBF		8	8	8	8	9	10	7	7	7	7	7	7		
590	NUTRAMIGEN RTU 8OZ-6PK (48OZ)	E	NFF	17	17	17	17	17	19	19	19	19	19	19	19	19		
590	NUTRAMIGEN RTU 8OZ-6PK (48OZ)	E	NFMBF		8	8	8	8	9	10	10	10	9	9	9	9		
555	NUTRAMIGEN TODDLER PWD 12.6OZ	E															10	86
555	NUTRAMIGEN TODDLER PWD 12.6OZ	E																
183	NUTREN 1.0 RTU 250ML	E															107	8.45
183	NUTREN 1.0 RTU 250ML	E																
184	NUTREN 1.0 W/FBR RTU 250ML	E															107	8.45
184	NUTREN 1.0 W/FBR RTU 250ML	E																
187	NUTREN 2.0 RTU 250ML	E															107	8.45
187	NUTREN 2.0 RTU 250ML	E																
189	NUTREN JR RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
189	NUTREN JR RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	37	37	37		
189	NUTREN JR RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	106	106	106		
189	NUTREN JR RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	53	53	53		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
188	NUTREN JR W/FBR RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
188	NUTREN JR W/FBR RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	0	37	37	37		
188	NUTREN JR W/FBR RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	0	106	106	106		
188	NUTREN JR W/FBR RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	0	53	53	53		
192	NUTREN PULMONARY RTU 250ML	E																107	8.45
192	NUTREN PULMONARY RTU 250ML	E																	
190	NUTRIHEP RTU 250ML	E																107	8.45
190	NUTRIHEP RTU 250ML	E																	
445	OA 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76	
445	OA 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2			
445	OA 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8			
445	OA 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4			
446	OA 2 PWD 16OZ	E																14	93/62
446	OA 2 PWD 16OZ	E																	
290	OS 2 PWD 500G	E																18	75/50
290	OS 2 PWD 500G	E																	
062	OSMOLITE 1.0 RTU 8OZ	E																113	8
062	OSMOLITE 1.0 RTU 8OZ	E																	
193	OSMOLITE 1.2 RTU 8OZ	E																113	8
193	OSMOLITE 1.2 RTU 8OZ	E																	
196	OXEPA RTU 8OZ	E																113	8
196	OXEPA RTU 8OZ	E																	
550	PED SIDEKICKS INST RTU 8OZ	E																113	8
550	PED SIDEKICKS INST RTU 8OZ	E																	
524	PEDIASMA RT PWD 12.7OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	12	12	12	16	56
524	PEDIASMA RT PWD 12.7OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	6	6	6		
524	PEDIASMA RT PWD 12.7OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	16	16	16		
524	PEDIASMA RT PWD 12.7OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	8	8	8		
556	PEDIASMA RT SOY PWD 12.7OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	12	12	12	16	56
556	PEDIASMA RT SOY PWD 12.7OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	6	6	6		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
556	PEDIASmart SOY PWD 12.7OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	16	16	16		
556	PEDIASmart SOY PWD 12.7OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	8	8	8		
506	PEDIASURE 1.5 RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
506	PEDIASURE 1.5 RTU 8OZ	E	MBF		0	40	40	40											
506	PEDIASURE 1.5 RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
506	PEDIASURE 1.5 RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	MBF		0	40	40	40											
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
292	PEDIASURE ENTER 1.0 RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
292	PEDIASURE ENTER 1.0 RTU 8OZ	E	MBF		0	40	40	40											
292	PEDIASURE ENTER 1.0 RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
292	PEDIASURE ENTER 1.0 RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	E	MBF		0	40	40	40											
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	E	MBF		0	40	40	40											
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
529	PEDIASURE PEPTIDE 1.5 RTU 8OZ	E																113	8
529	PEDIASURE PEPTIDE 1.5 RTU 8OZ	E																	
034	PEDIASURE RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
034	PEDIASURE RTU 8OZ	E	MBF		0	40	40	40											
034	PEDIASURE RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
034	PEDIASURE RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
035	PEDIASURE W/FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
035	PEDIASURE W/FBR RTU 8OZ	E	MBF		0	40	40	40											

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				0	<1	1	2	3	4	5	6	7	8	9			10	11	
035	PEDIASURE W/FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
035	PEDIASURE W/FBR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
295	PEPDITE JR PWD 51G	E																113	8
295	PEPDITE JR PWD 51G	E																	
199	PEPTAMEN 1.5 RTU 250ML	E																107	8.45
199	PEPTAMEN 1.5 RTU 250ML	E																	
478	PEPTAMEN JR 1.5 RTU 250ML	E																107	8.45
478	PEPTAMEN JR 1.5 RTU 250ML	E																	
438	PEPTAMEN JR PREBIO RTU 250ML	E																107	8.45
438	PEPTAMEN JR PREBIO RTU 250ML	E																	
051	PEPTAMEN JR RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
051	PEPTAMEN JR RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	0	37	37	37		
051	PEPTAMEN JR RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	0	106	106	106		
051	PEPTAMEN JR RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	0	53	53	53		
469	PEPTAMEN JR W/FBR RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
469	PEPTAMEN JR W/FBR RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	0	37	37	37		
469	PEPTAMEN JR W/FBR RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	0	106	106	106		
469	PEPTAMEN JR W/FBR RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	0	53	53	53		
197	PEPTAMEN RTU 250ML	E																107	8.45
197	PEPTAMEN RTU 250ML	E																	
200	PERATIVE RTU 8OZ	E																113	8
200	PERATIVE RTU 8OZ	E																	
527	PERIFLEX ADVANCE PWD 16OZ	E																10	87
527	PERIFLEX ADVANCE PWD 16OZ	E																	
265	PERIFLEX INFANT PWD 400G	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	8	10	84
265	PERIFLEX INFANT PWD 400G	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4	4		
265	PERIFLEX INFANT PWD 400G	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11	11		
265	PERIFLEX INFANT PWD 400G	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6	6		
566	PERIFLEX JR PLS PWD 400G	E																17	51
566	PERIFLEX JR PLS PWD 400G	E																	

