



## Memorandum

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**#11-042**

**TO:** WIC Regional Directors  
WIC Local Agency Directors

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

**DATE:** March 25, 2011

**SUBJECT:** March 2011 – Updated Formula Approval Documents Available

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The following documents have been revised, effective March 2011. Please use these versions and discard all others. Updated copies will be emailed separately. They will also be posted soon at the following location under the names described:

<http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>

- Texas WIC Formulary and Medical Reasons for Issuance March 2011
- March 2011 Formula Code List
- Texas WIC Formula Maximum Quantity Table-March 2011
- Quick Reference for Formula Approval-March 2011

### **Summary of Changes in the Clinic Formula Table**

The clinic formula table was updated in March 2011. The following changes occurred:

**New Formulas Added to F2 Pick List** – CA staff may approve these formulas for the reasons listed in the March 2011 Texas WIC Formulary. If requested for other reasons or if there are questions about the request, refer to a level 3 approver or state agency staff via the formula pager number (512) 499-6814.

- Pediasure 1.5 RTU 8oz (formula code 506)
- Pediasure 1.5 w/Fbr RTU 8oz (formula code 507)
- Renastart PWD 1000G (formula code 508)

**Formula Quantity Changes** – The following formulas had a quantity change (from 4 cans to 3) in month 1 for partially breastfeeding infants:

- Cyclinex 1 PWD 14.1oz (formula code 342)
- ProPhree PWD 14.1oz (formula code 356)
- Sim PM60/40 Low Iron PWD 14.1oz (formula code 042)

If you have any questions or require additional information, please contact Cathy Plyler, Clinic Nutrition Specialist, Nutrition Education/Clinic Services Unit, at (512) 341-4577 or [cathy.plyler@dshs.state.tx.us](mailto:cathy.plyler@dshs.state.tx.us), or Maricela Montoya, Clinic Nutrition Specialist, Nutrition Education/Clinic Services Unit, at (512) 341-4578 or [maricela.montoya@dshs.state.tx.us](mailto:maricela.montoya@dshs.state.tx.us).

# QUICK REFERENCE for FORMULA APPROVAL LEVELS

LEVEL 1 All CAs may approve	LEVEL 2 Nutritionists may approve	LEVEL 3 Require RD/LD approval	LEVEL 4 Require State Agency approval
<p><b><u>Standard Milk or Soy Infant Contract Formulas</u></b> Only Level 1 after 1 year of age</p> <ul style="list-style-type: none"> <li>Similac Advance</li> <li>Similac Sensitive</li> <li>Similac Sensitive for Spit-Up</li> <li>Similac Soy Isomil</li> </ul> <p><b><u>Standard Milk or Soy Infant Non-Contract</u></b></p> <ul style="list-style-type: none"> <li>Enfamil AR</li> <li>Enfamil Premium Infant</li> <li>Gentlease</li> <li>Good Start Soy</li> <li>ProSobee</li> </ul> <p><b><u>Standard Toddler Soy &amp; Milk Based Contract</u></b> Only Level 1 after 1 year of age</p> <ul style="list-style-type: none"> <li>Similac Go &amp; Grow Milk</li> <li>Similac Go &amp; Grow Soy</li> </ul> <p><b><u>Standard Toddler Soy &amp; Milk Based Formulas</u></b></p> <ul style="list-style-type: none"> <li>Enfagrow Premium Toddler</li> <li>Enfagrow Soy Toddler</li> <li>Good Start 2 Soy</li> </ul> <p><b><u>Protein Hydrolysate Formulas</u></b></p> <ul style="list-style-type: none"> <li>Alimentum</li> <li>Nutramigen LIPIL-CON or RTU only</li> <li>Nutramigen LIPIL LGG</li> <li>Pregestimil LIPIL</li> </ul> <p><b><u>Premature Transitional Formulas</u></b></p> <ul style="list-style-type: none"> <li>EnfaCare</li> <li>Neosure</li> </ul> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>Similac Expert Care for Diarrhea</li> </ul>	<p><b><u>Pediatric Supplements</u></b></p> <ul style="list-style-type: none"> <li>Bright Beginnings Soy Pediatric Drink</li> <li>Compleat Pediatric</li> <li>Kid Essentials</li> <li>Kid Essentials 1.5</li> <li>Kid Essentials 1.5 with Fiber</li> <li>Nutren Junior</li> <li>Nutren Junior with Fiber</li> <li>Pediasure</li> <li>Pediasure with Fiber</li> <li>Pediasure Enteral</li> <li>Pediasure Enteral with Fiber</li> <li>Pediasure 1.5</li> <li>Pediasure 1.5 with Fiber</li> </ul> <p><b><u>Adult Supplements</u></b></p> <ul style="list-style-type: none"> <li>Boost</li> <li>Boost High Protein</li> <li>Boost Plus</li> <li>Compleat</li> <li>Ensure</li> <li>Ensure High Calcium</li> <li>Ensure High Protein</li> <li>Ensure Plus</li> <li>Nutren 1.0</li> <li>Nutren 1.0 with Fiber</li> <li>Nutren 2.0</li> </ul> <p><b><u>Pediatric or Adult Pudding Supplements</u></b></p> <ul style="list-style-type: none"> <li>Boost Pudding</li> <li>Ensure Pudding</li> </ul> <p><b><u>Pediatric or Adult Supplements</u></b></p> <ul style="list-style-type: none"> <li>Scandishake</li> <li>Scandishake with Aspartame</li> <li>Scandishake Lactose-Free</li> </ul>	<p><b><u>Low Mineral Formulas</u></b></p> <ul style="list-style-type: none"> <li>Similac PM 60/40 Low Iron</li> </ul> <p><b><u>Formulas High in MCT Oil</u></b></p> <ul style="list-style-type: none"> <li>Enfaport</li> <li>Monogen</li> <li>Portagen</li> </ul> <p><b><u>Renal Formulas</u></b></p> <ul style="list-style-type: none"> <li>Nepro</li> <li>NovaSource Renal</li> <li>Renalcal</li> <li>Renastart</li> <li>Suplena</li> </ul> <p><b><u>Infant/Pediatric Elemental Formulas</u></b></p> <ul style="list-style-type: none"> <li>EleCare</li> <li>EleCare DHA/ARA</li> <li>Neocate with DHA/ARA</li> <li>Nutramigen AA LIPIL</li> </ul> <p><b><u>Pediatric Elemental Formulas</u></b></p> <ul style="list-style-type: none"> <li>EO28 Splash</li> <li>Neocate Junior</li> <li>Neocate Junior with Prebiotics</li> <li>Pepdite Jr.</li> <li>Peptamen Junior</li> <li>Peptamen Junior with Fiber</li> <li>Peptamen Junior with PreBio</li> <li>Peptamen Junior 1.5</li> <li>Vital Jr.</li> <li>Vivonex Pediatric</li> </ul> <p><b><u>Pediatric or Adult Supplements</u></b></p> <ul style="list-style-type: none"> <li>Carnation Instant Breakfast Lactose-Free VHC</li> <li>Enlive!</li> <li>Resource Breeze</li> <li>Tolerex</li> </ul> <p><b><u>Adult Elemental Formulas</u></b></p> <ul style="list-style-type: none"> <li>Optimental</li> <li>Peptamen</li> <li>Peptamen 1.5</li> <li>Vital HN</li> <li>Vivonex Plus</li> <li>Vivonex T.E.N.</li> </ul> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>Ketocal 3:1</li> <li>Ketocal 4:1</li> </ul> <p><b>Continued on next page:</b></p>	<p><b><u>Human Milk Fortifiers</u></b></p> <ul style="list-style-type: none"> <li>Enfamil Human Milk Fortifier</li> <li>Similac Human Milk Fortifier</li> </ul> <p><b><u>Formula for Preterm Infants</u></b></p> <ul style="list-style-type: none"> <li>Enfamil Premature LIPIL 24 with Iron</li> <li>Good Start Premature 24</li> <li>Similac Special Care 24 with Iron</li> <li>Similac Special Care 30</li> </ul> <p><b><u>Protein Hydrolysate Formulas</u></b></p> <ul style="list-style-type: none"> <li>Pregestimil 24 LIPIL-2oz RTU only</li> </ul> <p><b><u>Modular:</u></b></p> <ul style="list-style-type: none"> <li>Duocal</li> <li>MCT Oil</li> <li>Microlipid</li> </ul> <p><b><u>Others:</u></b></p> <ul style="list-style-type: none"> <li>Calcilo XD</li> <li>Crucial</li> <li>DiabetiSource AC</li> <li>Enfamil LIPIL 24</li> <li>FiberSource HN</li> <li>Glytrol</li> <li>Hepatic Aid II</li> <li>Impact</li> <li>Impact with Fiber</li> <li>Impact 1.5</li> <li>Isosource 1.5</li> <li>Isosource HN</li> <li>Jevity 1 Cal</li> <li>Lipistart</li> <li>Nutren Pulmonary</li> <li>NutriHep</li> <li>Osmolite 1.0</li> <li>Osmolite 1.2</li> <li>Oxepa</li> <li>Perative</li> <li>Promote</li> <li>Promote with Fiber</li> <li>Pro-Phree</li> <li>Pulmocare</li> <li>RCF</li> <li>Replete with Fiber</li> <li>Resource 2.0</li> <li>TwoCal HN</li> </ul>

### Metabolic Formulas

Requires metabolic Rx form and State approval for initial request

Acerflex  
BCAD 1/ BCAD 2  
Cyclinex 1/ Cyclinex 2  
GA  
Glutarex 1/ Glutarex 2  
HCY 1/ HCY 2  
HOM 2  
Hominex 1/ Hominex 2  
I Valex 1/ I Valex 2  
Ketonex 1/ Ketonex 2  
LMD  
Lophlex LQ 20  
MSUD Analog  
MSUD Maxamaid  
MSUD Maxamum  
MSUD 2  
OA 1/ OA 2  
OS 2  
Periflex Infant  
Periflex Junior  
PFD 1/ PFD 2  
Phenex 1/ Phenex 2  
PhenylAde Drink Mix  
PhenylAde Essential  
Phenylfree 1/ Phenylfree 2  
Phenylfree 2HP  
Phlexy 10 Drink Mix  
PKU 2/ PKU 3  
Propimex 1/ Propimex 2  
TYR 2  
Tyrex 1/ Tyrex 2  
Tyros 1/ Tyros 2  
UCD 2  
WND 1/ WND 2  
XLeu Analog  
XLeu Maxamaid  
XLeu Maxamum  
XLys, XTrp Analog  
XLys, XTrp Maxamaid  
XLys, XTrp Maxamum  
XMet Analog  
XMet Maxamaid  
XMet Maxamum  
XMTVI Analog  
XMTVI Maxamaid  
XMTVI Maxamum  
XPhe Maxamaid  
XPhe Maxamum (PWD or RTU)  
XPhe, XTyr Analog  
XPhe, XTyr Maxamaid  
XPTM Analog

FORMULA CODE LIST  
MARCH 2011

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

Formula Code	Formula Description	Smallest Available Unit/Comments
088	ACERFLEX PWD 454G	
409	ALIMENTUM PWD 16OZ	
395	ALIMENTUM RTU 32OZ	
463	BCAD 1 PWD 16 OZ	
278	BCAD 2 PWD 16OZ	
274	BOOST HP RTU 8OZ	
429	BOOST PLS RTU 8OZ	
275	BOOST PUDD RTU 5OZ	4 pack
428	BOOST RTU 8OZ	
432	BRIGHT BEGIN RTU 8OZ	DISCONTINUED - DO NOT ISSUE
434	BRIGHT BEGIN SOY RTU 8OZ	6 pack
433	BRIGHT BEGIN W/FBR RTU 8OZ	DISCONTINUED - DO NOT ISSUE
470	CALCILO XD PWD 13.2 OZ	
454	CIB LACTOSE FREE VHC RTU 250ML	
101	COMPLEAT PEDIATRIC RTU 250ML	
102	COMPLEAT RTU 250ML	
105	CRUCIAL RTU 250ML	
342	CYCLINEX 1 PWD 14.1OZ	
343	CYCLINEX 2 PWD 14.1OZ	
109	DIABETISOURCE AC RTU 250ML	
238	DUOCAL PWD 400G	
294	E028 SPLASH RTU 8 OZ	
479	ELECARE DHA/ARA PWD 14.1OZ	
110	ELECARE PWD 14.1OZ	Use this code to order "vanilla"
443	ENF PRE LIP W/IRON 24 RTU 2 OZ	6 bottles
371	ENFACARE LIPIL PWD 12.8OZ	
442	ENFACARE LIPIL RTU 32 OZ	
406	ENFAGROW PREMIUM/NS L PWD 24OZ	
457	ENFAGROW PREMIUM/NS L RTU 32OZ	
408	ENFAGROW SOY/NS PROS PWD 24OZ	
410	ENFAMIL AR PWD 12.9OZ	
401	ENFAMIL AR RTU 32OZ	
305	ENFAMIL HMF PWD 0.71G	100 packets
459	ENFAMIL LIPIL 24 RTU 2 OZ	6 bottles
486	ENFAMIL PREMIUM INF CON 13OZ	
483	ENFAMIL PREMIUM INF PWD 12.5OZ	
487	ENFAMIL PREMIUM INF RTU 32OZ	
481	ENFAPORT LIPIL RTU 8OZ	
495	ENLIVE RTU 8.1OZ	
279	ENSURE HC RTU 8OZ	
118	ENSURE HP RTU 8OZ	
121	ENSURE PLS RTU 32OZ	
120	ENSURE PLS RTU 8OZ	
122	ENSURE PUDD RTU 4OZ	4 pack
075	ENSURE RTU 8OZ	
126	FIBERSOURCE HN RTU 250ML	
464	GA PWD 16 OZ	