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
201	PERIFLEX JR PWD 454G	E															15	57
201	PERIFLEX JR PWD 454G	E																
497	PERIFLEX LQ PKU RTU 8.5OZ	E															107	8.5
497	PERIFLEX LQ PKU RTU 8.5OZ	E																
329	PFD 2 PWD 16OZ	E															14	91/61
329	PFD 2 PWD 16OZ	E																
352	PHENEX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
352	PHENEX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
352	PHENEX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
352	PHENEX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
353	PHENEX 2 PWD 14.1OZ	E															16	55
353	PHENEX 2 PWD 14.1OZ	E																
311	PHENYL FREE 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
311	PHENYL FREE 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
311	PHENYL FREE 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
311	PHENYL FREE 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
297	PHENYL FREE 2 PWD 16OZ	E															14	93/62
297	PHENYL FREE 2 PWD 16OZ	E																
298	PHENYL FREE 2HP PWD 16OZ	E															15	89/59
298	PHENYL FREE 2HP PWD 16OZ	E																
545	PHENYLADE 60 PWD 1LB	E															14	62.5
545	PHENYLADE 60 PWD 1LB	E																
546	PHENYLADE AA BLEND PWD 1LB	E															11	80.5
546	PHENYLADE AA BLEND PWD 1LB	E																
501	PHENYLADE ESSENTIAL PWD 454G	E															10	89
501	PHENYLADE ESSENTIAL PWD 454G	E																
547	PHENYLADE MTE AA BLEND PWD 1LB	E															11	78
547	PHENYLADE MTE AA BLEND PWD 1LB	E																
338	PHENYLADE PWD 454G	E															10	90
338	PHENYLADE PWD 454G	E																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
439	PHLEXY 10 DRINK PWD 20G	E																303	3
439	PHLEXY 10 DRINK PWD 20G	E																	
300	PKU 2 PWD 500G	E																18	73/48
300	PKU 2 PWD 500G	E																	
301	PKU 3 PWD 500G	E																19	70/47
301	PKU 3 PWD 500G	E																	
581	PKU PERIFLEX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7		10	90
581	PKU PERIFLEX EARLY PWD 400G	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4			
581	PKU PERIFLEX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10			
581	PKU PERIFLEX EARLY PWD 400G	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5			
570	POLYCAL PWD 400G	E	FF	16	16	16	16	16	18	18	13	13	13	13	13	13		17	51
570	POLYCAL PWD 400G	E	MBF		8	8	8	8	9	9	7	7	7	7	7	7			
570	POLYCAL PWD 400G	E	NFF	16	16	16	16	16	18	18	18	18	18	18	18	18			
570	POLYCAL PWD 400G	E	NFMBF		8	8	8	8	9	9	9	9	9	9	9	9			
597	PORTAGEN PWD 14.46OZ	E	FF	13	13	13	13	13	14	14	10	10	10	10	10	10		14	64
597	PORTAGEN PWD 14.46OZ	E	MBF		6	6	6	6	7	7	5	5	5	5	5	5			
597	PORTAGEN PWD 14.46OZ	E	NFF	13	13	13	13	13	14	14	14	14	14	14	14	14			
597	PORTAGEN PWD 14.46OZ	E	NFMBF		6	6	6	6	7	7	7	7	7	7	7	7			
008	PORTAGEN PWD 16OZ	E	FF	12	12	12	12	12	13	13	9	9	9	9	9	9		13	70
008	PORTAGEN PWD 16OZ	E	MBF		6	6	6	6	7	7	5	5	5	5	5	5			
008	PORTAGEN PWD 16OZ	E	NFF	12	12	12	12	12	13	13	13	13	13	13	13	13			
008	PORTAGEN PWD 16OZ	E	NFMBF		6	6	6	6	7	7	7	7	7	7	7	7			
462	PREGESTIMIL 20 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320		455	2
462	PREGESTIMIL 20 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
462	PREGESTIMIL 20 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
462	PREGESTIMIL 20 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			
461	PREGESTIMIL 24 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320		455	2
461	PREGESTIMIL 24 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
461	PREGESTIMIL 24 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
461	PREGESTIMIL 24 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
036	PREGESTIMIL DHA&ARA PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	6	6	6	8	112
036	PREGESTIMIL DHA&ARA PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	3		
036	PREGESTIMIL DHA&ARA PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
036	PREGESTIMIL DHA&ARA PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
356	PRO PHREE PWD 14.1OZ	E	FF	8	8	8	8	8	9	9	7	6	6	6	6	6	13	102/68
356	PRO PHREE PWD 14.1OZ	E	MBF		3	3	4	4	4	5	4	3	3	3	3	3		
356	PRO PHREE PWD 14.1OZ	E	NFF	8	8	8	8	8	9	9	9	9	9	9	9	9		
356	PRO PHREE PWD 14.1OZ	E	NFMBF		3	3	4	4	4	5	5	5	4	4	4	4		
213	PROMOTE RTU 8OZ	E															113	8
213	PROMOTE RTU 8OZ	E																
214	PROMOTE W/FBR RTU 8OZ	E															113	8
214	PROMOTE W/FBR RTU 8OZ	E																
354	PROPIMEX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
354	PROPIMEX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
354	PROPIMEX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
354	PROPIMEX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
355	PROPIMEX 2 PWD 14.1OZ	E															16	55
355	PROPIMEX 2 PWD 14.1OZ	E																
373	PROSOBEE CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
373	PROSOBEE CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
373	PROSOBEE CON 13OZ	S	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
373	PROSOBEE CON 13OZ	S	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
376	PROSOBEE PWD 12.9OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	9	92
376	PROSOBEE PWD 12.9OZ	S	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
376	PROSOBEE PWD 12.9OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
376	PROSOBEE PWD 12.9OZ	S	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
586	PROSOBEE RTU 8OZ-6PK (48OZ)	S	FF	17	17	17	17	17	19	19	13	13	13	13	13	13	18	48
586	PROSOBEE RTU 8OZ-6PK (48OZ)	S	MBF		8	8	8	8	9	10	7	7	7	7	7	7		
586	PROSOBEE RTU 8OZ-6PK (48OZ)	S	NFF	17	17	17	17	17	19	19	19	19	19	19	19	19		
586	PROSOBEE RTU 8OZ-6PK (48OZ)	S	NFMBF		8	8	8	8	9	10	10	10	9	9	9	9		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
219	PULMOCARE RTU 8OZ	E															113	8
219	PULMOCARE RTU 8OZ	E																
460	PURAMINO DHA&ARA PWD 14.1OZ	E	FF	8	8	8	8	9	9	10	7	7	7	6	6	6	9	98
460	PURAMINO DHA&ARA PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	3	3	3	3		
460	PURAMINO DHA&ARA PWD 14.1OZ	E	NFF	8	8	8	8	9	9	10	10	9	9	9	9	9		
460	PURAMINO DHA&ARA PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
599	PURAMINO TODDLER PWD 14.1OZ	MF															13	66
599	PURAMINO TODDLER PWD 14.1OZ	MF																
230	RCF CON 13OZ	E	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
230	RCF CON 13OZ	E	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
230	RCF CON 13OZ	E	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
230	RCF CON 13OZ	E	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
222	RENALCAL RTU 250ML	E															107	8.45
222	RENALCAL RTU 250ML	E																
600	RENASTART PWD 14.1OZ	MF															13	70
600	RENASTART PWD 14.1OZ	MF																
224	REPLETE W/FBR RTU 250ML	E															107	8.45
224	REPLETE W/FBR RTU 250ML	E																
177	RESOURCE 2.0 RTU 8OZ	E															113	8
177	RESOURCE 2.0 RTU 8OZ	E																
232	SCANDISHAKE LF PWD 12OZ	E															28	32
232	SCANDISHAKE LF PWD 12OZ	E																
233	SCANDISHAKE PWD 12OZ	E															28	32
233	SCANDISHAKE PWD 12OZ	E																
234	SCANDISHAKE W/ASP PWD 18OZ	E															18	48
234	SCANDISHAKE W/ASP PWD 18OZ	E																
471	SIM GO&GROW MILK PWD 1.38LBS	E															5	162
471	SIM GO&GROW MILK PWD 1.38LBS	E																
042	SIM PM60/40 LOW IRON PWD 14.1OZ	E	FF	8	8	8	8	8	9	9	7	6	6	6	6	6	8	102
042	SIM PM60/40 LOW IRON PWD 14.1OZ	E	MBF		3	3	4	4	4	5	4	3	3	3	3	3		

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
042	SIM PM60/40 LOW IRON PWD 14.1OZ	E	NFF	8	8	8	8	8	9	9	9	9	9	9	9	9		
042	SIM PM60/40 LOW IRON PWD 14.1OZ	E	NFMBF		3	3	4	4	4	5	5	5	4	4	4	4		
595	SIM SPEC CARE 20 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
595	SIM SPEC CARE 20 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
595	SIM SPEC CARE 20 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
595	SIM SPEC CARE 20 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
596	SIM SPEC CARE 24 HP RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
596	SIM SPEC CARE 24 HP RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
596	SIM SPEC CARE 24 HP RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
596	SIM SPEC CARE 24 HP RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
441	SIM SPEC CARE24 W/IRON RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
441	SIM SPEC CARE24 W/IRON RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
441	SIM SPEC CARE24 W/IRON RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
441	SIM SPEC CARE24 W/IRON RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
503	SIM SPECIAL CARE 30 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
503	SIM SPECIAL CARE 30 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
503	SIM SPECIAL CARE 30 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
503	SIM SPECIAL CARE 30 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
388	SIMILAC ADVANCE CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
388	SIMILAC ADVANCE CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
388	SIMILAC ADVANCE CON 13OZ	S	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
388	SIMILAC ADVANCE CON 13OZ	S	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
414	SIMILAC ADVANCE PWD 12.4OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
414	SIMILAC ADVANCE PWD 12.4OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
414	SIMILAC ADVANCE PWD 12.4OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
414	SIMILAC ADVANCE PWD 12.4OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
365	SIMILAC ADVANCE RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
365	SIMILAC ADVANCE RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
365	SIMILAC ADVANCE RTU 32OZ	S	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
365	SIMILAC ADVANCE RTU 32OZ	S	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
019	SIMILAC FOR DIARRHEA RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
019	SIMILAC FOR DIARRHEA RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
019	SIMILAC FOR DIARRHEA RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
019	SIMILAC FOR DIARRHEA RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
561	SIMILAC FOR SPIT-UP PWD 12OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
561	SIMILAC FOR SPIT-UP PWD 12OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
561	SIMILAC FOR SPIT-UP PWD 12OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
561	SIMILAC FOR SPIT-UP PWD 12OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
562	SIMILAC FOR SPIT-UP RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
562	SIMILAC FOR SPIT-UP RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
562	SIMILAC FOR SPIT-UP RTU 32OZ	S	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
562	SIMILAC FOR SPIT-UP RTU 32OZ	S	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
235	SIMILAC HMF PWD 0.9G	E	FF	800	800	800	800	800	800	800	700	700	700	700	700	700	0	N/A
235	SIMILAC HMF PWD 0.9G	E	MBF		400	400	400	400	400	400	400	400	400	400	400	400		
235	SIMILAC HMF PWD 0.9G	E	NFF	800	800	800	800	800	800	800	800	800	800	800	800	800		
235	SIMILAC HMF PWD 0.9G	E	NFMBF		400	400	400	400	400	400	400	400	400	400	400	400		
559	SIMILAC SENSITIVE PWD 12OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
559	SIMILAC SENSITIVE PWD 12OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
559	SIMILAC SENSITIVE PWD 12OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
559	SIMILAC SENSITIVE PWD 12OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
560	SIMILAC SENSITIVE RTU 32OZS	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
560	SIMILAC SENSITIVE RTU 32OZS	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
560	SIMILAC SENSITIVE RTU 32OZS	S	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
560	SIMILAC SENSITIVE RTU 32OZS	S	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
391	SIMILAC SOY ISOMIL CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
391	SIMILAC SOY ISOMIL CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
391	SIMILAC SOY ISOMIL CON 13OZ	S	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
391	SIMILAC SOY ISOMIL CON 13OZ	S	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
389	SIMILAC SOY ISOMIL PWD 12.4OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
389	SIMILAC SOY ISOMIL PWD 12.4OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
389	SIMILAC SOY ISOMIL PWD 12.4OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
389	SIMILAC SOY ISOMIL PWD 12.4OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
390	SIMILAC SOY ISOMIL RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
390	SIMILAC SOY ISOMIL RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
390	SIMILAC SOY ISOMIL RTU 32OZ	S	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
390	SIMILAC SOY ISOMIL RTU 32OZ	S	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
563	SIMILAC TOTAL COMFORT PWD 12OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
563	SIMILAC TOTAL COMFORT PWD 12OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
563	SIMILAC TOTAL COMFORT PWD 12OZ	S	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
563	SIMILAC TOTAL COMFORT PWD 12OZ	S	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
578	SOD ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
578	SOD ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
578	SOD ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
578	SOD ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
239	SUPLANA RTU 8OZ	E															113	8
239	SUPLANA RTU 8OZ	E																
240	TOLEREX PWD 2.82OZ	E	FF	81	81	81	81	81	89	89	63	63	63	63	63	63	91	10
240	TOLEREX PWD 2.82OZ	E	MBF		37	37	37	37	45	45	32	32	32	32	32	32		
240	TOLEREX PWD 2.82OZ	E	NFF	81	81	81	81	81	89	89	89	89	89	89	89	89		
240	TOLEREX PWD 2.82OZ	E	NFMBF		37	37	37	37	45	45	45	45	45	45	45	45		
245	TWOCAL HN RTU 8OZ	E															113	8
245	TWOCAL HN RTU 8OZ	E																
304	TYR 2 PWD 500G	E															18	75/50
304	TYR 2 PWD 500G	E																
582	TYR ANAMIX EARLY PWD 400G	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
582	TYR ANAMIX EARLY PWD 400G	E	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
582	TYR ANAMIX EARLY PWD 400G	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
582	TYR ANAMIX EARLY PWD 400G	E	NFMBF		4	4	4	5	5	5	5	5	5	5	5	5		
568	TYR ANAMIX NEXT PWD 400G	E															11	77
568	TYR ANAMIX NEXT PWD 400G	E																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
357	TYREX 1 PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	14	96/64
357	TYREX 1 PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
357	TYREX 1 PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10		
357	TYREX 1 PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5		
358	TYREX 2 PWD 14.1OZ	E															16	82/55
358	TYREX 2 PWD 14.1OZ	E																
467	TYROS 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
467	TYROS 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
467	TYROS 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
467	TYROS 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		
330	TYROS 2 PWD 16OZ	E															14	93/62
330	TYROS 2 PWD 16OZ	E																
307	UCD 2 PWD 500G	E															18	73/48
307	UCD 2 PWD 500G	E																
548	UCD ANAMIX JR PWD 400G	E															16	56
548	UCD ANAMIX JR PWD 400G	E																
249	VITAL HN PWD 2.79OZ	E															101	9
249	VITAL HN PWD 2.79OZ	E																
250	VIVONEX PEDIATRIC PWD 1.7OZ	E	FF	104	104	104	104	104	112	112	80	80	80	80	80	80	113	8
250	VIVONEX PEDIATRIC PWD 1.7OZ	E	MBF		48	48	48	48	56	56	40	40	40	40	40	40		
250	VIVONEX PEDIATRIC PWD 1.7OZ	E	NFF	104	104	104	104	104	112	112	112	112	112	112	112	112		
250	VIVONEX PEDIATRIC PWD 1.7OZ	E	NFMBF		48	48	48	48	56	56	56	56	56	56	56	56		
251	VIVONEX PLS PWD 2.8OZ	E															91	10
251	VIVONEX PLS PWD 2.8OZ	E																
252	VIVONEX TEN PWD 2.84OZ	E															91	10
252	VIVONEX TEN PWD 2.84OZ	E																
468	WND 1 PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	11	114/76
468	WND 1 PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
468	WND 1 PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
468	WND 1 PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4		