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Formula Code	Formula Description	Smallest Available Unit/Comments
431	GENTLEASE PWD 12OZ	
500	GENTLEASE RTU 32OZ	
344	GLUTAREX 1 PWD 14.1OZ	
345	GLUTAREX 2 PWD 14.1OZ	
132	GLYTROL RTU 250ML	
489	GS 2 GENTLE PLS PWD 24OZ	DO NOT ISSUE AFTER MAY 1, 2011
491	GS 2 PROTECT PLS PWD 24OZ	DO NOT ISSUE AFTER MAY 1, 2011
490	GS 2 SOY PLS PWD 24OZ	
386	GS GENTLE PLS CON 13OZ	DO NOT ISSUE AFTER MAY 1, 2011
384	GS GENTLE PLS PWD 12OZ	DO NOT ISSUE AFTER MAY 1, 2011
385	GS GENTLE PLS RTU 32OZ	
477	GS PREMATURE 24 RTU 3OZ	8 bottles
488	GS PROTECT PLS PWD 12OZ	DO NOT ISSUE AFTER MAY 1, 2011
422	GS SOY PLS CON 13OZ	
416	GS SOY PLS PWD 12.9OZ	
423	GS SOY PLS RTU 32OZ	
465	HCY 1 PWD 16 OZ	
328	HCY 2 PWD 16OZ	
133	HEPATIC AID II PWD 3OZ	24 packets
285	HOM 2 PWD 500G	
346	HOMINEX 1 PWD 14.1OZ	
347	HOMINEX 2 PWD 14.1OZ	
348	I VALEX 1 PWD 14.1OZ	
349	I VALEX 2 PWD 14.1OZ	
141	IMPACT 1.5 RTU 250ML	
140	IMPACT RTU 250ML	
142	IMPACT W/FBR RTU 250ML	
152	ISOSOURCE 1.5 RTU 250ML	
153	ISOSOURCE HN RTU 250ML	
155	JEVITY RTU 8 OZ	
456	KETOCAL 3:1 PWD 300G	
364	KETOCAL 4:1 PWD 300G	
505	KETOCAL 4:1 RTU 8OZ	
350	KETONEX 1 PWD 14.1OZ	
351	KETONEX 2 PWD 14.1OZ	
475	KID ESSENTIALS 1.5 RTU 8OZ	
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	
492	KID ESSENTIALS RTU 8.25OZ	
498	LIPISTART PWD 400G	
453	LMD PWD 16 OZ	
499	LOPHLEX LQ 20 RTU 4.2OZ	Must order in multiples of 30
425	MCT OIL RTU 32OZ	
424	MICROLIPID RTU 3OZ	
449	MONOGEN PWD 400G	
310	MSUD 2 PWD 500G	
171	MSUD ANALOG PWD 400G	
172	MSUD MAXAMAID PWD 454G	

FORMULA CODE LIST  
MARCH 2011

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(512) 499-6814

Formula Code	Formula Description	Smallest Available Unit/Comments
173	MSUD MAXAMUM PWD 454G	
440	NEOCATE DHA/ARA PWD 400G	
504	NEOCATE JR PREBIOTICS PWD 400G	
332	NEOCATE JR PWD 400G	
455	NEOCATE ONE PLUS PWD 60G	DISCONTINUED - DO NOT ISSUE
370	NEOSURE PWD 12.8OZ	
430	NEOSURE RTU 32OZ	
174	NEPRO RTU 8OZ	
176	NOVASOURCE RENAL RTU 8OZ	
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	
480	NUTRAMIGEN LIP LGG PWD 12.6OZ	
031	NUTRAMIGEN LIPIL CON 13OZ	
024	NUTRAMIGEN LIPIL RTU 32OZ	
183	NUTREN 1.0 RTU 250ML	
184	NUTREN 1.0 W/FBR RTU 250ML	
187	NUTREN 2.0 RTU 250ML	
189	NUTREN JR RTU 250ML	
188	NUTREN JR W/FBR RTU 250ML	
192	NUTREN PULMONARY RTU 250ML	
190	NUTRIHEP RTU 250ML	
445	OA 1 PWD 16 OZ	
446	OA 2 PWD 16 OZ	
288	OPTIMENTAL RTU 8OZ	
290	OS 2 PWD 500G	
062	OSMOLITE 1.0 RTU 8OZ	
193	OSMOLITE 1.2 RTU 8OZ	
196	OXEPA RTU 8OZ	
506	PEDIASURE 1.5 RTU 8OZ	NEW
507	PEDIASURE 1.5 W/FBR RTU 8OZ	NEW
292	PEDIASURE ENTER RTU 8OZ	
293	PEDIASURE ENTER W/FBR RTU 8OZ	
034	PEDIASURE RTU 8OZ	New pkgs - 6 pack only (except vanilla)
035	PEDIASURE W/FBR RTU 8OZ	
295	PEPDITE JR PWD 51G	
199	PEPTAMEN 1.5 RTU 250ML	
478	PEPTAMEN JR 1.5 RTU 250ML	
438	PEPTAMEN JR PREBIO RTU 250ML	
051	PEPTAMEN JR RTU 250ML	
469	PEPTAMEN JR W/FBR RTU 250ML	
197	PEPTAMEN RTU 250ML	
200	PERATIVE RTU 8OZ	
265	PERIFLEX INFANT PWD 400G	
201	PERIFLEX JR 454G	
466	PFD 1 PWD 16 OZ	
329	PFD 2 PWD 16OZ	
352	PHENEX 1 PWD 14.1OZ	
353	PHENEX 2 PWD 14.1OZ	

FORMULA CODE LIST  
MARCH 2011

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

Formula Code	Formula Description	Smallest Available Unit/Comments
311	PHENYL FREE 1 PWD 16OZ	
297	PHENYL FREE 2 PWD 16OZ	
298	PHENYL FREE 2HP PWD 16OZ	
501	PHENYLADE ESSENTIAL PWD 454G	
338	PHENYLADE PWD 454G	
439	PHLEXY10 DRINK PWD 20G	
300	PKU 2 PWD 500G	
301	PKU 3 PWD 500G	
008	PORTAGEN PWD 16OZ	
462	PREGESTIMIL LIPIL 20 RTU 2 OZ	6 bottles
461	PREGESTIMIL LIPIL 24 RTU 2 OZ	6 bottles
036	PREGESTIMIL LIPIL PWD 16OZ	
356	PRO PHREE PWD 14.1OZ	
213	PROMOTE RTU 8OZ	6 pack
214	PROMOTE W/FBR RTU 8OZ	6 pack
354	PROPIMEX 1 PWD 14.1OZ	
355	PROPIMEX 2 PWD 14.1OZ	
373	PROSOBEE CON 13OZ	
376	PROSOBEE PWD 12.9OZ	
375	PROSOBEE RTU 32OZ	
219	PULMOCARE RTU 8 OZ	6 pack
230	RCF CON 13OZ	
222	RENALCAL RTU 250ML	
508	RENASTART PWD 1000G	NEW
224	REPLETE W/FBR RTU 250ML	
177	RESOURCE 2.0 RTU 8OZ	
496	RESOURCE BREEZE RTU 8OZ	
232	SCANDISHAKE LF PWD 12OZ	4 packets
233	SCANDISHAKE PWD 12OZ	4 packets
234	SCANDISHAKE W/ASP PWD 18OZ	
471	SIM GO&GROW MILK PWD 22OZ	
472	SIM GO&GROW SOY PWD 22OZ	
042	SIM PM60/40 LOWIRON PWD 14.1OZ	
482	SIM SENS FOR SPITUP PWD 12.3OZ	
450	SIM SENS FOR SPITUP RTU 32OZ	
391	SIM SENS ISOMIL SOY CON 13OZ	
389	SIM SENS ISOMIL SOY PWD 12.4OZ	
390	SIM SENS ISOMIL SOY RTU 32OZ	
441	SIM SPEC CARE24 W/IRON RTU 2OZ	8 bottles
503	SIM SPECIAL CARE 30 RTU 2OZ	NEW - 8 bottles
388	SIMILAC ADVANCE CON 13OZ	
414	SIMILAC ADVANCE PWD 12.4OZ	
365	SIMILAC ADVANCE RTU 32OZ	
019	SIMILAC FOR DIARRHEA RTU 32OZ	
235	SIMILAC HMF PWD 0.9G	50 packets
411	SIMILAC SENSITIVE CON 13OZ	
394	SIMILAC SENSITIVE PWD 12.6OZ	

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MARCH 2011

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Formula Code	Formula Description	Smallest Available Unit/Comments
397	SIMILAC SENSITIVE RTU 32OZ	
239	SUPLENA RTU 8OZ	
240	TOLEREX PWD 2.82OZ	
245	TWOCAL HN RTU 8OZ	
304	TYR 2 PWD 500G	
357	TYREX 1 PWD 14.1OZ	
358	TYREX 2 PWD 14.1OZ	
467	TYROS 1 PWD 16 OZ	
330	TYROS 2 PWD 16OZ	
307	UCD 2 PWD 500G	
249	VITAL HN PWD 2.79OZ	6 pack
444	VITAL JR RTU 8 OZ	
250	VIVONEX PEDIATRIC PWD 1.7OZ	
251	VIVONEX PLS PWD 2.8OZ	
252	VIVONEX TEN PWD 2.84OZ	
468	WND 1 PWD 16 OZ	
331	WND 2 PWD 16OZ	
253	XLEU ANALOG PWD 400G	
254	XLEU MAXAMAID PWD 454G	
255	XLEU MAXAMUM PWD 454G	
256	XLYS,XTRP ANALOG PWD 400G	
257	XLYS,XTRP MAXAMAID PWD 454G	
258	XLYS,XTRP MAXAMUM PWD 454G	
259	XMET ANALOG PWD 400G	
260	XMET MAXAMAID PWD 454G	
261	XMET MAXAMUM PWD 454G	
262	XMTVI ANALOG PWD 400G	
263	XMTVI MAXAMAID PWD 454G	
264	XMTVI MAXAMUM PWD 454G	
242	XPHE MAXAMAID PWD 454G	
497	XPHE MAXAMUM DRINK RTU 8.5OZ	
243	XPHE MAXAMUM PWD 454G	
244	XPHE,XTYR ANALOG PWD 400G	
135	XPHE,XTYR MAXAMAID PWD 454G	
134	XPTM ANALOG PWD 400G	

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Acerflex</u></b></p> <p>Manufacturer Nutricia Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, leucine and valine-free medical food. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age.</p>	<p>Inborn errors of metabolism: for the dietary management of Maple syrup urine disease (MSUD) in children over the age of 1 year.</p> <p>Note: Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 454g can 6 cans/case pineapple</p>
<p style="text-align: center;"><b><u>Alimentum</u></b></p> <p>Manufacturer Abbott Form PWD, RTU Type Protein Hydrolysate <b>Level 1 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>20cal/oz</b>, casein hydrolysate, hypoallergenic infant formula with DHA and ARA added. Iron-fortified, gluten-free, lactose-free. 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. Powdered Alimentum differs from RTU in that it contains corn derivatives.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein 2) Malabsorption 3) 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, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegerid (omeprazole) or generic equivalents. 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.</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 16oz can 6 cans/case RTU: 32oz container 6 containers/case</p>
<p style="text-align: center;"><b><u>BCAD 1</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Metabolic <b>Level S/3 Exempt/ Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>An isoleucine, leucine and valine-free iron-fortified formula. Contains increased levels of B-vitamins for cofactor production. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Not intended as a sole source of nutrition. 16.2g protein equivalents/100g powder</p>	<p>Maple syrup urine disease (MSUD) in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>BCAD 2</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, leucine and valine-free. Amino acid modified, branched-chain amino acid-free, medical food with iron. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Gluten-free, lactose-free, galactose-free. Not intended as a sole source of nutrition. 24g protein equivalents/100g powder.</p>	<p>Maple syrup urine disease (MSUD) in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can 6 cans/case</p>

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC1

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Boost</b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>31cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free liquid supplement. Similar to Ensure and Nutren.</p>	<p>1) Medical condition that increases calorie needs.*</p> <p>2) Oral motor feeding problems</p> <p>3) Tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz bottle</p> <p>24 containers/case</p> <p>vanilla</p> <p>chocolate</p>	
<p><b>Boost High Protein</b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, high-protein, low residue, gluten-free, lactose-free liquid supplement. Similar to Ensure High Protein.</p>	<p>For supplemental protein requirements such as those recovering from illness including cancers, wounds, and surgery.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz bottle</p> <p>24 containers/case</p> <p>vanilla</p>	
<p><b>Boost Plus</b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>46cal/oz</b>, nutritionally complete, high-calorie, <b>Kosher</b>, low-residue, gluten-free, lactose-free oral supplement. Similar to Ensure Plus.</p>	<p>1) Medical condition that increases calorie needs and/or fluid restriction.*</p> <p>2) Oral motor feeding problems</p> <p>3) Tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz bottle</p> <p>24 containers/case</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p>	
<p><b>Boost Pudding</b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>240cal/5 oz</b>, nutritionally complete, <b>Kosher</b>, low-residue, gluten-free, lactose-free supplement in pudding form. Similar to Ensure Pudding.</p>	<p>1) Chewing or swallowing problems</p> <p>2) Medical condition that increases calorie needs*</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 5oz cup</p> <p>4 cups/carton</p> <p>vanilla</p> <p>chocolate</p> <p>butterscotch</p>	
<p><b>Bright Beginnings Soy Pediatric Drink</b></p> <p>Manufacturer PBM Products</p> <p>Form RTU</p> <p>Type Pediatric Soy Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, cow's milk protein-free supplement for oral or tube feeding. Added DHA and prebiotics, contains 3g fiber/8oz can.</p>	<p>Cow's milk allergy and intolerance and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Galactosemia</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p>	