FF=Formula fed MBF=Mostly breastfed
 NFF=No foods, formula fed NFMBF=No foods, mostly breastfed

Form Code	Formula Description	Std or Exmpt	FormFed or Mostly BF	Infant Quantity per Issuance Month													Woman or Child Quantity	Reconst. Oz/Ctnr 20/30
				0	<1	1	2	3	4	5	6	7	8	9	10	11		
331	WND 2 PWD 16OZ	E															14	93/62
331	WND 2 PWD 16OZ	E																
253	XLEU ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80
253	XLEU ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4		
253	XLEU ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11		
253	XLEU ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6		
254	XLEU MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
254	XLEU MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
254	XLEU MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
254	XLEU MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		
255	XLEU MAXAMUM PWD 454G	E															11	104/78
255	XLEU MAXAMUM PWD 454G	E																
256	XLYS,XTRP ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80
256	XLYS,XTRP ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4		
256	XLYS,XTRP ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11		
256	XLYS,XTRP ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6		
257	XLYS,XTRP MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
257	XLYS,XTRP MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
257	XLYS,XTRP MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
257	XLYS,XTRP MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		
258	XLYS,XTRP MAXAMUM PWD 454G	E															11	104/78
258	XLYS,XTRP MAXAMUM PWD 454G	E																
259	XMET ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80
259	XMET ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4		
259	XMET ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11		
259	XMET ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6		
260	XMET MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
260	XMET MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
260	XMET MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
260	XMET MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		

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Form Code	Formula Description	Std or Exmpt	FormFed or Mostly BF	Infant Quantity per Issuance Month													Woman or Child Quantity	Reconst. Oz/Ctnr 20/30
				0	<1	1	2	3	4	5	6	7	8	9	10	11		
261	XMET MAXAMUM PWD 454G	E															11	104/78
261	XMET MAXAMUM PWD 454G	E																
262	XMTVI ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80
262	XMTVI ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4		
262	XMTVI ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11		
262	XMTVI ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6		
263	XMTVI MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
263	XMTVI MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
263	XMTVI MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
263	XMTVI MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		
264	XMTVI MAXAMUM PWD 454G	E															11	104/78
264	XMTVI MAXAMUM PWD 454G	E																
242	XPHE MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
242	XPHE MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
242	XPHE MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
242	XPHE MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		
243	XPHE MAXAMUM PWD 454G	E															11	104/78
243	XPHE MAXAMUM PWD 454G	E																
244	XPHE,XTYR ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80
244	XPHE,XTYR ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4		
244	XPHE,XTYR ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11		
244	XPHE,XTYR ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6		
135	XPHE,XTYR MAXAMAID PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	6	6	6	11	104/78
135	XPHE,XTYR MAXAMAID PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	3	3	3		
135	XPHE,XTYR MAXAMAID PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	9	9	9		
135	XPHE,XTYR MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	5	5	5		

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 NFF=No foods, formula fed NFMBF=No foods, mostly breastfed