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC2

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Calcilo XD</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                PWD</p> <p>Type                Low Calcium Formula</p> <p><b>Level 4            Exempt</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, low-calcium, vitamin D-free, infant formula; <b>Kosher</b>, gluten-free, lactose-free, nutritionally complete for all nutrients except calcium, phosphorus and vitamin D.</p>	<p>1) Osteopetrosis</p> <p>2) William's syndrome</p> <p>3) For all other reasons, contact State</p> <p>If for metabolic reason, requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Requires State Agency Approval</b></p>	<p>PWD: 13.2oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Carnation Instant Breakfast Lactose Free VHC</u></b></p> <p>Manufacturer    Nestle</p> <p>Form                RTU</p> <p>Type                Increased Calorie Supplement</p> <p><b>Level 3            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>70cal/oz</b>, nutritionally complete, calorically dense, <b>Kosher</b>, gluten-free, lactose-free, low residue, low-sodium, low cholesterol. 2.25 cal/ml.</p>	<p>For medical conditions requiring very high calories and/or a severe liquid restriction*</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL box</p> <p>24 boxes/case</p> <p>vanilla</p> <p>chocolate</p>
<p style="text-align: center;"><b><u>Compleat</u></b></p> <p>Manufacturer    Nestle</p> <p>Form                RTU</p> <p>Type                Increased Calorie Supplement</p> <p><b>Level 2            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>32cal/oz</b>, blenderized, gluten-free, lactose-free, nutritionally balanced supplement made from natural foods. 1.5g fiber/250mL can.</p>	<p>Medical condition requiring tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>Compleat Pediatric</u></b></p> <p>Manufacturer    Nestle</p> <p>Form                RTU</p> <p>Type                Increased Calorie Supplement</p> <p><b>Level 2            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>30cal/oz</b>, blenderized, nutritionally balanced, gluten-free, lactose-free, formulated from natural foods with fiber. 1.7g fiber/250mL can.</p>	<p>Medical condition requiring tube feeding</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>Crucial</u></b></p> <p>Manufacturer    Nestle</p> <p>Form                RTU</p> <p>Type                Elemental Formula</p> <p><b>Level 4            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>45cal/oz</b>, nutritionally complete, high-calorie, high-protein, low-residue, gluten-free, lactose-free elemental diet. Not for galactosemia. 50% of fat is MCT oil.</p>	<p>1) Wound healing</p> <p>2) Critical illness including major surgery, trauma, hypermetabolism, and head injury</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC3

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Cyclinex 1</u></b>		Non-essential amino acid-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	1) HHH Syndrome 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina  Note: For infants or children  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3.	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Cyclinex 2</u></b>		Non-essential amino acid-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	1) HHH Syndrome 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>DiabetiSource AC</u></b>		<b>36cal/oz, Kosher,</b> gluten-free, lactose-free, nutritionally balanced supplement made from natural foods. Does not contain sugar alcohols. 3.8g fiber/250mL can.	1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can  24 cans/case  unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Duocal</u></b>		<b>4.9cal/g, 42cal/level Tbsp,</b> high-calorie, carbohydrate and fat supplement. Does not contain protein, gluten, sucrose, fructose or lactose. Contains 35% MCT. Not intended as a sole source of nutrition. Suitable for oral and tube feedings. 1Tbsp = 8.5g, 1 C = 117g. 1 scoop = 25 cal. 1 scoop = 5 g.	1) For persons requiring an energy supplement with protein, electrolyte, and/or fluid restriction. 1) Medical conditions that increase calorie needs.* 3) Disorders of protein and amino acid metabolism 4) Malabsorptive states  <b>Requires State Agency Approval</b>	PWD: 400g (14.1oz) can  6 cans/case  unflavored
Manufacturer	Nutricia North America			
Form	PWD			
Type	Modular			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC4

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>EleCare</b>		Nutritionally complete hypoallergenic amino acid-based formula with iron. For oral or tube feeding. Does not contain milk protein, soy protein, fructose, galactose, lactose, or gluten. 20 cal/oz is the standard dilution for infant feeding. 30 cal/oz is the standard dilution for children over 1 year of age. Contains 33% MCT oil.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins. 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc... 2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	PWD: 14.1oz can  6 cans/case  unflavored  vanilla
Manufacturer	Abbott			
Form	PWD			
Type	Elemental Formula			
<b>Level 3</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>EleCare w/DHA/ARA</b>		Nutritionally complete hypoallergenic amino acid-based formula with iron and DHA/ARA. For oral or tube feeding. Does not contain milk protein, soy protein, fructose, galactose, lactose, or gluten. 20 cal/oz is the standard dilution for infant feeding. 30 cal/oz is the standard dilution for children over 1 year of age. Contains 33% MCT oil.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins. 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc... 2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	PWD: 14.1oz can  6 cans/case  unflavored
Manufacturer	Abbott			
Form	PWD			
Type	Elemental Formula			
<b>Level 3</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>EnfaCare</b>		<b>22 cal/oz</b> , iron fortified, <b>Kosher</b> , high protein, vitamin, and mineral milk-based formula with added DHA and ARA designed for preterm and/or low birth weight infants. Gluten-free. 20% of fat is MCT oil. Similar to Neosure.	Premature or low birth weight infants meeting birth weight guidelines as indicated below. If needed longer or for other medical reasons, consult with state office staff. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.  ≥3lbs. 5oz (1500gms) to ≤ 5lb 8oz (<2500gms) issue up to 9 months chronological age  <3lbs. 5oz (<1500gms) issue up to 12 months chronological age  If requested outside of these parameters or for other reasons, contact the State office for approval. Ready-to-use may be issued if the RTU form improves compliance or better accommodates the infants condition.  <b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b>	PWD: 12.8oz cans 6 cans/case   RTU: 32oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD, RTU			
Type	Premature Infant Formula			
<b>Level 1</b>	<b>Exempt</b>			
Maximum Length of Issuance	See guidelines in next panel			
<b>Enfagrow Premium Toddler</b>		<b>20cal/oz</b> , iron-fortified, 20/80 whey/casein milk-based, <b>Kosher</b> , gluten-free, sucrose-free formula with DHA and ARA added, for infants and toddlers 9-24 months of age.	1) Documented intolerance to Similac Go & Grow milk-based formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.  2) If prescribed for infants, contact local agency RD or state office staff.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 24oz can 6 cans/case   RTU:32oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Follow Up Milk-Based Formula			
<b>Level 1</b>	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			

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Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC5

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING									
<p style="text-align: center;"><b><u>Enfagrow Soy Toddler</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Follow Up Soy-Based Formula <b>Level 1 Non-Exempt</b> Maximum Length of Issuance 3 months</p>		<p><b>20cal/oz</b>, iron-fortified, milk-free, <b>Kosher</b>, gluten-free, lactose-free, sucrose-free, galactose-free formula with DHA and ARA added, for infants and toddlers 9-24 months of age.</p>	<p>1) Documented intolerance to Similac Go &amp; Grow soy formula and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 24oz can 6 cans/case</p>									
<p style="text-align: center;"><b><u>EHMF-Enfamil Human Milk Fortifier</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Human Milk Fortifier <b>Level 4 Exempt</b> Maximum Length of Issuance 1 month</p>		<p>Specifically designed to be used as a supplement to be added to mother's milk collected after 2 weeks postpartum. <b>Kosher</b> and gluten-free. Similar to Similac HMF. Not nutritionally complete. 70% MCT oil.</p>	<p>To fortify human breast milk for premature/low birth weight babies.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">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> <p><b>Requires State Agency Approval</b></p>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 ml	1 packet	4 cal/ fl oz	25 ml	1 packet	<p>PWD: 0.71g packet 100 packets/carton 2 cartons/case 200 packets/case</p>
Additional Calories Desired	Preterm Human Milk	HMF											
2 cal/ fl oz	50 ml	1 packet											
4 cal/ fl oz	25 ml	1 packet											
<p style="text-align: center;"><b><u>Enfamil AR</u></b></p> <p>Manufacturer Mead Johnson Form PWD, RTU Type Milk-Based; Rice Starch Added Infant Formula <b>Level 1 Non-Exempt</b> Maximum Length of Issuance 3 months</p>		<p><b>20cal/oz</b>, iron-fortified, <b>Kosher</b>, gluten-free, 20/80 whey/casein ratio, milk based infant formula with rice starch, DHA and ARA added. Thickening occurs when it comes in contact with stomach acid.</p>	<p>1) Documented intolerance to Similac Sensitive for Spit-Up and Gastroesophageal reflux Disease (GERD), Gastroesophageal reflux (GER), or reflux. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with Similac Sensitive for Spit-Up required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) May be considered if Health Care Provider (HCP) indicates that a lactose-free formula is not medically acceptable.</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.9oz can 6 cans/case  RTU: 32oz can 6 cans/case</p>									
<p style="text-align: center;"><b><u>Enfamil LIPIL 24</u></b></p> <p>Manufacturer Mead Johnson Form RTU Type Milk Protein Infant Formula <b>Level 4</b> Maximum Length of Issuance 1 month</p>		<p><b>24cal/oz</b>, iron-fortified, <b>Kosher</b>, milk-based, infant formula.</p>	<p>For infants who have exceptional calorie needs*, volume restriction, and/or oral motor feeding problems who cannot be accommodated by liquid concentrate or powder plus intolerance to contract formula.</p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 2oz bottle 48 bottles/case</p>									
<p style="text-align: center;"><b><u>Enfamil Premium Infant</u></b></p> <p>Manufacturer Mead Johnson Form PWD, CON, RTU Type Standard Milk-Based Infant Formula <b>Level 1 Non-Exempt</b> Maximum Length of Issuance 3 months</p>		<p><b>20cal/oz</b>, iron-fortified, <b>Kosher</b>, 60/40 whey/casein ratio, milk-based, gluten-free infant formula with DHA and ARA added. Contains prebiotic galactooligosaccharides (GOS) and polydextrose. Similar to Similac Advance.</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.5oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case</p>									

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Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC6

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Enfamil Premature LIPIL 24 w/ Iron</u></b></p> <p>Manufacturer Mead Johnson Form RTU Type Premature Infant Formula <b>Level 4 Exempt</b> Maximum Length of Issuance 1 month</p>		<p><b>24cal/oz, Kosher</b>, high-protein and mineral formula, whey protein (60:40) dominant iron-fortified infant formula with DHA and ARA added. 40% of fat is MCT oil. Gluten-free. Similar to Similac Special Care Advance 24 w/ Iron.</p>	<p>For premature or low birth weight infants</p> <p>When more than 12oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lbs.) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 2oz bottle 48 bottles/case</p>
<p><b><u>Enfaport LIPIL</u></b></p> <p>Manufacturer Mead Johnson Form RTU Type Milk-Based; High MCT content <b>Level 3 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, iron-fortified, milk-based infant formula. Gluten-free, lactose-free. Nutritionally complete, 84% of fat as MCT. Sole source of nutrition up to 6 months, major source of nutrition through 12 months of age.</p>	<p>1) Chylothorax 2) For infants who do not efficiently digest or absorb 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; 84% of fat blend as medium chain triglycerides (MCT) oil</p>	<p>RTU: 8oz container 24 containers/case</p>
<p><b><u>Enlive!</u></b></p> <p>Manufacturer Abbott Form RTU Type Increased Calorie Supplement <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>31cal/oz</b>, clear liquid, fat-free, low-residue. Not intended as a sole source of nutrition. Not for tube feeding or TPN. 9g whey protein/8.1oz container.</p>	<p>1) Fat malabsorption 2) Fat-restricted diets 3) For pre- and post-surgeries, bowel-prep 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia. 5) Alternative to creamy shake-like supplements.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8.1oz container 27 containers/case apple wild berry</p>
<p><b><u>Ensure</u></b></p> <p>Manufacturer Abbott Form RTU Type Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>31cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains prebiotic short-chain fructooligosaccharides (scFOS). 3g fiber/8oz container. Similar to Boost.</p>	<p>1) Medical conditions that increase calorie needs.* 2) Oral motor feeding problems 3) Tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz container 24 containers/case vanilla, choc, coffee latte strawberry, butter pecan</p>
<p><b><u>Ensure High Calcium</u></b></p> <p>Manufacturer Abbott Form RTU Type Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>28cal/oz</b>, nutritionally complete supplement, <b>Kosher</b>, gluten-free, lactose-free, low-residue, 500mg calcium/8oz can.</p>	<p>1) Persons who are at risk for fractures, need extra protein, calcium, vitamin D, and other nutrients 2) Persons recovering from surgery</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container 24 containers/case vanilla chocolate</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC7