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Alfamino Infant	Elemental	20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based elemental. 43% of fat is MCT oil; Similar to Elecare DHA/ARA, Neocate DHA/ARA and PurAmino. Available in PWD.	1) Severe malabsorption 2) GI impairment 3) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein *Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	1 Certification Period	Nestle
Alfamino Junior	Elemental	30 cal/oz, hypoallergenic amino acid based elemental. 63% of fat is MCT oil; Similar to Elecare Jr, Neocate Jr. and PurAmino Toddler. Available in PWD.	1) Severe malabsorption 2) GI impairment 3) Severe food allergies, multiple protein intolerance 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. Can only be issued to women and children.	1 Certification Period	Nestle
Alimentum	Protein Hydrolysate	20 cal/oz, casein hydrolysate, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives. Available in PWD and RTU.	1) Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein 2) Malabsorption 3) Gastroesophageal reflux disease (GERD) 4) 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, or using reflux medications. 5) Food protein induced enterocolitis syndrome (FPIES) RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.	1 Certification Period	Abbott
BCAD 1	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
BCAD 2	Metabolic	Isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in children or adults Can only be issued to women and children Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Benecalorie	Modular	220 cal/oz; 330 cal per 1.5 oz ctnr; lactose and cholesterol-free; 7 g of milk protein as calcium caseinate per 1.5 oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage. Available in RTU.	<ol style="list-style-type: none"> 1) Medical condition that increases calorie needs 2) Oral motor feeding problems, volume intolerance, and/or inadequate oral intake. 3) FTT with weight/length, <10% and/or downward crossing of 2 major percentiles Approver note: Limited to 2 cases per month; maximum quantity allows issuance of this product and up to 1/2 package of another formula. System will not allow to be issued < 6 months of age. Requires State Agency approval.	1 Certification Period	Nestle
BetaQuik MCT	Modular	18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU.	<ol style="list-style-type: none"> 1) Ketogenic diet 2) Medical conditions requiring a source of MCT (medium chain triglycerides). Limit issuance to children 3 or more years of age and adults. Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	VitaFlo
Boost	Increased Calorie Supplement	31 cal/oz, lactose-free and nutritionally complete; similar to Ensure and Nutren. Available in RTU.	<ol style="list-style-type: none"> 1) Medical condition that increases calorie needs 2) Oral motor feeding problems 3) Tube feeding Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	1 Certification Period	Nestle
Boost Breeze	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Fat malabsorption 2) Intolerance or refusal of a supplement with a milky consistency 3) Medical condition that increases calories needs 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia 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 Agency staff. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle
Boost High Protein	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free, nutritionally complete; similar to Ensure High Protein. Available in RTU.	Medical conditions that increase protein requirements, such as when recovering from illness, cancers, wounds, and surgery. Can only be issued to women and children.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Boost Plus	Increased Calorie Supplement	46 cal/oz, lactose-free, high-calorie; nutritionally complete; similar to Ensure Plus. Available in RTU.	<ol style="list-style-type: none"> 1) Medical condition that increases calorie needs and/or fluid restriction 2) Oral motor feeding problems 3) Tube feeding 4) Failure to Thrive (FTT) <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 Agency staff. Can only be issued to women and children.</p>	1 Certification Period	Nestle
Boost Pudding	Increased Calorie Supplement	240 cal/5 oz, lactose-free; nutritionally complete; similar to Ensure Pudding. Available in RTU.	<ol style="list-style-type: none"> 1) Chewing or swallowing problems (dysphagia) 2) Medical condition that increases calorie needs 3) Fluid restrictions 4) Failure to Thrive (FTT) <p>System will not allow formula to be issued <9 months of age.</p>	1 Certification Period	Nestle
Boost Very High Calorie	Increased Calorie Supplement	66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for Failure-to-Thrive) 3) Failure-to-Thrive with weight/length or height <10th percentile and/or downward crossing of 2 major percentiles (weight falls more than 2 major percentiles) 4) Oral motor feeding problems, oral aversion, or inability to consume solid foods <p>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.</p>	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Bright Beginnings Soy Pediatric Drink	Increased Calorie Supplement	30 cal/oz, lactose-free, soy-based, with DHA and prebiotics; nutritionally complete; for oral or tube feeding; contains 3 g fiber/8 oz can. Available in RTU.	Cow's milk allergy or intolerance and/or one or more of the following: 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Galactosemia 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 Agency staff. System will not allow formula to be issued <9 months of age.	1 Certification Period	PBM Products
Calcilo XD	Special Medical Conditions	20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Available in PWD.	1) Osteopetrosis 2) William's syndrome 3) Hypercalcemia and hyperparathyroidism 4) For other reasons contact the State	1 Certification Period	Abbott
Carb Zero	Modular	18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU.	1) Ketogenic diet 2) Medical conditions requiring a source of LCT (long chain triglycerides) Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Vitaflo
Compleat	Increased Calorie Supplement	32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber/250 mL container. Available in RTU.	Medical condition requiring tube feeding only; 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 Agency staff. Can only be issued to women and children.	1 Certification Period	Nestle
Compleat Pediatric	Increased Calorie Supplement	30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber/250 mL container. Available in RTU.	Medical condition requiring tube feeding only 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 Agency staff. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Compleat Pediatric Reduced Calorie	Special Medical Conditions	17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only. Available in RTU.	Medical condition requiring tube feeding only with decreased calorie needs Can only be issued to women and children.	1 Certification Period	Nestle
Complex Essential MSD	Metabolic	Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Complex Junior MSD	Metabolic	Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd. Available in PWD.	Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Complex MSD Amino Acid Blend	Metabolic	Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Cyclinex 1	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD.	<p>1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia)</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.</p>	1 Certification Period	Abbott
Cyclinex 2	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; Available in PWD.	<p>1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homecirtrullinuria)</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Can only be issued to women and children.</p> <p>Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.</p>	1 Certification Period	Abbott
DiabetiSource AC	Increased Calorie Supplement	36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container. Available in RTU.	<p>1) Diabetes Mellitus</p> <p>2) Glucose intolerance</p> <p>3) Stress-induced hyperglycemia</p> <p>4) Diabetes with wounds</p> <p>Can only be issued to women and children.</p> <p>Requires State Agency Approval</p>	1 Certification Period	Nestle
Duocal	Modular	4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. Note: 80 scoops/can; 48 Tbsp/can. Available in PWD.	<p>1) Protein, electrolyte, and/or fluid restriction</p> <p>2) Medical conditions that increase calorie needs</p> <p>3) Disorders of protein and amino acid metabolism</p> <p>4) Malabsorptive states</p> <p>5) FTT with weight/length or height, <10% and/or downward crossing of 2 major percentiles</p> <p>Requires State Agency approval</p>	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
EO28 Splash	Elemental	30 cal/oz, lactose, whey, soy and milk protein-free elemental with 100% free amino acids; for oral or tube feeding; 35% of fat is MCT oil; not intended for infants under 1 year of age. Available in RTU.	<ol style="list-style-type: none"> 1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment (eosinophilic esophagitis-EOE, short bowel syndrome - SBS or GERD) 4) Medical condition requiring a hypoallergenic elemental formula Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nutricia
Elecare DHA/ARA	Elemental	20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil; similar to Alfamino, Neocate DHA/ARA and PurAmino. Available in PWD.	<ol style="list-style-type: none"> 1) Severe malabsorption 2) GI impairment 3) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein *Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. <ol style="list-style-type: none"> 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. 	1 Certification Period	Abbott
EleCare Jr	Elemental	30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil; similar to Alfamino Jr., Neocate Jr. and Puramino Toddler. Available in PWD.	<ol style="list-style-type: none"> 1) Severe malabsorption 2) GI impairment 3) Severe food allergies, multiple protein intolerance 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. Can only be issued to women and children.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
EnfaCare	Premature/LBW	22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil; similar to NeoSure. Available in PWD and RTU.	<p>Prematurity or low birth weight (LBW), Premature infants weighing more than 5 lbs 8 oz at birth - may issue for 1 month with hospital prescription. See birthweight guidelines below.</p> <p>≥ 3 lb 5oz (1500 gm) to ≤ 5lb 8oz (<2500 gm) issue up to 9 months chronological age < 3 lb 5 oz (<1500 gm) issue up to 12 months chronological age If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</p>	Variable	Mead Johnson
Enfamil AR	Milk-Based Infant Formula	20 cal/oz, 20:80 whey:casein ratio, milk-based with rice starch and prebiotics; thickening occurs when it comes in contact with stomach acid; similar to Similac for Spit-Up. Available in PWD and RTU.	<p>Documented intolerance to contract formula (Similac Advance and Similac for Spit Up) WITH:</p> <ol style="list-style-type: none"> 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas <p>After 3 months retrial on a contract formula (Similac Spit-Up preferred) unless medically contraindicated. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	3 months	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer									
Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil. Available in PWD and RTU.	<p>Fortification of human breast milk for premature/low birth weight babies only</p> <table border="0"> <tr> <td>Additional Calories Desired</td> <td>Preterm Human Milk</td> <td>HMF</td> </tr> <tr> <td>2 cal/ fl oz</td> <td>50 mL</td> <td>1 packet /vial</td> </tr> <tr> <td>4 cal/ fl oz</td> <td>25 mL</td> <td>1 packet /vial</td> </tr> </table> <p>*Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL. Requires State Agency approval.</p>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 mL	1 packet /vial	4 cal/ fl oz	25 mL	1 packet /vial	1 month	Mead Johnson
Additional Calories Desired	Preterm Human Milk	HMF												
2 cal/ fl oz	50 mL	1 packet /vial												
4 cal/ fl oz	25 mL	1 packet /vial												
Enfamil Infant	Milk-Based Infant Formula	20 cal/oz, 60:40 whey:casein ratio, milk-based with prebiotic galactooligosaccharides (GOS) and polydextrose; similar to Similac Advance. Available in PWD, CON, RTU.	<p>Documented intolerance to contract formula (Similac Advance and Similac Sensitive or Similac Total Comfort) WITH:</p> <ol style="list-style-type: none"> 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length \leq 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas <p>After 3 months retriial on a contract formula unless medically contraindicated. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	3 months	Mead Johnson									

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Enfamil Newborn	Milk-Based Infant Formula	20 cal/oz, 80:20 whey:casein ratio; with prebiotic GOS and polydextrose; contains 400 IU of Vit. D in 27 fl oz. Available in PWD.	Documented intolerance to contract formula (Similac Advance and Similac Sensitive or Similac Total Comfort) WITH: 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas After 3 months retrial on a contract formula unless medically contraindicated.	3 months	Mead Johnson
Enfamil Premature 24 w/ Iron	Premature/LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; similar to Similac Special Care 24 w/ Iron. Available in RTU.	Prematurity or very low birth weight (VLBW) When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive. Requires State Agency approval.	1 month	Mead Johnson
Enfamil Premature High Protein 24 w/ Iron	Premature/LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal. Available in RTU.	Prematurity or very low birth weight (VLBW) When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive. Requires State Agency approval.	1 month	Mead Johnson
Enfamil Premature 30	Premature/LBW	30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil; similar to Similac Special Care 30 w/ Iron. Available in RTU.	1) Prematurity or very low birth weight (VLBW) 2) Cardiac disease When more than 12 oz (355mL) of 30 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive. Requires State Agency approval.	1 month	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Enfaport	Special Medical Conditions	30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT; similar to Monogen and Portagen but designed for infants. Available in RTU.	1) Chylothorax 2) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Medical conditions requiring high MCT oil	1 Certification Period	Mead Johnson
Ensure	Increased Calorie Supplement	31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber/8 oz container; similar to Boost. Available in RTU.	1) Medical conditions that increase calorie needs 2) Oral motor feeding problems 3) Tube feeding or oral 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 Agency staff. Can only be issued to women and children.	1 Certification Period	Abbott
Ensure Clear	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 7 g whey protein/6.8 oz container. Available in RTU.	1) Fat malabsorption or fat-restricted diets 2) Failure to Thrive (FTT) 3) Medical conditions that increase calorie needs 4) Intolerance or refusal of a supplement with a milky consistency Can only be issued to women and children.	1 Certification Period	Abbott
Ensure High Calcium	Increased Calorie Supplement	28 cal/oz, lactose-free, nutritionally complete; 500mg calcium/8 oz container. Available in RTU.	1) Medical conditions increasing risk for fractures. 2) Medical conditions that increase need for calories, protein, calcium, vitamin D and other nutrients. Can only be issued to women and children.	1 Certification Period	Abbott
Ensure High Protein Therapeutic Nutrition	Special Medical Conditions	20 cal/oz, high-protein, lactose-free, nutritionally complete; similar to Boost High Protein. Available in RTU.	Medical conditions that increase calorie needs Can only be issued to women and children.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Ensure Plus	Increased Calorie Supplement	45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container; similar to Boost Plus. Available in RTU.	1) Medical conditions 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 Agency staff. Can only be issued to women and children.	1 Certification Period	Abbott
Ensure Pudding	Increased Calorie Supplement	170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS); similar to Boost Pudding. Available in RTU.	1) Chewing or swallowing problems (dysphagia) 2) Medical condition that increases calorie needs 3) Fluid restrictions 4) Failure to Thrive (FTT) System will not allow formula to be issued <9 months of age.	1 Certification Period	Abbott
Extensive HA	Protein Hydrolysate	20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA. Similar to Alimentum, Nutramigen and Pregestimil. Available in PWD.	Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein.	1 Certification Period	Gerber
FiberSource HN	Increased Calorie Supplement	36 cal/oz, high-nitrogen, 100% soy protein with fiber for oral or tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container. Available in RTU.	1) Abnormal bowel function, neurologic impairment, or developmental disability requiring additional protein 2) Medical condition that increase calorie or protein needs Requires State Agency approval Can only be issued to women and children	1 Certification Period	Nestle
GA 1 Anamix Early Years	Metabolic	Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder. Available in PWD.	Glutaric aciduria type 1 in infants or children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
GA	Metabolic	Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
Gentlease	Milk-Based Infant Formula	20 cal/oz, reduced lactose, partially hydrolyzed 60/40 whey/casein ratio; similar to Similac Total Comfort and Good Start Soothe. Available In PWD, RTU.	Documented intolerance to contract formula (Similac Advance and Similac Sensitive or Similac Total Comfort) WITH: 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length \leq 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas After 3 months retrial on a contract formula (Similac Total Comfort preferred) unless medically contraindicated. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.	3 months	Mead Johnson
GlutarAde Amino Acid Blend GA-1	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
GlutarAde Jr GA-1 Drink Mix	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Glutarex 1	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Glutarex 2	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Glytrol	Special Medical Conditions	30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU.	Diabetes mellitus, abnormal glucose tolerance, or hyperglycemia Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle
Good Start Gentle	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein with prebiotic GOS (galactooligosaccharides). Available in PWD, CON, RTU.	Documented intolerance to contract formula (Similac Advance and Similac Sensitive or Similac Total Comfort) WITH: 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length \leq 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas After 3 months retrial on a contract formula unless medically contraindicated. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.	3 Months	Gerber
Good Start Premature 24	Premature/LBW	24cal/oz, high protein and mineral infant formula with partially hydrolyzed 100% whey protein; Similar to Enfamil Premature 24 and Similac Special Care 24. Available in RTU.	Prematurity or low birth weight (LBW) Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours. Requires State Agency approval.	1 month	Gerber