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Ensure High Protein</b></p> <p>Manufacturer: Abbott Form: RTU Type: Increased Calorie Supplement <b>Level 2</b> Maximum Length of Issuance: 1 Certification Period</p>	<p><b>29cal/oz</b>, high-protein, <b>Kosher</b>, gluten-free, lactose-free, low-residue oral supplement. 21.3% calories are from protein. Nutritionally complete. 12g soy protein/8oz container. Similar to Boost High Protein.</p>	<p>1) Medical condition that restricts or precludes the use of conventional foods 2) Good source of nutrition for persons who have or are at risk for pressure ulcers</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container 24 containers/case vanilla chocolate wild berry</p>	
<p><b>Ensure Plus</b></p> <p>Manufacturer: Abbott Form: RTU Type: Increased Calorie Supplement <b>Level 2</b> Maximum Length of Issuance: 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, <b>Kosher</b>, high calorie, low-residue, gluten-free, lactose-free, oral supplement. Similar to Boost Plus. Contains prebiotic short-chain fructooligosaccharides (scFOS). 3g fiber/8oz container.</p>	<p>1) Medical condition that increases calorie needs and/or fluid restriction* 2) Oral motor feeding problems 3) Tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container 24 containers/case vanilla, choc, butter pecan straw &amp; crm, coffee latte RTU: 32oz container 6 containers/case vanilla, chocolate</p>	
<p><b>Ensure Pudding</b></p> <p>Manufacturer: Abbott Form: RTU Type: Increased Calorie Supplement <b>Level 2</b> Maximum Length of Issuance: 1 Certification Period</p>	<p><b>170cal/4 oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, supplement in pudding form. Contains prebiotic short-chain fructooligosaccharides (scFOS). Similar to Boost Pudding.</p>	<p>1) Chewing or swallowing problems 2) Need for increased calories* 3) Fluid restricted diets</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 4oz cup 4 cups/carton homemade vanilla creamy milk chocolate butterscotch delight</p>	
<p><b>EO28 Splash</b></p> <p>Manufacturer: Nutricia Form: RTU Type: Pediatric Elemental Formula <b>Level 3</b> Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, lactose, gluten, whey, soy and milk protein-free elemental formula containing 100% free amino acids. For oral or tube feeding. 35% of fat is MCT oil. Not intended for infants under 1 year of age. Same nutrient profile as Neocate One +.</p>	<p>1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment 4) Medical condition requiring a hypoallergenic elemental formula</p> <p>Normally used for children over age 1.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz box 27 boxes/case orange-pineapple tropical fruit grape</p>	
<p><b>FiberSource HN</b></p> <p>Manufacturer: Nestle Form: RTU Type: Increased Calorie Supplement <b>Level 4</b> Maximum Length of Issuance: 1 Certification Period</p>	<p><b>36cal/oz</b>, nutritionally complete, high-nitrogen, 100% soy protein supplement with fiber for oral or tube feeding. Contains 20% MCT oil. 2.5g fiber/250mL can.</p>	<p>For persons with abnormal bowel function, extended inactivity, neurologic impairment, or developmental disability requiring additional protein.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 250mL can 24 cans/case unflavored</p>	

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC8

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>GA</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Metabolic <b>Level S/3 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		A lysine and tryptophan-free, iron-fortified formula. Contains increased B-vitamins for cofactor production. Sucrose added. Gluten-free, lactose-free, galactose-free. 15.1g protein equivalents/100g powder.	Glutaric acidemia type I in infants or children.	PWD: 16oz can 6 cans/case
<p style="text-align: center;"><b><u>Gentlease</u></b></p> <p>Manufacturer Mead Johnson Form PWD Type Standard Milk-Based Infant Formula <b>Level 1 Non-Exempt</b> Maximum Length of Issuance 3 months</p>		<b>20cal/oz</b> , iron-fortified, <b>Kosher</b> , gluten-free, nutritionally complete infant formula with reduced lactose (25% the lactose of a full lactose milk-based formula), partially hydrolyzed 60/40 whey/casein ratio, nonfat cow milk protein, and whey protein concentrate with DHA and ARA.	Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	PWD: 12oz can 6 cans/case  RTU: 32oz can 6 cans/case
<p style="text-align: center;"><b><u>Glutarex 1</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified medical food with iron. Lysine and tryptophan-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Glutaric acidemia type I in infants or children.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 14.1oz can 6 cans/case
<p style="text-align: center;"><b><u>Glutarex 2</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified medical food with iron. Lysine and tryptophan-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Glutaric acidemia type I in children and adults.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 14.1oz can 6 cans/case
<p style="text-align: center;"><b><u>Glytrol</u></b></p> <p>Manufacturer Nestle Form RTU Type Increased Calorie Supplement <b>Level 4 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<b>30cal/oz</b> , iron-fortified, <b>Kosher</b> , gluten-free, lactose-free, sucrose-free carbohydrate blend to support glycemic control.	For persons with diabetes mellitus, abnormal glucose tolerance, or hyperglycemia.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250 ml can 24 cans/case vanilla

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC9

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Good Start Gentle Plus</u></b>		<b>20cal/oz</b> , iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and prebiotic galactooligosaccharides (GOS). <b>Will not be issued after May 1, 2011</b>	Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.  <b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b>	PWD: 12oz can 6 cans/case  CON: 13oz can 12 cans/case  RTU: 32oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD, CON, RTU			
Type	Standard Milk-Based Formula			
Level 1	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			
<b><u>Good Start 2 Gentle Plus</u></b>		<b>20cal/oz</b> , nutritionally complete formula for infants 9-24 months. Contains partially hydrolyzed 100% whey protein and additional calcium and iron. Contains DHA/ARA and prebiotic galactooligosaccharides (GOS). <b>Will not be issued after May 1, 2011</b>	1) Documented intolerance to Similac Go & Grow milk-based formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.  2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 24oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Follow Up Formula			
Level 1	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			
<b><u>Good Start Premature 24</u></b>		<b>24cal/oz</b> , iron-fortified, nutritionally complete, high protein and mineral infant formula with partially hydrolyzed whey protein. Casein free. Has DHA and ARA added. Similar to Enfamil Premature 24 and Similac Special Care 24.	For premature or low birth weight infants  At the present time, the manufacturer does not have weight or intake guidelines. Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours.  <b>Requires State Agency Approval</b>	RTU: 3oz bottle 8 bottles/case
Manufacturer	Nestle			
Form	RTU			
Type	Premature Infant Formula			
Level 4	<b>Exempt</b>			
Maximum Length of Issuance	1 month			
<b><u>Good Start Protect Plus</u></b>		<b>20cal/oz</b> , iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and prebiotic <i>Bifidus lactis</i> (BL). <b>Will not be issued after May 1, 2011</b>	Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	PWD: 12oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Standard Milk-Based Formula			
Level 1	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			
<b><u>Good Start 2 Protect Plus</u></b>		<b>20cal/oz</b> , iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and prebiotic <i>Bifidus lactis</i> (BL). <b>Will not be issued after May 1, 2011</b>	1) Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.  2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 24oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Follow Up Milk-Based Formula			
Level 1	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC10

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Good Start Soy</b></p> <p>Manufacturer Nestle</p> <p>Form PWD, CON, RTU</p> <p>Type Standard Soy Protein Infant Formula</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 3 months</p>	<p><b>20cal/oz</b>, iron-fortified, <b>Kosher</b>, nutritionally complete milk-free, lactose-free infant formula with partially hydrolyzed soy protein. Has DHA and ARA added.</p>	<p>Documented intolerance to contract soy formula, and cow's milk allergy, lactose intolerance, galactosemia or vegan diet. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment, unless medically contraindicated. Please document reason if medically contraindicated.</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.9oz can 6 cans/case</p> <p>CON: 13oz can 12 cans/case</p> <p>RTU: 32oz can 6 cans/case</p>	
<p><b>Good Start 2 Soy</b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Type Follow Up Soy-Based Formula</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 3 months</p>	<p><b>20cal/oz</b>, iron-fortified, <b>Kosher</b>, nutritionally complete milk-free, lactose-free formula for infants 9-24 months. Contains partially hydrolyzed soy protein. Has DHA and ARA added.</p>	<p>1) Documented intolerance to Similac Go &amp; Grow Soy formula and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 24oz can 6 cans/case</p>	
<p><b>Hepatic Aid II</b></p> <p>Manufacturer Hormel Health Labs</p> <p>Form PWD</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 4 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>35cal/oz</b>, essential and non-essential amino acid supplement high in branched chain amino acids, carbohydrates and fats. For oral or tube feeding.</p>	<p>An amino acid and calorie supplement recommended for dietary management of persons with chronic liver disease.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>PWD: 3oz/packet 24 packets/case chocolate eggnog custard</p>	
<p><b>HCY 1</b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine-free medical food with cystine and iron. Increased B vitamins for cofactor production. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.</p>	<p>Homocystinuria in infants or children</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 16oz can 6 cans/case</p>	
<p><b>HCY 2</b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine-free medical food with iron. Care must be taken to provide enough methionine from other foods to support growth. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.</p>	<p>Homocystinuria in children or adults</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can 6 cans/case</p>	

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC11

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>HOM 2</u></b></p> <p>Manufacturer Nutricia Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>L-amino acids free of methionine, enriched with vitamins and minerals. Does not contain fat.</p>	<p>For children and adults with vitamin B6 non-responsive homocystinuria due to cystathionine synthase deficiency.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 500g can 2 cans/case</p>
<p style="text-align: center;"><b><u>Hominex 1</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Amino acid modified medical food with iron. Methionine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>Vitamin B-6 nonresponsive homocystinuria in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 14.1oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>Hominex 2</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Amino acid modified medical food with iron. Methionine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>Vitamin B-6 nonresponsive homocystinuria in children or adults.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 14.1oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>I Valex 1</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Amino acid modified medical food with iron. Leucine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 14.1oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>I Valex 2</u></b></p> <p>Manufacturer Abbott Form PWD Type Metabolic <b>Level S/3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Amino acid modified medical food with iron. Leucine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>Isovaleric acidemia or other disorders of leucine catabolism in children or adults.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 14.1oz can 6 cans/case</p>

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC12

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>IMPACT</b>		<b>30cal/oz</b> , gluten-free, lactose-free, low-residue enteral formula for critically ill adults.	For persons with trauma, post-surgery, burns or wounds, and mechanically ventilated, critically ill.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>IMPACT w/Fiber</b>		<b>30cal/oz</b> , gluten-free, lactose-free enteral formula with fiber for critically ill adults. 2.5g fiber/250mL can.	For persons with trauma, post-surgery, burns or wounds, and mechanically ventilated, critically ill.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>IMPACT 1.5</b>		<b>45cal/oz</b> , gluten-free, lactose-free, low-residue enteral formula for critically ill adults. Contains MCT oil.	1) For persons with trauma, post-surgery, burns, wounds, and mechanically ventilated critically ill. 2) Increased caloric needs 3) Volume restriction  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Isosource 1.5</b>		<b>45cal/oz, Kosher</b> , gluten-free, lactose-free, high-calorie, high-nitrogen, complete liquid formula. Contains 2g fiber/250mL can. For oral or tube feedings.	For persons with fluid restriction, higher caloric and protein needs, and fiber  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can 24 cans/case vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Isosource HN</b>		<b>36cal/oz, Kosher</b> , gluten-free, lactose-free, high-protein, high-nitrogen, complete liquid formula with fiber. 13.4g soy protein/250mL can. Intended for tube feedings only.	For persons with general malnutrition and elevated protein requirements.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can 24 cans/case
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC13

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Jevity 1 Cal</b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>		<p><b>31cal/oz</b>, nutritionally complete, high-protein, gluten-free, lactose free, isotonic nutritional supplement with fiber to support lean body mass. 3.4g fiber/8oz serving.</p>	<p>For tube feeding with need for fiber and wound healing in adults.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>unflavored</p>
<p><b>Ketocal 3:1</b></p> <p>Manufacturer: Nutricia</p> <p>Form: PWD</p> <p>Type: High Fat, Low Carb Formula</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>		<p>Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 3 to 1 fat to carbohydrate and protein ratio.</p>	<p><b>Non-metabolic reason:</b></p> <p>Intractable epilepsy in children over 1 year of age</p> <p>If requested for infants, approval is level 4</p> <p><b>Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p>	<p>PWD: 300g can</p> <p>6 cans/case</p>
<p><b>Ketocal 4:1</b></p> <p>Manufacturer: Nutricia</p> <p>Form: PWD</p> <p>Type: High Fat, Low Carb Formula</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>		<p>Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 4 to 1 fat to carbohydrate and protein ratio.</p>	<p><b>Non-metabolic reason:</b></p> <p>Intractable epilepsy in children over 1 year of age</p> <p>If requested for infants, approval is level 4</p> <p><b>Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p>	<p>PWD: 300g can</p> <p>6 cans/case</p>
<p><b>Ketocal 4:1 Liquid</b></p> <p>Manufacturer: Nutricia</p> <p>Form: RTU</p> <p>Type: High Fat, Low Carb Formula</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>		<p>Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 4 to 1 fat to carbohydrate and protein ratio. Contains 2.65 grams fiber per 8 ounce container. Contains DHA/ARA. Contains sucralose.</p>	<p><b>Non-metabolic reason:</b></p> <p>Intractable epilepsy in children over 1 year of age</p> <p><b>Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>vanilla</p>

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC14

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Ketonex 1</u></b>		Branched-chain amino acid-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Branched-chain ketoaciduria (Maple syrup urine disease) in infants or toddlers.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Ketonex 2</u></b>		Branched-chain amino acid-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Branched-chain ketoaciduria (Maple Syrup Urine Disease) in children or adults.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Kid Essentials</u></b>		<b>30cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains MCT oil. Has a probiotic straw.	1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <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 <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8.25oz container  24 containers/case  vanilla  chocolate
Manufacturer	Nestle			
Form	RTU			
Type	Pediatric Supplement 30 cal/oz			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Kid Essentials 1.5</u></b>		<b>45cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains MCT oil.	1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <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 <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz container  27 containers/case  vanilla  chocolate  strawberry
Manufacturer	Nestle			
Form	RTU			
Type	Pediatric Supplement 45 cal/oz			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC15

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Kid Essentials 1.5 w/Fiber</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement 45 cal/oz</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free with fiber supplementation for oral or tube feeding. Contains MCT oil. 2.1g fiber/8oz container.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Medical conditions that increase calorie needs.*</li> <li>2) Inadequate growth (at risk for FTT)</li> <li>3) FTT with W/L &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</li> <li>6) Prematurity</li> </ol> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p>	
<p><b><u>Lipistart</u></b></p> <p>Manufacturer Vitaflo</p> <p>Form PWD</p> <p>Type High MCT Oil Formula</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete. Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT). Contains DHA/ARA. Suitable for children from 12 months of age and older. 1 scoop = 6g powder.</p>	<ol style="list-style-type: none"> <li>1) Fat malabsorption</li> <li>2) Long chain fatty acid oxidation disorders</li> <li>3) Disorders requiring high MCT, low LCT formula</li> <li>4) Hyperlipoproteinemia type 1</li> <li>5) Chylothorax</li> </ol> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p><b>Requires State Agency Approval</b></p>	<p>PWD: 400g can</p>	
<p><b><u>LMD</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>A leucine-free, iron-fortified product. Contains increased B-vitamins for cofactor production. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.</p>	<p>Disorders of leucine metabolism (including isovaleric acidemia) in infants, children or adults.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><b><u>Lophlex LO 20</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free medical food. Fat-free. Not intended as a sole source of nutrition. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended for infants under 1 year of age. 20g protein equivalents/125mL pouch.</p>	<p>Phenylketonuria in children older than 4 years.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 125ml pouch</p> <p>30 pouches/case</p> <p>tropical flavor</p>	

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC16

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>MCT Oil</b>		<b>8.3cal/g, 7.7cal/mL, Kosher,</b> gluten-free, lactose-free, 100% MCT oil.	For persons with decreased pancreatic lipase, decreased bile salts, fat malabsorption, or defective lymphatic transport of fat.  <b>Requires State Agency Approval</b>	RTU: 32oz bottle 6 bottles/case
Manufacturer	Nestle			
Form	RTU			
Type	Modular			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Microlipid</b>		<b>4.5cal/mL, Kosher,</b> 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. 1Tbsp = 68 cal.	For persons with increased caloric requirements, anorexia, fluid or volume restriction, decreased carbohydrate tolerance, or ketogenic diet.  <b>Requires State Agency Approval</b>	RTU: 3oz bottle 48 bottles/case
Manufacturer	Nestle			
Form	RTU			
Type	Modular			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Monogen</b>		Milk based nutritional supplement. Can be mixed to 22cal/oz or 30cal/oz for oral or tube feeding. 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.	1) Chylothorax 2) For children and adults who do not efficiently digest or absorb 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; 90% of fat blend as medium chain triglycerides (MCT) oil	PWD: 400g can 6 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	High MCT Oil Formula			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>MSUD Analog</b>		Isoleucine, leucine and valine-free infant formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. 13g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in infants.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can 6 cans/case unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b>MSUD Maxamaid</b>		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for infants under 1 year of age. 25g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in toddlers and young children.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 454g can 6 cans/case orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC17

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>MSUD Maxamum</u></b>		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for children under 9 years of age. 40g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in older children and adults.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>MSUD 2</u></b>		L-amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals. Nutritionally incomplete. Adequate amounts of fat, carbohydrate, isoleucine, leucine and valine must be included in the diet. 54g protein equivalents/100g powder.	Maple syrup urine disease, hypervalinemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia in children.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 500g can  2 cans/case  unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Neocate w/DHA/ARA</u></b>		<b>20cal/oz</b> , nutritionally complete, lactose, sucrose, soy, and gluten-free, hypoallergenic infant formula. 100% free amino acids. 33% of fat is MCT oil. Contains the fatty acids DHA and ARA. <b>Standard 20cal mixing is 1 scoop of powder to 1oz water.</b>	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins.  1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc...  2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	PWD: 400g can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Pediatric Elemental Formula			
<b>Level 3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Neocate Junior</u></b>		<b>30cal/oz</b> , nutritionally complete, milk-free, gluten-free, lactose-free, elemental diet for oral or tube feeding. Contains 100% free amino acids. 35% of fat is MCT oil. Not intended for infants under 1 year of age. unflavored, 1Tbsp = 7g; 1C = 100g; tropical fruit and chocolate: 1Tbsp=7g, 1C = 108g.	1) Severe malabsorption  2) Severe food allergies, multiple protein intolerance  3) GI impairment  4) Medical condition requiring a hypoallergenic elemental formula  Normally used for children over age 1.  <b>Can only be issued to women and children.</b>	PWD: 400g can  4 cans/case  unflavored  chocolate  tropical fruit
Manufacturer	Nutricia			
Form	PWD			
Type	Pediatric Elemental Formula			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC18

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Neocate Junior with Prebiotics</u></b></p> <p>Manufacturer Nutricia Form PWD Type Pediatric Elemental Formula <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, milk-free, gluten-free, lactose-free, elemental diet for oral or tube feeding. Contains 100% free amino acids. 35% of fat is MCT oil. Contains prebiotic fiber. Not intended for infants under 1 year of age. unflavored, 1T = 7g; 1C = 100g.</p>	<p>1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment 4) Medical condition requiring a hypoallergenic elemental formula</p> <p>Normally used for children over age 1.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 400g can 4 cans/case unflavored</p>
<p style="text-align: center;"><b><u>Neocate One+</u></b></p> <p>Manufacturer Nutricia Form PWD Type Pediatric Elemental Formula <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, gluten, lactose, whey, soy and milk protein-free, hypoallergenic elemental formula containing 100% free amino acids. For oral or tube feeding. 35% of fat is MCT oil. Same nutrient profile as E028 Splash. <b>Has been discontinued.</b></p>	<p>1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment 4) Medical condition requiring a hypoallergenic elemental formula</p> <p>Normally used for children over age 1.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 60g packets 15 packets/case</p>
<p style="text-align: center;"><b><u>Neosure</u></b></p> <p>Manufacturer Abbott Form PWD, RTU Type Premature Infant Formula <b>Level 1 Exempt</b> Maximum Length of Issuance See guidelines in next panel</p>		<p><b>22 cal/oz</b>, iron-fortified, high protein, vitamin, and mineral formula for preterm and/or low birth weight infants. <b>Kosher</b> and gluten-free. Contains 25% fat from MCT oil. Similar to EnfaCare LIPIL.</p>	<p>Premature or low birth weight infants meeting birth weight guidelines as indicated below. If needed longer or for other medical reasons, consult with state office staff. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.</p> <p>≥3lbs. 5oz (1500gms) to ≤ 5lb 8oz (&lt;2500gms) issue up to 9 months chronological age &lt;3lbs. 5oz (&lt;1500gms) issue up to 12 months chronological age</p> <p>If requested outside of these parameters or for other reasons, contact the State office for approval. Ready-to-use may be issued if the RTU form improves compliance or better accommodates the infants condition.</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.8oz, 13.1oz can 6 cans/case</p> <p>RTU: 32oz bottle 6 bottles/case</p>
<p style="text-align: center;"><b><u>Nepro</u></b></p> <p>Manufacturer Abbott Form RTU Type Increased Calorie Supplement <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>54 cal/oz</b>, calorically dense, <b>Kosher</b>, gluten-free, lactose-free formula. For oral or tube feeding.</p>	<p>For persons undergoing dialysis and when electrolytes and fluids are restricted (e.g., chronic, acute renal failure).</p> <p><b>Can only be issued to women and children.</b></p>	<p>8oz container 24 containers/case vanilla butter pecan mixed berry</p>
<p style="text-align: center;"><b><u>NovaSource Renal</u></b></p> <p>Manufacturer Nestle Form RTU Type Increased Calorie Supplement <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>60cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, gluten-free, low-residue, high-calorie formula. Contains MCT oil.</p>	<p>For persons with acute renal failure, chronic renal failure, electrolyte restrictions, or fluid restrictions.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz box 27 boxes/case</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC19

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Nutramigen AA LIPIIL</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Pediatric Elemental Formula</p> <p><b>Level 3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, hypoallergenic formula, nutritionally complete, lactose, sucrose, soy, gluten-free and galactose-free. 100% free amino acids. 14.3g protein equivalents/100g powder.</p> <p>Contains DHA/ARA. <b>Standard mixing is 1 unpacked level scoop of powder to 1oz water.</b></p>	<p>Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins.</p> <p>1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc...</p> <p>2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIIL, Alimentum, or Pregestimil LIPIIL) should be tried before issuing unless medically contraindicated.</p>	<p>PWD: 14.1oz can</p> <p>4 cans/case</p>	
<p><b><u>Nutramigen LIPIIL</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form CON, RTU</p> <p>Type Casein Hydrolysate</p> <p><b>Level 1 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, hypoallergenic casein hydrolysate, gluten-free, lactose-free, sucrose-free, galactose-free infant formula with iron. Has DHA and ARA added. Does not contain MCT oil.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein</p> <p>2) GERD</p> <p>3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegerid (omeprazole) or generic equivalents.</p> <p>4) Food Protein-Induced Enterocolitis Syndrome (FPIES)</p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>CON: 13oz can</p> <p>12 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>	
<p><b><u>Nutramigen LIPIIL LGG</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Casein Hydrolysate</p> <p><b>Level 1 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, hypoallergenic, gluten-free, lactose-free, sucrose-free, galactose-free formula with iron. Has DHA/ ARA added. Contains probiotic <u>Lactobacillus rhamnosus GG (LGG)</u>. Does not contain MCT oil. Powder should be measured with <u>packed</u>, level scoops.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein</p> <p>2) GERD</p> <p>3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegerid (omeprazole) or generic equivalents.</p> <p>4) Food Protein-Induced Enterocolitis Syndrome (FPIES)</p>	<p>PWD: 12.6oz can</p> <p>6 cans/case</p>	
<p><b><u>Nutren 1.0</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. 25% of fat is MCT oil.</p>	<p>For persons requiring a tube feeding or oral supplement</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC20

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Nutren 1.0 w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-osmolality, oral or tube feeding supplement with fiber. 25% of fat is MCT oil. 3.5g fiber/250mL can.	For persons requiring a fiber-containing, tube feeding or oral supplement  <b>Can only be issued to women and children.</b>	RTU: 250mL can  24 cans/case  vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Nutren 2.0</u></b>		<b>60cal/oz</b> , high calorie, nutritionally complete, <b>Kosher</b> , low-residue, gluten-free, lactose-free, oral or tube feeding supplement. 75% of fat is MCT oil. Similar to Resource 2.0.	For persons with fluid restriction or with elevated calorie needs*  <b>Can only be issued to women and children.</b>	RTU: 250mL can  24 cans/case  vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Nutren Junior</u></b>		<b>30cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. Contains 50% whey protein concentrate. 22% of fat is MCT oil.	1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <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  <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 250mL can  24 cans/case  vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Pediatric Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Nutren Junior w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. 22% of fat is MCT oil. 50% whey protein concentrate. 1.5g fiber/250mL can.	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 W/L <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  <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 250mL can  24 cans/case  vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Pediatric Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC21

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Nutren Pulmonary</b></p> <p>Manufacturer Nestle Form RTU Type Adult Supplement <b>Level 4</b> Maximum Length of Issuance 1 Certification Period</p>	<p><b>Medical Food</b></p>	<p><b>45cal/oz</b>, nutritionally complete, <b>Kosher</b>, low-residue, high-calorie, high-protein, low-carbohydrate, gluten-free, lactose-free pulmonary formula. 40% of fat is MCT oil.</p>	<p>For persons with pulmonary disease, respiratory disorder, ventilator dependency, or need for fluid restriction</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 250mL can 24 cans/case vanilla</p>
<p><b>NutriHep</b></p> <p>Manufacturer Nestle Form RTU Type Adult Supplement <b>Level 4</b> Maximum Length of Issuance 1 Certification Period</p>	<p><b>Medical Food</b></p>	<p><b>45cal/oz</b>, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, low-residue, <b>Kosher</b>, gluten-free, lactose-free. 70% of fat is MCT oil.</p>	<p>For patients with hepatic insufficiency or liver disease</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 250mL can 24 cans/case unflavored</p>
<p><b>OA 1</b></p> <p>Manufacturer Mead Johnson Form PWD Type Metabolic <b>Level S/3</b> Maximum Length of Issuance 1 Certification Period</p>	<p><b>Exempt/Medical Food</b></p>	<p>An isoleucine, methionine, threonine and valine-free, iron-fortified formula. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. Sucrose added. OA stands for organic acid. Gluten-free, lactose-free, galactose-free. 15.7g protein equivalents/100g powder.</p>	<p>Propionic acidemia or methylmalonic acidemia in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can 6 cans/case</p>
<p><b>OA 2</b></p> <p>Manufacturer Mead Johnson Form PWD Type Metabolic <b>Level S/3</b> Maximum Length of Issuance 1 Certification Period</p>	<p><b>Medical Food</b></p>	<p>An isoleucine, methionine, threonine and valine-free, iron-fortified product. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. OA stands for organic acid. Sucrose added. 21g protein equivalent/100g powder.</p>	<p>Propionic acidemia or methylmalonic acidemia in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can 6 cans/case</p>
<p><b>OS 2</b></p> <p>Manufacturer Nutricia Form PWD Type Metabolic <b>Level S/3</b> Maximum Length of Issuance 1 Certification Period</p>	<p><b>Medical Food</b></p>	<p>L-amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. Diets with OS 2 must contain adequate amounts of energy, essential fatty acids, isoleucine, methionine, threonine and valine to meet daily requirements. Does not contain fat.</p>	<p>Propionic acidemia or methylmalonic aciduria in children and adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 500g can 2 cans/case</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC22

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Optimental</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Increased Calorie Supplement</p> <p><b>Level 3         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, gluten-free, lactose-free, low-residue elemental formula for oral or tube feeding. 28% of fat is MCT oil.</p>	<p>1) For persons with malabsorptive disorders e.g. Crohn's requiring elemental diets</p> <p>2) Dietary management of metabolic stress/acute trauma</p> <p>3) For persons who can benefit from supplemental arginine</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p>
<p style="text-align: center;"><b><u>Osmolite 1.0</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Increased Calorie Supplement</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>32cal/oz</b>, soy-based, nutritionally complete, isotonic, <b>Kosher</b>, gluten-free, lactose-free, low-residue, oral or tube feeding supplement. 20% of fat is MCT oil. 10.5g soy protein/8oz can.</p>	<p>For persons with increased protein needs with intolerance to hyper-osmolar feedings with calorie needs &lt;2000 cal/day</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>Osmolite 1.2</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Increased Calorie Supplement</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>36cal/oz</b>, nutritionally complete, high-protein, isotonic, <b>Kosher</b>, gluten-free, lactose-free, low-residue supplement for oral or tube feeding. 20% of fat is MCT oil.</p>	<p>For persons with increased energy or protein needs with intolerance to hyperosmolar feedings.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>Oxepa</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Adult Tube Feeding Formula</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>45cal/oz</b>, high-calorie, low-carbohydrate, gluten-free, lactose-free, low-residue tube feeding formula. 25% of fat is MCT oil.</p>	<p>For persons on mechanical ventilation, e.g., acute respiratory distress syndrome.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>unflavored</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC23