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Good Start Premature High Protein 24	Premature/LBW	24 cal/oz, high protein and mineral infant formula with partially hydrolyzed 100% whey protein; carbohydrate blend: 50% maltodextrin, 50% lactose; 3.6 g protein/100 cal; similar to Enfamil Premature High Protein. Available in RTU.	Prematurity or low birth weight (LBW) Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours. Requires State Agency approval.	1 month	Gerber
Good Start Premature 30	Premature/LBW	30 cal/oz high protein and mineral infant formula with partially hydrolyzed 100% whey protein. Similar to Enfamil Premature 30 and Special Care 30. Available RTU.	Prematurity or low birth weight (LBW) Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours. Requires State Agency approval.	1 month	Gerber
Good Start Soothe	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein; 70% corn maltodextrin and 30% lactose; with probiotic, L. reuteri; similar to Similac Total Comfort and Gentlease. Available in PWD.	Documented intolerance to contract formula (Similac Advance and Similac Sensitive or Similac Total Comfort) WITH: 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas After 3 months retrial on a contract formula (Similac Total Comfort preferred) unless medically contraindicated.	3 Months	Gerber

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Good Start Soy	Soy-Based Infant Formula	20 cal/oz, lactose-free, partially hydrolyzed soy protein; Similar to ProSobee and Similac Soy Isomil. Available in PWD, CON, RTU.	Current contract soy-based formula for lactose intolerance or cow's milk allergy. Over age 1 with medical need for soy-based product. Possible reasons include: 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan diet. RX required when over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.	1 Certification Period	Gerber
Graduates Gentle	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein with prebiotic galactooligosaccharides (GOS) and additional calcium and iron for toddlers; similar to Similac Go and Grow Milk. Available in PWD.	Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems Can only be issued to women and children.	1 Certification Period	Gerber
Graduates Soy	Soy-Based Infant Formula	20 cal/oz, partially hydrolyzed soy protein with more calcium, phosphorus, and iron per 100 cal than Good Start Soy. Available in PWD.	Over age 1 with medical need for a soy-based product. Possible reasons include: 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems AND/OR: 4) Allergy or sensitivity to cow's milk, galactosemia, or vegan diet. Can only be issued to women and children.	1 Certification Period <i>DISCONTINUED-DO NOT ISSUE</i>	Gerber
HCU Anamix Early	Metabolic	Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of pretein equivalent per 100 g of powder. For oral or tube feeding. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
HCU Anamix Next	Metabolic	Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
HCY 1	Metabolic	Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in infants or children Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
HCY 2	Metabolic	Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
Hepatic Aid II	Special Medical Conditions	35 cal/oz, high in branched chain amino acids, carbohydrates and fats; phenylalanine and aspartic acid-free; for oral or tube feedings. Available in PWD.	Chronic liver disease. Can only be issued to women and children. Requires SA approval.	1 Certification Period	Hormel Health Labs
HOM 2	Metabolic	Methionine and fat-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) due to cystathionine synthase deficiency Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Hominex 1	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
APRIL 2016

Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Hominex 2	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
I Valex 1	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
I Valex 2	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Impact	Increased Calorie Supplement	30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU.	1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle
Isosource 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free, high-calorie, high-nitrogen; with 2 g fiber/250 mL container; for oral or tube feedings. Available in RTU.	1) Fluid restriction 2) Higher caloric and protein needs 3) Oral or tube feeding Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Isosource HN	Increased Calorie Supplement	36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only. Available in RTU.	1) Medical condition requiring higher calorie and protein needs 2) Fluid restriction 3) Tube feeding only PLUS: Can only be issued to women and children Requires State Agency Approval	1 Certification Period	Nestle
IVA Anamix Early	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
IVA Anamix Next	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Jevity 1 Cal	Increased Calorie Supplement	31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber/8 oz serving. Available in RTU.	1) Tube feeding 2) Wound healing Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Ketocal 3:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD.	Non-metabolic reason: Intractable epilepsy in children over 1 year of age State Agency approval required for infants Metabolic reasons are listed below. Requires State Agency approval and metabolic prescription form. 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Ketocal 4:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD, RTU.	Non-metabolic reason: Intractable epilepsy in children over 1 year of age If requested for infants, State Agency approval is required. Metabolic reasons are listed below. Requires State Agency approval and metabolic prescription form. 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency	1 Certification Period	Nutricia
Ketonex 1	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Ketonex 2	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Kid Essentials	Increased Calorie Supplement	30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials. Available in RTU.	1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity 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 Agency staff. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Kid Essentials 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; contains MCT oil. Available in RTU.	<p>1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) Failure To Thrive (FTT) with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity</p> <p>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. 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 Agency staff. System will not allow formula to be issued <9 months of age.</p>	1 Certification Period	Nestle
Kid Essentials 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container. Available in RTU.	<p>Increased fiber needs and/or one or more of the following: 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FailureToThrive (FTT) with weight/length <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity</p> <p>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. 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 Agency staff. System will not allow formula to be issued <9 months of age.</p>	1 Certification Period	Nestle

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Lipistart	Special Medical Conditions	Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx. Available in PWD.	<ol style="list-style-type: none"> 1) Fat malabsorption 2) Long chain fatty acid oxidation disorders 3) Disorders requiring high MCT, low LCT formula 4) Hyperlipoproteinemia type 1 5) Chylothorax <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 Agency staff. Requires State Agency approval.</p>	1 Certification Period	Vitaflo
Liquigen	Modular	45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete; Available RTU.	<ol style="list-style-type: none"> 1) Ketogenic Diet 2) Long-chain oxidation disorders 3) Fat malabsorptions 4) Defective lymphatic transport of fat 5) Conditions with decreased pancreatic lipase and or decreased bile salts 6) Medical condition which increases calorie needs. <p>Requires State Agency approval.</p>	1 Certification Period	Nutricia
LMD	Metabolic	Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD.	<p>Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults</p> <p>Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.</p>	1 Certification Period	Mead Johnson
Lophlex LQ PKU	Metabolic	Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU.	<p>Phenylketonuria in children older than 4 years</p> <p>Can only be issued to women and children.</p> <p>Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.</p>	1 Certification Period	Nutricia
MCT Oil	Modular	8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Fat malabsorption 2) Defective lymphatic transport of fat 3) Conditions with decreased pancreatic lipase and/or decreased bile salts 4) Medical condition which increases calorie needs <p>Requires State Agency approval.</p>	1 Certification Period	Nestle