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>PediaSure</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Supplement 30 cal/oz</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free supplement. Similar to Nutren Jr. and Kid Essentials. 15% MCT oil. Osmolality: vanilla, strawberry and banana cream - 480, chocolate-560. Contains prebiotic short-chain fructooligosaccharides (scFOS). 1g fiber/8oz container. Contains DHA.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz container</p> <p>6 containers/carton</p> <p>24 containers/case</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p> <p>banana cream</p>	
<p><b><u>PediaSure w/Fiber</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Supplement 30 cal/oz</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free supplement with fiber. 15% MCT oil. Similar to Nutren Jr. with Fiber. 3.2g fiber/8oz container. Osmolality: 480. Contains DHA.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz container</p> <p>6 containers/carton</p> <p>24 containers/case</p> <p>vanilla</p>	
<p><b><u>PediaSure Enteral</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Tube Feeding Formula</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, isotonic, <b>Kosher</b>, gluten-free, lactose-free supplement. 15% MCT oil. Oral or tube feeding. Similar to Nutren Jr. Osmolality: 335.</p>	<p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p>	

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC24

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>PediaSure Enteral w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, isotonic, <b>Kosher</b> , gluten-free, lactose-free supplement with fiber. 15% of fat is MCT oil. Oral or tube feeding. Contains prebiotic short-chain fructooligosaccharides (scFOS). 1.9g fiber/8oz container. Similar to Nutren Jr. with Fiber. Osmolality: 345.	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 W/L <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 <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz can  24 cans/case  vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Pediatric Tube Feeding Formula			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PediaSure 1.5</u></b>		<b>45cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free supplement. 15% MCT oil. Oral or tube feeding. Similar to Kid Essentials 1.5. Osmolality: 370. Contains DHA.	1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <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 <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz container  6 containers/carton  24 containers/case  vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Pediatric Supplement 45 cal/oz			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PediaSure 1.5 w/Fiber</u></b>		<b>45cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free supplement. Oral or tube feeding. Similar to Kid Essentials 1.5 with fiber. 15% MCT oil. Contains prebiotic short-chain fructooligosaccharides (scFOS). 3g fiber /8oz container. Osmolality: 390. Contains DHA.	1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <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 <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz container  6 containers/carton  24 containers/case  vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Pediatric Supplement 45 cal/oz			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC25

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Peptide Jr.</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Pediatric Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, milk-free, lactose-free, galactose-free, semi-elemental formula. 35% of fat is MCT oil. Similar to Peptamen Junior. Not intended for infants under 1 year of age.</p>	<p>1) Malabsorption</p> <p>2) Severe food allergies, whole protein intolerance</p> <p>3) GI impairment, Short Bowel Syndrome</p> <p>4) Medical condition requiring a hypoallergenic elemental formula.</p> <p><b>Can only be issued to women and children.</b></p> <p>Normally used for children over age 1.</p>	<p>PWD: 51g packet</p> <p>15 packets/case</p> <p>unflavored</p> <p>banana</p>	
<p><b><u>Peptamen</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Adult Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, isotonic, low-residue, gluten-free, lactose-free elemental liquid formula. 70% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p> <p>vanilla</p>	
<p><b><u>Peptamen 1.5</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Adult Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, isotonic, gluten-free, lactose-free, low-residue, peptide-based, elemental formula. 70% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and increased calorie needs or fluid restriction.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p> <p>vanilla</p>	
<p><b><u>Peptamen Junior</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD, RTU</p> <p>Type Pediatric Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding. 60% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk. Similar to Peptide Junior.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis.</p> <p>Normally used for children over age 1.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p>	

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC26

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Peptamen Junior w/Fiber</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, gluten-free, lactose-free elemental diet for oral or tube feeding. 60% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk. 1.8g fiber/250ml container.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and need for added fiber.</p> <p>Normally used for children over age 1.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>
<p style="text-align: center;"><b><u>Peptamen Junior w/PreBio</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding. 60% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk. 0.9g fiber/250ml container. Contains prebiotics.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and need for added fiber.</p> <p>Normally used for children over age 1.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>
<p style="text-align: center;"><b><u>Peptamen Junior 1.5</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Elemental Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>45cal/oz</b>, nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding. 60% of fat is MCT oil. Contains 100% whey protein, enzymatically hydrolyzed from cow's milk. 1.35g fiber/250ml container.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and need for additional calories.</p> <p>Normally used for children over age 1.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>Perative</u></b></p> <p>Manufacturer Abbott</p> <p>Form RTU</p> <p>Type Adult Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>39cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, low-residue partially hydrolyzed protein tube feeding formula. 40% of fat is MCT oil.</p>	<p>For metabolically stressed patients with pressure ulcers, multiple fractures, wounds, burns, or surgery.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>unflavored</p>

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC27

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Periflex Infant</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals. Not intended as the sole source of nutrition. 13g protein equivalents/100g powder.</p>	<p>Infants with phenylketonuria.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 400g can</p> <p>6 cans/case</p> <p>unflavored</p>	
<p><b><u>Periflex Junior</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free medical food. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age. 25g protein equivalents/100g powder.</p>	<p>Phenylketonuria in children older than 1 year.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>unflavored</p> <p>orange</p> <p>chocolate</p>	
<p><b><u>PFD 1</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Increased levels of B vitamins added for cofactor production. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free.</p>	<p>Inborn errors of amino acid metabolism in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><b><u>PFD 2</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free.</p>	<p>Inborn errors of amino acid metabolism in children and adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC28

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Phenex 1</u></b>		Amino acid modified, phenylalanine-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Phenylketonuria (PKU) or hyperphenylalaninemia in infants or toddlers.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phenex 2</u></b>		Amino acid modified, phenylalanine-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Phenylketonuria (PKU) or hyperphenylalaninemia in children or adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 14.1oz can  6 cans/case  unflavored  vanilla
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PhenylAde Drink Mix</u></b>		Amino acid modified, phenylalanine free, medical food. Not for children under one year of age. 40g/scoop = 10g protein equivalents.	Phenylketonuria (PKU) in children or adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 454g can  4 cans/case  vanilla  strawberry  orange creme
Manufacturer	Applied Nutrition			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PhenylAde Essential</u></b>		Amino acid modified, phenylalanine free, medical food. Not for children under one year of age. 40g/scoop = 10g protein equivalents.	Phenylketonuria (PKU) in children or adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 454g can  4 cans/case  vanilla  strawberry  orange creme  chocolate
Manufacturer	Applied Nutrition			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC29

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Phenyl Free 1</u></b>		Phenylalanine-free food with iron. Increased levels of B vitamins for cofactor production. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in infants or toddlers.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phenyl Free 2</u></b>		Phenylalanine-free food with iron. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in children or adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phenyl Free 2HP</u></b>		Phenylalanine-free food with iron. Higher in protein and most vitamins and minerals than Phenyl Free 2. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 40g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in children or adults. High protein phenylalanine-free formula  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phlexy - 10 Drink Mix</u></b>		Phenylalanine-free, vitamin and mineral free, fat-free medical food. Fat must be included in the diet. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age.	Phenylketonuria in children over age 1 and adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 20g packet  30 packets/case  blackcurrant /apple  tropical surprise
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC30

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>PKU 2</u></b>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in toddlers and children.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 500g can 2 cans/case  unflavored  PWD: 45g packet 30 packets/case tomato
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PKU 3</u></b>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in older children or adults.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Portagen</u></b>		<b>30cal/oz.</b> , milk-based, <b>Kosher</b> , not nutritionally complete, gluten-free, lactose-free, low-residue nutritional supplement. For oral or tube feeding. 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency. Similar to Monogen. Not recommended for infants under 1, Enfaport may be an appropriate alternative.	1) Chylothorax  2) For children and adults who do not efficiently digest or absorb 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; 84% of fat blend as medium chain triglycerides (MCT) oil	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	High MCT Oil Formula			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Pregestimil 24 LIPIL</u></b>		<b>24cal/oz.</b> , hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron. 55% of fat is MCT oil. Contains DHA and ARA. Appropriate for infants with galactosemia.	Increased calorie needs* and malabsorption and/or one of the following:  1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, 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)  <b>Requires State Agency Approval</b>  <b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b>	RTU: 2oz bottle 48 bottle/case
Manufacturer	Mead Johnson			
Form	RTU			
Type	Protein Hydrolysate			
<b>Level 4</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC31

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Pregestimil LIPIL</b></p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD, RTU</p> <p>Type: Protein Hydrolysate</p> <p><b>Level 1 Exempt</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>20cal/oz</b>, hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron. 55% of fat is MCT oil. Contains DHA and ARA. Appropriate for infants with galactosemia. Powder should be measured with <u>packed</u>, level scoop.</p>	<p>Malabsorption and/or one of the following:</p> <ol style="list-style-type: none"> <li>1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, bile acid deficiency, intractable diarrhea, etc...</li> <li>2) Allergy or sensitivity to milk and/or soy protein or to intact protein</li> <li>3) Food Protein-Induced Enterocolitis Syndrome (FPIES)</li> </ol> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 16oz can 6 cans/case</p> <p>RTU: 2oz bottle 48 bottle/case</p>	
<p><b>Promote</b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, very high-protein formula. For oral or tube feeding. 19% of fat is MCT oil. 14.8g soy protein/8oz can.</p>	<p>For persons with pressure sores, infection, injury or recovering from surgery.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can 24 can/case vanilla</p>	
<p><b>Promote w/Fiber</b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, very high-protein formula with fiber. For oral or tube feeding. 19% of fat is MCT oil. 3.4 g fiber and 14.8g soy protein/8oz can.</p>	<p>For persons with pressure sores, infection, injury or recovering from surgery.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can 24 can/case vanilla</p>	
<p><b>Pro-Phree</b></p> <p>Manufacturer: Abbott</p> <p>Form: PWD</p> <p>Type: Protein Free Formula</p> <p><b>Level 4 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Protein-free energy module with iron, vitamins and minerals. Gluten-free and lactose-free. Provides 49% of energy as fat. Supplemented with L-carnitine and taurine. Not intended as sole source of nutrition. 1 Tbsp = 8g, 1 C = 120g.</p>	<p>Need for reduced protein intake, specific mixtures of L-amino acids or increased energy, minerals and vitamins in infants or toddlers.</p> <p><b>Requires State Agency Approval</b></p>	<p>PWD: 14.1oz can 6 cans/case</p>	

Level 1: Certifying Authority  
Level 2: Nutritionist  
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Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC32

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Propimex 1</u></b>		Amino acid modified medical food with iron. Methionine and valine-free. Low in isoleucine and threonine. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Propionic or methylmalonic acidemia in infants or toddlers.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Propimex 2</u></b>		Amino acid modified medical food with iron. Methionine and valine-free. Low in isoleucine and threonine. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Propionic or methylmalonic acidemia.  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>ProSobee</u></b>		<b>20cal/oz</b> , milk-free, <b>Kosher</b> , gluten-free, lactose-free, sucrose-free, galactose-free and iron-fortified infant formula with soy protein and DHA and ARA added. Similar to Isomil Advance (Similac Sensitive Isomil Soy).	Documented intolerance to contract soy formula, and cow's milk allergy, lactose intolerance, galactosemia, or vegan diet. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment, unless medically contraindicated. Please document reason if medically contraindicated.  <b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b>	PWD: 12.9oz can 6 cans/case  CON: 13oz can 12 cans/case  RTU: 32oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD, CON, RTU			
Type	Standard Soy Protein Formula			
<b>Level 1</b>	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			
<b><u>Pulmocare</u></b>		<b>45cal/oz</b> , nutritionally complete, <b>Kosher</b> , high-calorie, low-carbohydrate, gluten-free, lactose-free, low-residue formula. For oral or tube feedings. 20% of fat is MCT oil.	For persons with respiratory problems such as COPD, cystic fibrosis, acute respiratory failure or ventilator dependency.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 8oz can  24 cans/case  vanilla  strawberry
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC33

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>RCF (Ross Carbohydrate Free)</u></b>		<b>20cal/oz</b> , carbohydrate-free, soy protein formula base, with iron. <b>Kosher</b> , gluten-free, lactose-free. Carbohydrate source must be added separately.	<b>Non-metabolic reason:</b> Seizure disorders requiring a ketogenic diet  <b>Metabolic reasons require state approval and metabolic prescription form.</b> For infants and children unable to tolerate the type or amount of carbohydrate in milk or infant formulas  <b>Requires State Agency Approval</b>	CON: 13oz can  12 cans/case
Manufacturer	Abbott			
Form	CON			
Type	High Fat, Low Carb Formula			
<b>Level 4</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Renalcal</u></b>		<b>60cal/oz</b> , high calorie, low-electrolyte, <b>Kosher</b> , gluten-free, lactose-free, low-residue supplement. 70% of fat is MCT oil. Not nutritionally complete.	For persons with renal failure.  <b>Can only be issued to women and children.</b>	RTU: 250mL can  24 cans/case  unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Renastart</u></b>		<b>30 cal/oz</b> , nutritionally complete with low levels of protein, calcium, potassium, phosphorus and vitamin A. Contains whole protein, amino acids, carbohydrates, fat, vitamins, minerals, trace elements, LCPs-ARA, DHA. Contains milk protein and soy products.	Pediatric renal disease.  <b>Can only be issued to women and children.</b>	PWD: box consisting of 10, 100g sachets  Issued by the box
Manufacturer	Vitaflo			
Form	PWD			
Type	Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Replete w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, high-protein, isotonic, <b>Kosher</b> , gluten-free, lactose-free supplement with fiber. 25% of calories as protein. 25% of fat is MCT oil. 3.5g fiber/250ml can.	1) For persons with a need for high protein for wound healing, pressure ulcers, burns, and surgical wounds 2) Contains fiber for bowel function  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 250mL can  24 cans/case  vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3: Initial issuance-state approval. Renewals-Level 3  
 Level 4: State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC34