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Microlipid	Modular	4.5 cal/mL, lactose-free, 100% of total calories from safflower oil; fat emulsion for use in oral or tube-feeding formulas; discard bottle 5 days after opening. 1 Tbsp = 68 cal. Available in RTU.	1) Medical conditions which increases caloric needs 2) Anorexia 3) Fluid or volume restriction 4) Decreased carbohydrate tolerance 5) Ketogenic diet Requires State Agency approval.	1 Certification Period	Nestle
MMA-PA Anamix Early	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder. Available in PWD.	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in infants or young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
MMA-PA Anamix Next	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD.	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Monogen	Special Medical Conditions	Milk-based; 90% of fat is MCT oil; long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1; similar to Portagen. Available in PWD.	1) Chylolthorax 2) Conventional fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Medical conditions requiring high MCT oil	1 Certification Period	Nutricia
MSUD 2	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 54 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD), hypervalinemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia in children Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
MSUD Analog	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in infants. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
MSUD Anamix Early	Metabolic	Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding. Available in PWD.	Maple syrup urine disease (MSUD). Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
MSUD Maxamaid	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for infants under 1 year of age; 25 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in toddlers and young children Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
MSUD Maxamum	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in older children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Neocate w/DHA/ARA	Elemental	20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Similar to Alfamino, Elecare DHA/ARA and PurAmino. Available in PWD.	1) Severe malabsorption 2) GI impairment 3) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein *Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	1 Certification Period	Nutricia
Neocate Junior	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Similar to Alfamino Jr., Elecare Jr. and PurAmino Toddler. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g; Tropical Fruit and Chocolate: 1 Tbsp = 7 g, 1 C = 108 g. Available in PWD.	1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment such as eosinophilic esophagitis (EoE), gastroesophageal reflux (GERD) 4) Medical condition requiring a hypoallergenic elemental formula Can only be issued to women and children.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Neocate Junior with Prebiotics	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g. Available in PWD.	<ol style="list-style-type: none"> 1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment such as eosinophilic esophagitis (EoE), gastroesophageal reflux (GERD) 4) Medical condition requiring a hypoallergenic elemental formula <p>Can only be issued to women and children.</p>	1 Certification Period	Nutricia
Neocate Nutra	Elemental	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; not nutritionally complete; oral use only; not for bottle or tube feeding. Available in PWD.	<ol style="list-style-type: none"> 1) Severe malabsorption, cow's milk allergy 2) Severe food allergies, multiple protein intolerances 3) GI impairment such as eosinophilic esophagitis (EoE) or gastroesophageal reflux (GERD) 4) Food protein-induced enterocolitis syndrome (FPIES) <p>System will not issue for infants under 6 months of age. Note: For infants, typically issued with formula. Requires State Agency approval.</p>	6 months	Nutricia
Neocate Splash	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance (MFPI) 3) GI impairments such as eosinophilic esophagitis (EOE), gastroesophageal reflux (GERD) short bowel syndrome, 4) Medical condition requiring a hypoallergenic elemental formula. <p>Can only be issued to women and children.</p>	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
NeoSure	Premature/LBW	22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil; similar to EnfaCare. Available in PWD, RTU.	<p>Prematurity or low birth weight (LBW); Premature infants weighing more than 5 lbs 8 oz at birth - may issue for 1 month with hospital prescription. See birthweight guidelines below.</p> <p>≥ 3 lb 5 oz (1500 gm) to ≤ 5 lb 8 oz (<2500 gm) issue up to 9 months chronological age</p> <p>< 3 lb 5 oz (<1500 gm) issue up to 12 months chronological age</p> <p>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.</p> <p>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</p>	Variable	Abbott
Nepro	Special Medical Conditions	54 cal/oz, calorically dense and lactose-free; for oral or tube feeding. Available in RTU.	<ol style="list-style-type: none"> 1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute/chronic renal failure <p>Can only be issued to women and children.</p>	1 Certification Period	Abbott
NovaSource Renal	Special Medical Conditions	60 cal/oz, lactose-free, high-calories; with MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Acute kidney injury (AKI) 2) Chronic kidney disease (CKD) on dialysis or renal failure 3) Electrolyte or fluid restrictions due to AKI or CKD. 	1 Certification Period	Nestle
Nutramigen	Protein Hydrolysate	20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil. Available in CON, RTU.	<ol style="list-style-type: none"> 1) Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein. 2) Malabsorption 3) Gastroesophageal reflux disease (GERD) 4) 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, or using reflux medications. 5) Food protein-induced enterocolitis syndrome (FPIES) <p>RTU may be issued for intolerance to concentrate, if the RTU form improves compliance, or better accommodates the infants condition.</p>	1 Certification Period	Mead Johnson

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Nutramigen Enflora LGG	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Some similarities to Extensive HA, Alimentum, and Pregestimil. Powder should be measured with packed, level scoops. Available in PWD.	<ol style="list-style-type: none"> 1) Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein. 2) Malabsorption 3) Gastroesophageal reflux disease (GERD) 4) 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, or using reflux medications. 5) Food protein-induced enterocolitis syndrome (FPIES) 	1 Certification Period	Mead Johnson
Nutramigen Toddler	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops. Available in PWD.	<ol style="list-style-type: none"> 1) Over age 1 year with medical need for 20 cal/oz hypoallergenic toddler formula. 2) Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein 3) GERD (Gastro-esophageal reflux disease) 4) 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, or using reflux medications. 5) Food protein-induced enterocolitis syndrome (FPIES) <p>Can only be issued to women and children.</p>	1 Certification Period	Mead Johnson
Nutren 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Oral motor feeding problems 3) Tube feeding <p>Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.</p>	1 Certification Period	Nestle

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Nutren 1.0 w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Oral motor feeding problems 3) Tube feeding <p>Normally used for adults. If prescribed for a child or for any other reason consult with local agency RD or State Agency staff. Can only be issued to women and children.</p>	1 Certification Period	Nestle
Nutren 2.0	Increased Calorie Supplement	60 cal/oz, high calorie, lactose-free, oral or tube feeding; 75% of fat is MCT oil; similar to Resource 2.0. Available in RTU.	<ol style="list-style-type: none"> 1) Fluid restriction 2) Medical conditions that increase calorie needs <p>Can only be issued to women and children.</p>	1 Certification Period	Nestle
Nutren Junior	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; contains 50% whey protein concentrate; 22% of fat is MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <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 Agency staff. System will not allow formula to be issued <9 months of age.</p>	1 Certification Period	Nestle
Nutren Junior w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5 g fiber/250 mL container. Available in RTU.	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <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 Agency staff. System will not allow formula to be issued <9 months of age.</p>	1 Certification Period	Nestle

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Nutren Pulmonary	Special Medical Conditions	45 cal/oz, high-calorie, high-protein, low-carbohydrate, lactose-free; nutritionally complete; 40% of fat is MCT oil. Available in RTU.	1) Pulmonary disease 2) Respiratory disorder 3) Ventilator dependency 4) Fluid restriction Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle
NutriHep	Special Medical Conditions	45 cal/oz, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, lactose-free; 70% of fat is MCT oil. Available in RTU.	1) Hepatic insufficiency 2) Liver disease Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle
OA 1	Metabolic	Isoleucine, methionine, threonine, valine, lactose and galactose-free; nutritionally incomplete; OA stands for organic acid; 15.7 g protein equivalents/100 g powder. Available in PWD.	Propionic acidemia or methylmalonic acidemia in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
OA 2	Metabolic	Isoleucine, methionine, threonine, valine, fat-free; nutritionally incomplete; OA stands for organic acid; 21 g protein equivalent/100 g powder. 60 calories per scoop (14.5 grams per scoop). Available in PWD.	Propionic acidemia or methylmalonic acidemia in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
OS 2	Metabolic	Isoleucine, methionine, threonine, valine, and fat-free; nutritionally incomplete. Available in PWD.	Propionic acidemia or methylmalonic aciduria in children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Osmolite 1.0	Increased Calorie Supplement	32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein/8 oz can. Available in RTU.	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Osmolite 1.2	Increased Calorie Supplement	36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil. Available in RTU.	Increased energy or protein needs with intolerance to hyperosmolar feedings Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Oxepa	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU.	Mechanical ventilation, e.g., acute respiratory distress syndrome Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Pediasmart	Increased Calorie Supplement	30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.	1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2) Medical conditions that increase calorie needs 3) Inadequate growth (at risk for FTT) 4) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding problems, oral aversion, or inability to consume solids 6) Prematurity System will not allow formula to be issued <9 months of age. 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 Agency staff.	1 Certification Period	Natures One

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Pediasmart Soy	Increased Calorie Supplement	30 cal/oz, lactose-free, organic soy-based and nutritionally complete; free of artificial colors, dyes, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.	<p>Cow's milk allergy/intolerance and one or more of the following:</p> <ol style="list-style-type: none"> 1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2) Medical conditions that increase calorie needs 3) Inadequate growth (at risk for FTT) 4) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding problems, oral aversion, or inability to consume solids 6) Prematurity <p>System will not allow formula to be issued <9 months of age. 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 Agency staff.</p>	1 Certification Period	Natures One
PediaSure	Increased Calorie Supplement	30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solids 6) Prematurity <p>System will not allow formula to be issued <9 months of age. 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 Agency staff.</p>	1 Certification Period	Abbott
PediaSure w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480. Available in RTU.	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <p>System will not allow formula to be issued <9 months of age. 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 Agency staff.</p>	1 Certification Period	Abbott

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PediaSure Enteral 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335; similar to Nutren Jr. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <p>System will not allow formula to be issued <9 months of age. 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 Agency staff.</p>	1 Certification Period	Abbott
PediaSure Enteral w/Fiber 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar/8 oz container; Osmolality: 345; similar to Nutren Jr. with Fiber. Available in RTU.	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <p>System will not allow formula to be issued <9 months of age. 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 Agency staff.</p>	1 Certification Period	Abbott
PediaSure 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370; similar to Kid Essentials 1.5. Available in RTU.	<ol style="list-style-type: none"> 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity <p>System will not allow formula to be issued <9 months of age. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. 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 Agency staff.</p>	1 Certification Period	Abbott