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>Resource 2.0</b>		<b>60 cal/oz</b> , nutritionally complete, <b>Kosher</b> , gluten-free, lactose-free, low-residue, calorically dense, high-nitrogen, balanced formula with reduced sodium. Similar to TwoCal HN, and Nutren 2.0	For persons on a fluid restricted diet or with increased protein and caloric needs.  <b>Can only be issued to women and children.</b>  <b>Requires State Agency Approval</b>	RTU: 8oz box
Manufacturer	Nestle			27 boxes/case
Form	RTU			vanilla crème
Type	Increased Calorie Supplement			RTU: 32oz bottle
Maximum Length of Issuance	1 Certification Period			12 bottles/case
<b>Level 4 Medical Food</b>				vanilla crème
<b>Resource Breeze</b>		31cal/oz, Fat-free, clear liquid, <b>Kosher</b> , gluten-free, lactose-free, low-residue. Not intended as a sole source of nutrition. 9g whey protein/8oz container.	1) Fat malabsorption 2) Anorexia 3) Cachexia 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia.  <b>System will not allow formula to be issued &lt;9 months of age.</b>  Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU:8oz container
Manufacturer	Nestle			27 containers/case
Form	RTU			orange
Type	Increased Calorie Supplement			peach
Maximum Length of Issuance	1 Certification Period			wild berry
<b>Level 3 Medical Food</b>				variety case
<b>Scandishake</b>		When mixed with whole milk is a 75 cal/oz, nutritionally incomplete, high-calorie, <b>Kosher</b> , gluten-free supplement.	For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.  <b>Can only be issued to women and children.</b>	PWD: 12oz box consisting
Manufacturer	Axcan			of 4-3oz packets/box
Form	PWD			chocolate
Type	Increased Calorie Supplement			strawberry
Maximum Length of Issuance	1 Certification Period			vanilla
<b>Level 2 Medical Food</b>				
<b>Scandishake w/Aspartame</b>		When mixed with whole milk is a 75 cal/oz, nutritionally incomplete, high-calorie, <b>Kosher</b> , gluten-free supplement sweetened with aspartame.	For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.  <b>Can only be issued to women and children.</b>	PWD: 18oz can
Manufacturer	Axcan			6 cans/case
Form	PWD			vanilla
Type	Increased Calorie Supplement			chocolate
Maximum Length of Issuance	1 Certification Period			
<b>Level 2 Medical Food</b>				

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Level 3:RD or LD

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC35

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING									
<p style="text-align: center;"><b><u>Scandishake Lactose Free</u></b></p> <p>Manufacturer     Axcan</p> <p>Form                 PWD</p> <p>Type                 Increased Calorie Supplement</p> <p><b>Level 2             Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p>When mixed with soy beverage is a 65 cal/oz, nutritionally incomplete, high-calorie, <b>Kosher</b>, gluten-free, lactose-free supplement.</p>	<p>For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 3oz packet</p> <p>4 packets/box</p> <p>vanilla</p> <p>chocolate</p>									
<p style="text-align: center;"><b><u>SHMF- Similac Human Milk Fortifier</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 PWD</p> <p>Type                 Human Milk Fortifier</p> <p><b>Level 4             Exempt</b></p> <p>Maximum Length of Issuance     1 month</p>		<p>Intended for low-birth-weight infants as a nutritional supplement to add to preterm milk. <b>Kosher</b> and gluten-free. Similar to Enfamil HMF. Not nutritionally complete.</p>	<p>For premature and/or low-birth-weight infants as a supplement to add to preterm human milk until the infant reaches 8 lbs (3600g) in weight.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">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> <p><b>Requires State Agency Approval</b></p>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 ml	1 packet	4 cal/ fl oz	25 ml	1 packet	<p>PWD: 0.90g packet</p> <p>50 packets/carton</p> <p>3 cartons/case</p>
Additional Calories Desired	Preterm Human Milk	HMF											
2 cal/ fl oz	50 ml	1 packet											
4 cal/ fl oz	25 ml	1 packet											
<p style="text-align: center;"><b><u>Similac Advance</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 PWD, CON, RTU</p> <p>Type                 Standard Milk-Based Formula</p> <p><b>Contract           Non-Exempt</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p><b>20cal/oz, Kosher</b>, gluten-free, iron-fortified, milk-based infant formula with DHA and ARA added. Similar to Enfamil LIPIL. Contains prebiotic galactooligosaccharides (GOS).</p>	<p>Current contract standard milk-based formula. Refer to Policy FD:13.0</p> <p>Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, or oral motor feeding problems.</p> <p><b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b></p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.9oz, 12.4oz can 6 cans/case</p> <p>CON: 13oz can 12 cans/case</p> <p>RTU: 32oz can 12 cans/case</p>									
<p style="text-align: center;"><b><u>Similac Expert Care for Diarrhea</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Type                 Soy Infant Formula w/Fiber</p> <p><b>Level 1             Exempt</b></p> <p>Maximum Length of Issuance     Do not exceed 8 cans per month (7-10 day supply)</p>		<p><b>20cal/oz</b>, milk-free, <b>Kosher</b>, gluten-free, lactose-free, iron-fortified soy protein formula with fiber for infants. Contains sucrose and corn syrup solids. Added dietary soy fiber (6g/L) for the management of diarrhea. Low osmolality 240 mOsm/kg water.</p>	<p>Short-term diarrhea</p> <p>Similac Expert Care for Diarrhea is to be used for a short duration - no longer than 10 days.</p>	<p>RTU: 32oz container</p> <p>6 cans/case</p>									

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Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC36

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Similac Go &amp; Grow Milk</u></b>		<b>20cal/oz</b> , iron-fortified, milk-based infant formula with added calcium, phosphorus, DHA and ARA. <b>Kosher</b> and gluten-free. Similar to Enfagrow Premium Next Step.	Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems.	PWD: 22oz can  6 cans/case
Manufacturer	Abbott		Current contract milk-based toddler formula.  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b>	
Form	PWD			
Type	Follow Up Milk-Based Formula			
<b>Contract</b>	<b>Non-Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Similac Go &amp; Grow Soy</u></b>		<b>20cal/oz</b> , iron-fortified, milk-free, <b>Kosher</b> , gluten-free, lactose-free soy formula with DHA and ARA added, for infants and toddlers 9-24 months of age. Similar to Enfagrow Soy Next Step.	Over age 1 with medical need for 20 cal/oz formula and/or one or more of the following:	PWD: 22oz can  6 cans/case
Manufacturer	Abbott		1) Possible reasons include: prematurity, developmental delay, oral-motor feeding problems 2) Allergy or sensitivity to cow's milk, galactosemia or vegan diet and under age 2.  Current contract toddler soy formula.  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b>	
Form	PWD			
Type	Follow Up Soy-Based Formula			
<b>Contract</b>	<b>Non-Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Similac PM 60/40</u></b>		20 cal/oz, (60:40) whey:casein ratio protein dominant, low-iron infant formula. <b>Kosher</b> , gluten-free. Lower in minerals and electrolytes. Additional iron should be supplied from other sources.	1) Hypocalcemia due to hyperphosphatemia	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott		2) Renal condition requiring lowered mineral level	
Form	PWD			
Type	Low Mineral Formula			
<b>Level 3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Similac Sensitive</u></b>		<b>20cal/oz</b> , iron-fortified, <b>Kosher</b> , gluten-free, low-lactose, milk-based nutritionally complete infant formula with DHA and ARA. Not intended for infants or children with galactosemia. Contains prebiotic galactooligosaccharides (GOS).	Current contract standard milk-based, lactose-free formula. Refer to Policy FD:13.0	PWD: 12.9oz, 12.6oz can 6 cans/case  CON: 13oz can 12 cans/case  RTU: 32oz can 6 cans/case
Manufacturer	Abbott		Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, or oral motor feeding problems.  <b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b>  <b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b>	
Form	PWD, CON, RTU			
Type	Standard Milk-Based Formula			
<b>Contract</b>	<b>Non-Exempt</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC37

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Similac Sensitive for Spit-Up</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                PWD, RTU</p> <p>Type                Lactose-free; Rice Starch Added</p> <p><b>Contract        Non-Exempt</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, iron-fortified, <b>Kosher</b>, gluten-free, low-lactose, milk-based infant formula with rice starch, DHA and ARA. Not intended for infants or children with galactosemia. Similar to Enfamil AR.</p>	<p>Current contract rice starch-added, milk-based formula.</p> <p>To reduce frequent spitting up and/or fussiness &amp; gas due to lactose sensitivity.</p> <p><b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b></p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.9, 12.3oz can</p> <p>6 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Similac Soy Isomil (Similac Sensitive Isomil Soy)</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                PWD, CON, RTU</p> <p>Type                Soy-Based Infant Formula</p> <p><b>Contract        Non-Exempt</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, milk-free, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, iron-fortified soy protein infant formula with DHA and ARA added. Contains sucrose and corn syrup solids. Similar to ProSobee LIPIL.</p>	<p>1) Current contract standard soy-based formula</p> <p>2) Over age 1 with cow's milk allergy or intolerance</p> <p>3) Galactosemia</p> <p>4) Vegan diet</p> <p><b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b></p> <p><b>** Refer to RTU Issuance Guidelines on Last Page of Formulary</b></p>	<p>PWD: 12.9oz, 12.4oz can</p> <p>6 cans/case</p> <p>CON: 13oz can</p> <p>12 cans/case</p> <p>RTU: 32oz container</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Similac Special Care 24 w/Iron</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Type                Premature Infant Formula</p> <p><b>Level 4           Exempt</b></p> <p>Maximum Length of Issuance    1 month</p>		<p><b>24cal/oz</b>, iron-fortified, preterm infant formula. <b>Kosher</b>, gluten-free. Contains DHA/ARA. 50% of fat is MCT oil.</p>	<p>For premature and low birth weight infants until they reach a weight of 8 pounds or consumes 16-24 oz in 24 hours.</p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 2oz bottle</p> <p>48 bottles/case</p>
<p style="text-align: center;"><b><u>Similac Special Care 30</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Type                Premature Infant Formula</p> <p><b>Level 4           Exempt</b></p> <p>Maximum Length of Issuance    1 month</p>		<p><b>30cal/oz</b>, iron-fortified, preterm infant formula. <b>Kosher</b>, gluten-free. Contains DHA/ARA. 50% of fat is MCT oil.</p>	<p>For premature and low birth weight infants until they reach a weight of 8 pounds or consumes 16-24 oz in 24 hours.</p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 2oz bottle</p> <p>48 bottles/case</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC38

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Suplena</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Increased Calorie Supplement</p> <p><b>Level 3            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>54cal/oz</b>, nutritionally complete, low-protein, high-calorie, <b>Kosher</b>, gluten-free, lactose-free diet, for oral or tube feeding.</p>	<p>For persons with chronic or acute renal failure <b>not</b> undergoing dialysis. Also diets restricted in protein, electrolytes and fluids.</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 cans/case</p> <p>vanilla</p>
<p style="text-align: center;"><b><u>Tolerex</u></b></p> <p>Manufacturer    Nestle</p> <p>Form             PWD</p> <p>Type             Elemental Formula</p> <p><b>Level 3            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, <b>Kosher</b>, gluten-free, lactose-free, low-residue, elemental diet containing 100% free amino acids.</p>	<p>1) Impaired digestion and absorption e.g. severe protein and/or fat malabsorption</p> <p>2) Specialized nutrient needs such as food allergies</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>PWD: 2.82oz packet</p> <p>60 packets/case</p> <p>unflavored</p>
<p style="text-align: center;"><b><u>TwoCal HN</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Type             Increased Calorie Supplement</p> <p><b>Level 4            Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>60cal/oz</b>, nutritionally complete, high-calorie, high-nitrogen, <b>Kosher</b>, gluten-free, lactose-free low-residue liquid for oral or tube feeding. For supplemental or sole-source nutrition. Similar to Nutren 2.0.</p>	<p>For persons with elevated protein and calorie needs requiring low-volume feedings.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p> <p>butter pecan</p>
<p style="text-align: center;"><b><u>TYR 2</u></b></p> <p>Manufacturer    Nutricia</p> <p>Form             PWD</p> <p>Type             Metabolic</p> <p><b>Level S/3         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals. Not intended as a sole source of nutrition.</p>	<p>Children and adults with tyrosinemia type I, inherited; tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome).</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 500g can</p> <p>2 cans/case</p>

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Updated 3/18/11

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Texas WIC39

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Tyrex 1</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             PWD</p> <p>Type             Metabolic</p> <p><b>Level S/3       Exempt/Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron. Phenylalanine and tyrosine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free. Not intended as a sole source of nutrition. 15g protein equivalents/100g powder.</p>	<p>Infants and toddlers with tyrosinemia type I, II, or III.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Tyrex 2</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             PWD</p> <p>Type             Metabolic</p> <p><b>Level S/3       Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron. Phenylalanine and tyrosine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free. Not intended as a sole source of nutrition. 30g protein equivalents/100g powder.</p>	<p>Children and adults with tyrosinemia type I, II, or III.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>TYROS 1</u></b></p> <p>Manufacturer    Mead Johnson</p> <p>Form             PWD</p> <p>Type             Metabolic</p> <p><b>Level S/3       Exempt/Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Phenylalanine and tyrosine-free formula. Increased levels of B-vitamins for cofactor production. Contains sucrose. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.7g protein equivalents/100g powder.</p>	<p>Infants and toddlers with tyrosinemia or other inborn errors of tyrosine metabolism.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>TYROS 2</u></b></p> <p>Manufacturer    Mead Johnson</p> <p>Form             PWD</p> <p>Type             Metabolic</p> <p><b>Level S/3       Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Phenylalanine and tyrosine-free formula. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.</p>	<p>Children and adults with tyrosinemia or other inborn errors of tyrosine metabolism.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC40