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PediaSure 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber /8 oz container; Osmolality: 390; similar to Kid Essentials 1.5 with Fiber. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Medical conditions that increase calorie needs 2) Inadequate growth (at risk for FTT) 3) FTT with weight/length or height <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity System will not allow formula to be issued <9 months of age. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. 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 Agency staff.	1 Certification Period	Abbott
PediaSure Peptide 1.0	Elemental	30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil. Available in RTU.	1) Malabsorption 2) Maldigestion 3) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula System will not allow formula to be issued <9 months of age. 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 Agency staff.	1 Certification Period	Abbott
PediaSure Peptide 1.5	Elemental	45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Available in RTU.	1) Malabsorption or maldigestion 2) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula 3) Medical condition that increase caloric needs Can only be issued to women and children.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PediaSure SideKicks (Institutional 0.63 cal)	Special Medical Conditions	18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure. Available in RTU.	1) Medical conditions that require or result in decreased calorie needs, e.g., Down Syndrome, quadriplegia 2) Oral or tube feeding for children requiring a lower calorie nutritionally complete product, e.g., neurological condition, oral-motor feeding problems Can only be issued to women and children.	1 Certification Period	Abbott
Pepdite Jr.	Elemental	30 cal/oz, lactose and galactose-free, semi-elemental formula; 35% of fat is MCT oil; similar to Peptamen Junior; not intended for infants under 1 year of age. Available in RTU.	1) Malabsorption 2) Severe food allergies, whole protein intolerance 3) GI impairment, short bowel syndrome (SBS) 4) Medical condition requiring a hypoallergenic semi-elemental formula. Can only be issued to women and children.	1 Certification Period	Nutricia
Peptamen	Elemental	30 cal/oz, lactose-free, elemental; nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis(CF) Can only be issued to women and children.	1 Certification Period	Nestle
Peptamen 1.5	Elemental	45 cal/oz, lactose-free, peptide-based, elemental, nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis (CF), and increased calorie needs or fluid restriction Can only be issued to women and children.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Peptamen Junior	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; similar to Pepdite Junior. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis (CF) Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle
Peptamen Junior 1.5	Elemental	45 cal/oz, lactose-free, elemental; nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.35 g fiber/250 mL container. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis (CF), and need for additional calories Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Normally used for children. If prescribed for an infant or for any reason, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle
Peptamen Junior w/Fiber	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.8 g fiber/250 mL container. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis (CF), and need for added fiber Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle
Peptamen Junior w/PreBio	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; with prebiotics; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 0.9 g fiber/250 mL container. Available in RTU.	GI impairment such as: short bowel syndrome (SBS), inflammatory bowel disease (IBD), pancreatitis, cystic fibrosis (CF), and need for added fiber Normally used for children over age 1. Can only be issued to women and children.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Perative	Increased Calorie Supplement	39 cal/oz, lactose-free, partially hydrolyzed protein; nutritionally complete; for tube feeding; 40% of fat is MCT oil. Available in RTU.	1) Pressure ulcers, multiple fractures, wounds, burns, or surgery 2) Multiple fractures 3) Wounds, burns, or surgery 4) Conditions causing metabolic stress Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Periflex Advance	Metabolic	Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women). Available in PWD.	Phenylketonuria (PKU) in children older than 1 year Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Periflex Infant	Metabolic	Phenylalanine-free; nutritionally incomplete; intended for infants; 13 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) in infants Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Periflex Junior	Metabolic	Phenylalanine-free; nutritionally incomplete; not intended for infants under 1 year of age; 25 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) in children older than 1 year Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Periflex Junior Plus	Metabolic	Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents/100 g PWD, Available in PWD.	Phenylketonuria in children older than 1 year. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form. Can only be issued to women and children.	1 Certification Period	Nutricia
Periflex LQ PKU	Metabolic	Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults. Available in RTU.	Phenylketonuria (PKU), including maternal PKU Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PFD 2	Metabolic	Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete; Available in PWD.	Inborn errors of amino acid metabolism in children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
Phenex 1	Metabolic	Phenylalanine and lactose-free; for infants and toddlers. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Phenex 2	Metabolic	Phenylalanine and lactose-free; nutritionally incomplete; for children and adults. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Phenyl Free 1	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Hyperphenylalaninemia, including PKU (phenylketonuria) in infants or toddlers. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
Phenyl Free 2	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder. Available in PWD.	Hyperphenylalaninemia, including PKU (phenylketonuria) in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Phenyl Free 2HP	Metabolic	Phenylalanine, lactose, galactose-free; higher in protein and most vitamins and minerals than Phenyl Free 2; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Hyperphenylalaninemia, including PKU (phenylketonuria) in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
PhenylAde 60 Drink Mix	Metabolic	Phenylalanine-free; nutritionally incomplete; for oral or tube feeding; 294 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PhenylAde Drink Mix	Metabolic	Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents. Available in PWD.	Phenylketonuria (PKU) in children or adults. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PhenylAde Amino Acid Blend	Metabolic	Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 323 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PhenylAde Essential	Metabolic	Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age. Available in PWD.	Phenylketonuria (PKU) in children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PhenylAde MTE Amino Acid Blend	Metabolic	Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Phlexy - 10 Drink Mix	Metabolic	Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete; not intended for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU) in children over age 1 and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PKU 2	Metabolic	Phenylalanine-free; nutritionally incomplete. Available in PWD.	Hyperphenylalaninemia, including PKU in toddlers and children Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PKU 3	Metabolic	Phenylalanine-free; nutritionally incomplete. Available in PWD.	Hyperphenylalaninemia, including PKU in older children or adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
PKU Periflex Early	Metabolic	Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of pretein equivalent per 100 g powder. Available in PWD.	Phenylketonuria (PKU) in infants or young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Polycal	Modular	Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5 g or 20 cal. Available in PWD.	1) Medical conditions requiring high energy with low fluid volume 2) Inborn errors of metabolism. Limit issuance to no more than 3 cans/month. Requires State Agency approval.	1 Certification Period	Nutricia
Portagen	Special Medical Conditions	30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Similar to Monogen. Available in PWD.	1) Chylothorax 2) Conditions which involve inefficient digestion or absorption of conventional fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Conditions requiring high MCT oil	1 Certification Period	Mead Johnson
Pregestimil 24	Protein Hydrolysate	24 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Available in RTU.	Increased calorie needs and malabsorption and/or one of the following: 1) Gastrointestinal Disorders such as cystic fibrosis (CF), short bowel syndrome(SBS), bile acid deficiency, intractable diarrhea, etc. 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food protein-induced enterocolitis syndrome (FPIES) 4) Severe protein calorie malnutrition Requires State Agency approval.	1 Certification Period	Mead Johnson
Pregestimil DHA/ARA	Protein Hydrolysate	20cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Some similarities to Alfamino, Alimentum and Nutramigen. Powder should be measured with packed, level scoop. Available in PWD, RTU.	Malabsorption and/or one of the following: 1) Gastrointestinal Disorders such as cystic fibrosis (CF), short bowel syndrome (SBS), bile acid deficiency, intractable diarrhea, etc. 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food protein-induced enterocolitis syndrome (FPIES) 4) Severe protein-calorie malnutrition. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.	1 Certification Period	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Promote	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula; nutritionally complete; for oral or tube feeding; 19% of fat is MCT oil; 14.8 g soy protein/8 oz can. Available in RTU.	1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Other chronic illnesses that may require increased protein needs relative to their estimated calorie requirements Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Promote w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula with fiber; nutritionally complete, for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8 g soy protein/8 oz can. Available in RTU.	1) Pressure ulcers and/or need for additional fiber 2) At risk for protein-energy malnutrition and/or need for additional fiber 3) Low caloric and/or wound healing needs and/or need for additional fiber 4) Other chronic illnesses that may require increased protein needs relative to their estimated calorie requirements Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott
Pro-Phree	Special Medical Conditions	Protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 C = 120 g. Available in PWD.	Medical condition with a need for reduced protein intake in infants or toddlers Requires State Agency approval.	1 Certification Period	Abbott
Propimex 1	Metabolic	Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers. Available in PWD.	Propionic or methylmalonic acidemia in infants or toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Propimex 2	Metabolic	Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults. Available In PWD.	Propionic or methylmalonic acidemia Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
ProSobee	Soy-Based Infant Formula	20 cal/oz, milk, lactose, sucrose, and galactose-free soy formula; similar to Similac Soy Isomil and Good Start Soy. Available in PWD, CON, RTU.	<p>Documented intolerance to contract formula (Gerber Good Start Soy) and cow's milk allergy, lactose intolerance, galactosemia or vegan diet WITH:</p> <ol style="list-style-type: none"> 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive (FTT) that is evidenced by growth chart information (weight/length \leq 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas <p>Over age 1 with medical need for soy-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan diet. <p>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	3 months	Mead Johnson
Pulmocare	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free formula; for oral or tube feedings; 20% of fat is MCT oil. Available in RTU.	<p>Respiratory problems such as COPD (Chronic obstructive pulmonary disease), cystic fibrosis (CF), acute respiratory failure, or ventilator-dependency</p> <p>Can only be issued to women and children. Requires State Agency Approval.</p>	1 Certification Period	Abbott
PurAmino	Elemental	20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder. Formerly known as Nutramigen AA. Standard mixing is 1 unpacked level scoop of powder to 1 oz water. Available in PWD.	<ol style="list-style-type: none"> 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EoE), etc. 2) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein. <p>Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) should be tried before issuing unless medically contraindicated.</p>	1 Certification Period	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
PurAmino Toddler	Elemental	30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water. Similar to Alfamino Jr., Elecare Jr. and Neocate Jr. Available in PWD.	1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EoE), etc. 2) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein.	1 Certification Period	Mead Johnson
RCF (Ross Carbohydrate Free)	Special Medical Conditions	20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately. Available in CON.	Non-metabolic reason: Seizure disorders requiring a ketogenic diet Metabolic reasons: Carbohydrate intolerance. Initial request requires state approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Renalcal	Special Medical Conditions	60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU.	Renal failure Can only be issued to women and children.	1 Certification Period	Nestle
Renastart	Special Medical Conditions	30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD.	Renal disease in infants and children.	1 Certification Period	Vitaflo
Replete w/Fiber	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	1) Medical conditions requiring high protein for wound healing, pressure ulcers, burns, and surgical wounds 2) Medical conditions requiring fiber for bowel function Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle
Resource 2.0	Increased Calorie Supplement	60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN, and Nutren 2.0. Available in RTU.	1) Fluid restriction 2) Increased protein and caloric needs Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Nestle

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Scandishake	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete. Available in PWD.	1) Medical conditions that increase calorie needs 2) Medical conditions with need to gain weight or maintain weight Can only be issued to women and children.	1 Certification Period	Aptalis
Scandishake w/Aspartame	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame. Available in PWD.	1) Medical conditions that increase calorie needs 2) Medical conditions with need to gain weight or maintain weight Can only be issued to women and children.	1 Certification Period	Aptalis
Scandishake Lactose Free	Increased Calorie Supplement	65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete. Available in PWD.	1) Medical conditions that increase calorie needs 2) Medical conditions with need to gain weight or maintain weight Can only be issued to women and children.	1 Certification Period	Aptalis
Similac Advance	Milk-Based Infant Formula	20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides); similar to Enfamil Infant. Available in PWD, CON, RTU.	Current contract standard milk-based infant formula. Refer to Policy FD:13.0. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants. No RX when <1 year of age. RX when >1 year of age.	1 Certification Period	Abbott
Similac for Diarrhea	Special Medical Conditions	20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water. Available in RTU.	Short-term diarrhea Similac (Expert Care) for Diarrhea is to be used for a short duration - no longer than 10 days.	1 Month	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer									
Similac Go & Grow Milk	Special Medical Conditions	19 cal/oz milk-based with added calcium, phosphorus, and DHA/ARA. Similar to Graduates Gentle. Available in PWD.	Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems Can only be issued to women and children.	1 Certification Period	Abbott									
Similac Human Milk Fortifier (SHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; similar to Enfamil HMF; nutritionally incomplete. Not intended for use after infant reaches 8 lbs (3600 g) in weight. Available in PWD.	Fortification of human breast milk for premature/low birth weight babies <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Additional Calories Desired</td> <td style="text-align: center;">Preterm Human Milk</td> <td style="text-align: center;">HMF</td> </tr> <tr> <td style="text-align: center;">2 cal/ fl oz</td> <td style="text-align: center;">50 mL</td> <td style="text-align: center;">1 packet</td> </tr> <tr> <td style="text-align: center;">4 cal/ fl oz</td> <td style="text-align: center;">25 mL</td> <td style="text-align: center;">1 packet</td> </tr> </table> Requires State Agency approval.	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 mL	1 packet	4 cal/ fl oz	25 mL	1 packet	1 Month	Abbott
Additional Calories Desired	Preterm Human Milk	HMF												
2 cal/ fl oz	50 mL	1 packet												
4 cal/ fl oz	25 mL	1 packet												
Similac PM 60/40	Special Medical Conditions	20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources. Available in PWD.	1) Hypocalcemia due to hyperphosphatemia 2) Renal condition requiring lowered mineral level	1 Certification Period	Abbott									

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Similac Sensitive	Milk-Based Infant Formula	19 cal/oz, low-lactose, milk-based with prebiotic GOS (Galacto-oligosaccharides); not intended for infants or children with galactosemia. Available in PWD, RTU.	<p>REQUIRES A MEDICAL REQUEST. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms. A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems <p>Current contract low lactose, milk-based formula. Refer to Policy FD: 13.0. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Similac Soy Isomil	Soy-Based Infant Formula	20 cal/oz, lactose-free, soy-based. Similar to ProSobee and Good Start Soy. Available in PWD, CON, RTU.	<p>Documented intolerance to contract formula (Gerber Good Start Soy) and cow's milk allergy, lactose intolerance, galactosemia or vegan diet WITH:</p> <ol style="list-style-type: none"> 1) Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2) Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length \leq 10th percentile), drop in 2 major percentiles on the growth chart 3) Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4) Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas <p>After 3 months retrial on a contract formula unless medically contraindicated.</p> <p>Over age 1 with medical need for soy-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan diet. <p>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	3 months	Abbott
Similac for Spit-Up	Milk-Based Infant Formula	19 cal/oz, low-lactose, milk-based with rice starch; not intended for infants or children with galactosemia; similar to Enfamil AR. Available in PWD, RTU.	<p>REQUIRES A MEDICAL REQUEST. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms. A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required.</p> <p>Over age 1 with medical need for 19 cal/oz formula; possible reasons include: prematurity, developmental delay, or oral motor feeding problems</p> <p>Current contract rice starch-added, milk-based formula. Refer to Policy FD: 13.0.</p> <p>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p>	1 Certification Period	Abbott

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Similac Special Care 20 w/Iron	Premature/LBW	20 cal/oz, preterm; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.	Prematurity and low birth weight (LBW) Requires State Agency approval.	1 Month	Abbott
Similac Special Care 24 w/Iron	Premature/LBW	24 cal/oz, preterm; 50% of fat is MCT oil; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.	Prematurity and low birth weight (LBW) Requires State Agency approval.	1 Month	Abbott
Similac Special Care 24 High Protein w/Iron	Premature/LBW	24 cal/oz, preterm; 3.3 g of protein /100 cal; not intended for feeding LBW infants after they reach a weight of 8 pounds (or consume 16-24 oz in 24 hours).	Prematurity and low birth weight (LBW) with need for increased protein. Requires State Agency approval.	1 Month	Abbott
Similac Special Care 30	Premature/LBW	30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Available in RTU.	Prematurity and low birth weight (LBW) Requires State Agency approval.	1 Month	Abbott

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
Similac Total Comfort	Milk-Based Infant Formula	19 cal/oz, milk-based with prebiotic Galacto-oligosaccharides (GOS); 2% lactose; partially hydrolyzed 100% whey; similar to Gentlease and Good Start Soothe. Available in PWD.	REQUIRES A MEDICAL REQUEST. Documented intolerance to Similac Advance with digestive issues and/or colic or other intolerance symptoms. A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity 2) Developmental delay 3) Oral-motor feeding problems Current contract partially hydrolyzed, milk-based formula. Refer to Policy FD: 13.0.	1 Certification Period	Abbott
SOD Anamix Early	Metabolic	Methionine, cysteine-free with prebiotic fiber. Available in PWD.	Sulfite oxydase deficiency in infants and young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Suplena	Special Medical Conditions	54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding. Available in RTU.	1) Chronic kidney disease (stage 3 and 4) 2) Medical condition requiring a diet restricted in protein, electrolytes, and fluids Can only be issued to women and children.	1 Certification Period	Abbott
Tolerex	Elemental	30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete. Available in PWD.	Impaired digestion and absorption, e.g., severe protein and/or fat malabsorption. Specialized nutrient needs such as food allergies.	1 Certification Period	Nestle
TwoCal HN	Increased Calorie Supplement	60 cal/oz, high-calorie, high-nitrogen, lactose-free; nutritionally complete; for oral or tube feeding; similar to Nutren 2.0. Available in PWD.	Elevated protein and calorie needs requiring low-volume feedings Can only be issued to women and children. Requires State Agency approval.	1 Certification Period	Abbott

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
TYR 2	Metabolic	Mixture of L-amino acids; phenylalanine and tyrosine-free; nutritionally incomplete; intended for children and adults. Available in PWD.	1) Tyrosinemia type I, inherited 2) Tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome) Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
TYR Anamix Early	Metabolic	Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g. Available in PWD.	Tyrosinemia in infants and young children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
TYR Anamix Next	Metabolic	34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend 29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete. Available in PWD.	Tyrosinemia over age 1 Can only be issued to women and children. Initial request requires State Agency approval and a metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Tyrex 1	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott
Tyrex 2	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Abbott

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
TYROS 1	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
TYROS 2	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
UCD 2	Metabolic	Mixture of all essential L-amino acids; nutritionally incomplete; intended for children and adults. Available in PWD.	1) Carbamylphosphate synthetase deficiency 2) Ornithine transcarbamylase deficiency 3) Citrullinemia or argininosuccinic acid synthetase deficiency 4) Argininosuccinic acid lyase deficiency, arginase deficiency Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
UCD Anamix Jr.	Metabolic	0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete; not for infants under 1 year of age. Available in PWD.	Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
Vital HN	Increased Calorie Supplement	30 cal/oz, high-nitrogen, low-fat, partially hydrolyzed protein; nutritionally complete; for oral or tube feeding; <0.25 g lactose per packet. Available in PWD.	Chronically impaired gastrointestinal function, such as maldigestion or malabsorption Can only be issued to women and children.	1 Certification Period	Abbott
Vivonex Pediatric	Elemental	24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding. Available in PWD.	GI impairment in infants or children, e.g., Crohn's disease, short bowel disease, malabsorption, intractable diarrhea or as a transition from TPN. System will not allow formula to be issued <9 months of age.	1 Certification Period	Nestle
Vivonex Plus	Elemental	30 cal/oz, lactose-free, high-nitrogen, low-fat, elemental, 100% free amino acids; nutritionally complete; for oral or tube feeding. Available in PWD.	1) Gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery 2) Surgery or select trauma Can only be issued to women and children.	1 Certification Period	Nestle
Vivonex T.E.N.	Elemental	30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding. Available in PWD.	1) Gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery 2) Surgery or select trauma 3) Intestinal failure Can only be issued to women and children.	1 Certification Period	Nestle

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
WND 1	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders in infants and toddlers Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
WND 2	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders in children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Mead Johnson
XLeu Analog	Metabolic	Leucine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism in infants Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XLeu Maxamaid	Metabolic	Leucine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism in toddlers and children System will not allow formula to be issued <9 months of age. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XLeu Maxamum	Metabolic	Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism in older children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XLys, XTrp Analog	Metabolic	Lysine and tryptophan-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I in infants Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
XLys, XTrp Maxamaid	Metabolic	Lysine, tryptophan and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I in toddlers and children System will not allow formula to be issued <9 months of age. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XLys, XTrp Maxamum	Metabolic	Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I in older children and adults Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XMet Analog	Metabolic	Methionine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XMet Maxamaid	Metabolic	Methionine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hypermethioninemia System will not allow formula to be issued <9 months of age. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XMet Maxamum	Metabolic	Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hypermethioninemia Can only be issued to women (including pregnant) and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
XMTVI Analog	Metabolic	Methionine, threonine, valine-free, low isoleucine; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XMTVI Maxamaid	Metabolic	Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia System will not allow formula to be issued <9 months of age. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XMTVI Maxamum	Metabolic	Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XPhe Maxamaid	Metabolic	Phenylalanine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	Phenylketonuria (PKU) System will not allow formula to be issued <9 months of age. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Reasons for Issuance	Maximum Length of Issuance	Manufacturer
XPhe Maxamum	Metabolic	Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU), including maternal PKU Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XPhe, XTyr Analog	Metabolic	Phenylalanine and tyrosine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.	Tyrosinemia Type I & Type II when plasma methionine level is normal Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	1 Certification Period	Nutricia
XPhe, XTyr Maxamaid	Metabolic	Phenylalanine, tyrosine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	Tyrosinemia Type I & II System will not allow formula to be issued <9 months of age. Requires State Agency approval and metabolic prescription form.	1 Certification Period	Nutricia