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>UCD 2</b>		Mixture of all essential L-amino acids, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	1) Children and adults with carbamylphosphate synthetase deficiency 2) Ornithine transcarbamylase deficiency 3) Citrullinemia or argininosuccinic acid synthetase deficiency 4) Argininosuccinic acid lyase deficiency, arginase deficiency  Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3  <b>Can only be issued to women and children.</b>	PWD: 500g can  2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Vital HN</b>		<b>30cal/oz</b> , nutritionally complete, high-nitrogen, <b>Kosher</b> , gluten-free, low-residue, low-fat, partially hydrolyzed diet for oral or tube feeding. <0.25g lactose per packet.	For persons with chronically impaired gastrointestinal function, such as maldigestion or malabsorption  <b>Can only be issued to women and children.</b>	PWD: 2.79oz packet  6 packets/carton  vanilla
Manufacturer	Abbott			
Form	PWD			
Type	Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Vital Jr.</b>		<b>30cal/oz, Kosher</b> , gluten-free, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding. 50% of fat is MCT oil.	1) Malabsorption 2) Maldigestion 3) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula  <b>System will not allow formula to be issued &lt;9 months of age.</b>	RTU: 8oz can  24 cans/case  vanilla  strawberry
Manufacturer	Abbott			
Form	RTU			
Type	Pediatric Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Vivonex Pediatric</b>		<b>24cal/oz, Kosher</b> , gluten-free, lactose-free, low-residue nutritionally-complete elemental formula. Contains 100% free amino acids. Contains 68% MCT oil. Can be used for oral or tube feeding.	GI impairment in infants or children, i.e. Crohn's disease, short bowel disease, malabsorption, or intractable diarrhea  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 1.7oz packet  36 packets/case  unflavored
Manufacturer	Nestle			
Form	PWD			
Type	Pediatric Elemental Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC41

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Vivonex Plus</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Type Adult Elemental Tube Feeding Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, elemental diet powder, <b>Kosher</b>, gluten-free, lactose-free, low-residue, high-nitrogen, low-fat. 100% free amino acids. Can be used for oral or tube feeding.</p>	<p>1) For persons with gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery.</p> <p>2) Surgery or select trauma</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 2.8oz packet</p> <p>36 packets/carton</p> <p>unflavored</p>	
<p><b><u>Vivonex T.E.N.</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Type Adult Tube Feeding Formula</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz, Kosher</b>, gluten-free, lactose-free, low-residue, high-nitrogen, elemental diet. Contains 100% free amino acids. Enriched with glutamine. Can be used for oral or tube feeding. Similar to L-Elemental.</p>	<p>1) For persons with gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery.</p> <p>2) Surgery or select trauma</p> <p>3) Intestinal failure</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 2.84oz packet</p> <p>60 packets/case</p> <p>unflavored</p>	
<p><b><u>WND 1</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Non-essential amino acid-free iron-fortified product. Increased levels of B-vitamins for cofactor production. Provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. Sucrose added. 5 protein equivalents/100g powder.</p>	<p>Infants and toddlers with urea cycle disorders.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><b><u>WND 2</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Non-essential amino acid-free iron-fortified formula. Provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals. Sucrose added. Gluten-free, lactose-free, galactose-free. Not intended as a sole source of nutrition. 8.2g protein equivalents/100g powder.</p>	<p>Children and adults with urea cycle disorders.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC42

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XLeu Analog</u></b>		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.	Infants with isovaleric acidemia and other disorders of leucine metabolism.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can  6 cans/case  unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLeu Maxamaid</u></b>		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Does not contain fat. Not intended as a sole source of nutrition. 25g protein equivalents/100g powder. Does not contain fat.	Toddlers and children with isovaleric acidemia and other disorders of leucine metabolism.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLeu Maxamum</u></b>		Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Does not contain fat. Not intended as a sole source of nutrition. 40g protein equivalents/100g powder. Does not contain fat.	Older children and adults with isovaleric acidemia and other disorders of leucine metabolism.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLvs, XTrp Analog</u></b>		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.	Infants with glutaric aciduria type I.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can  6 cans/case  unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC43

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XLvs, XTrp Maxamaid</u></b>		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. Does not contain fat. 25g protein equivalents/100g powder.	Toddlers and children with glutaric aciduria type I .  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLvs, XTrp Maxamum</u></b>		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. Does not contain fat. 40g protein equivalents/100g powder.	Older children and adults with glutaric aciduria type I .  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>Can only be issued to women and children.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XMet Analog</u></b>		Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.	Infants with proven vitamin B-6 non-responsive homocystinuria or hyper-methioninemia.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can  6 cans/case  unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XMet Maxamaid</u></b>		Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. Does not contain fat. 25g protein equivalents/100g powder.	Toddlers and young children with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.  <b>System will not allow formula to be issued &lt;9 months of age.</b>	PWD: 454g can  6 cans/case  orange
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
<b>Level S/3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC44

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>XMet Maxamum</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. Does not contain fat. 40g protein equivalents/100g powder.</p>	<p>Older children and adults with proven vitamin B-6 non-responsive homocystinuria or hypermethioninemia.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>orange</p>	
<p><b><u>XMTVI Analog</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.</p>	<p>Infants with methylmalonic acidemia vitamin B-12 non-responsive, or propionic acidemia.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 400g can</p> <p>6 cans/case</p> <p>unflavored</p>	
<p><b><u>XMTVI Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition. Does not contain fat. 25g protein equivalents/100g powder.</p>	<p>Toddlers and young children with methylmalonic acidemia vitamin B-12 non-responsive or propionic acidemia.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>orange</p>	
<p><b><u>XMTVI Maxamum</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine. Contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition. Does not contain fat. 40g protein equivalents/100g powder.</p>	<p>Older children and adults with methylmalonic acidemia vitamin B-12 non-responsive or propionic acidemia.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>orange</p>	

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC45

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>XPhe Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Does not contain fat. 25g protein equivalents/100g powder.</p>	<p>Older children and adults with phenylketonuria.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>unflavored</p> <p>orange</p> <p>strawberry</p>	
<p><b><u>XPhe Maxamum</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD, RTU</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Powder is fat-free and contains 40g protein equivalents/100g powder; RTU contains 5g fat and 15g protein equivalents/250mL can.</p>	<p>Older children and adults with phenylketonuria, including maternal PKU.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>Can only be issued to women and children.</b></p> <p><b>** Refer to RTU Issuance Guidelines on last page of formulary on Last Page of Formulary</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>unflavored, orange</p> <p>RTU: 250mL can</p> <p>18 cans/case</p> <p>orange, berry</p>	
<p><b><u>XPhe, XTyr Analog</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine and tyrosine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.</p>	<p>Infants with tyrosinemia type I &amp; II.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 400g can</p> <p>6 cans/case</p> <p>unflavored</p>	
<p><b><u>XPhe, XTyr Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p><b>Level S/3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine and tyrosine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as a sole source of nutrition. Does not contain fat. 25g protein equivalents/100g powder.</p>	<p>Toddlers and young children with tyrosinemia type I &amp; II.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>orange</p>	

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

Level S/3:Initial issuance-state approval. Renewals-Level 3  
 Level 4:State Approval Only

Updated 3/18/11

All other medical reasons not listed, contact state staff

Texas WIC46

# Texas WIC Formulary and Medical Reasons for Issuance-March 2011

**Definitions: Exempt = Exempt formula or medical food**

**Non-Exempt = Standard milk or soy based formula.**

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>XPTM Analog</b>		Phenylalanine, tyrosine and methionine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not intended as the sole source of nutrition. 13g protein equivalents/100g powder.	Infants with tyrosinemia type I.  Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can  6 cans/case  unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			

**\*\*Policy F.D. 15 for approval reasons for issuing RTU formula**

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

**For Exempt formulas issued to infants: the following 2 reasons apply.**

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

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

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

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

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

March 2011

FORMULA MAXIMUM QUANTITY TABLE

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			
088	ACERFLEX PWD 454G	E	FF	0	0	0	0	0	0	0	0	0	0	0	9	9	9	11	76
088	ACERFLEX PWD 454G	E	MBF		0	0	0	0	0	0	0	0	0	0	5	5	5		
088	ACERFLEX PWD 454G	E	NFF	0	0	0	0	0	0	0	0	0	0	0	12	12	12		
088	ACERFLEX PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	0	6	6	6		
409	ALIMENTUM PWD 16 OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	7	115	
409	ALIMENTUM PWD 16 OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2			
409	ALIMENTUM PWD 16 OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8			
409	ALIMENTUM PWD 16 OZ	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																	
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		

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March 2011

FORMULA MAXIMUM QUANTITY TABLE

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	
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	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
428	BOOST RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
428	BOOST RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
428	BOOST RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
432	BRIGHT BEGIN RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
432	BRIGHT BEGIN RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
432	BRIGHT BEGIN RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
432	BRIGHT BEGIN RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
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		
433	BRIGHT BEGIN W/FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
433	BRIGHT BEGIN W/FBR RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
433	BRIGHT BEGIN W/FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
433	BRIGHT BEGIN W/FBR 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		
454	CIB LACTOSE FREE VHC RTU 250ML	E	FF	0	0	0	0	0	0	0	0	0	0	0	75	75	75	107	8.45
454	CIB LACTOSE FREE VHC RTU 250ML	E	MBF		0	0	0	0	0	0	0	0	0	0	37	37	37		

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March 2011

FORMULA MAXIMUM QUANTITY TABLE

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				0	<1	1	2	3	4	5	6	7	8	9			10	11	
454	CIB LACTOSE FREE VHC RTU 250ML	E	NFF	0	0	0	0	0	0	0	0	0	0	0	106	106	106		
454	CIB LACTOSE FREE VHC RTU 250ML	E	NFMBF		0	0	0	0	0	0	0	0	0	0	53	53	53		
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		
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																	
105	CRUCIAL RTU 250ML	E																107	8.45
105	CRUCIAL RTU 250ML	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		

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March 2011

FORMULA MAXIMUM QUANTITY TABLE

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			
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	95/64
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		
110	ELECARE PWD 14.1OZ	E	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	7	14	95/64
110	ELECARE PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	4	4	4	4	4		
110	ELECARE PWD 14.1OZ	E	NFF	9	9	9	9	9	10	10	10	10	10	10	10	10	10		
110	ELECARE PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5	5		
443	ENF PRE LIP W/IRON 24 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	320	455	2
443	ENF PRE LIP W/IRON 24 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160	160		
443	ENF PRE LIP W/IRON 24 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448	448		
443	ENF PRE LIP W/IRON 24 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224	224		
371	ENFACARE LIPIL PWD 12.8OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	8	11	82
371	ENFACARE LIPIL PWD 12.8OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4	4		
371	ENFACARE LIPIL PWD 12.8OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11	11		
371	ENFACARE LIPIL PWD 12.8OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6	6		
442	ENFACARE LIPIL RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	20	28	32
442	ENFACARE LIPIL RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10	10		
442	ENFACARE LIPIL RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28	28		
442	ENFACARE LIPIL RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14	14		
406	ENFAGROW PREMIUM/NS L PWD 24OZ	S	FF	0	0	0	0	0	0	0	0	0	0	0	4	3	3	5	171
406	ENFAGROW PREMIUM/NS L PWD 24OZ	S	MBF		0	0	0	0	0	0	0	0	0	0	2	2	1		

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March 2011

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
457	ENFAGROW PREMIUM/NS L RTU 32OZ	S	FF	0	0	0	0	0	0	0	0	0	0	0	20	20	20	28	32
457	ENFAGROW PREMIUM/NS L RTU 32OZ	S	MBF		0	0	0	0	0	0	0	0	0	0	10	10	10		
408	ENFAGROW SOY/NS PROS PWD 24OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	161	
408	ENFAGROW SOY/NS PROS PWD 24OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2			
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			
401	ENFAMIL AR RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32	
401	ENFAMIL AR RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10			
305	ENFAMIL HMF PWD .71G	E	FF	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			
305	ENFAMIL HMF PWD .71G	E	NFF	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			
459	ENFAMIL LIPIL 24 RTU 2 OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2	
459	ENFAMIL LIPIL 24 RTU 2 OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160			
459	ENFAMIL LIPIL 24 RTU 2 OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448			
459	ENFAMIL LIPIL 24 RTU 2 OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224			
486	ENFAMIL PREMIUM INF CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26	
486	ENFAMIL PREMIUM INF CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12			
483	ENFAMIL PREMIUM INF PWD 12.5OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90	
483	ENFAMIL PREMIUM INF PWD 12.5OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4			
487	ENFAMIL PREMIUM INF RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32	
487	ENFAMIL PREMIUM INF RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10			
481	ENFAPORT LIPIL RTU 8OZ	E	FF	104	104	104	104	104	112	112	80	80	80	80	80	80	113	8	
481	ENFAPORT LIPIL RTU 8OZ	E	MBF		48	48	48	48	56	56	40	40	40	40	40	40			

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March 2011

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
481	ENFAPORT LIPIL RTU 8OZ	E	NFF	104	104	104	104	104	112	112	112	112	112	112	112	112		
481	ENFAPORT LIPIL RTU 8OZ	E	NFMBF		48	48	48	48	56	56	56	56	56	56	56	56		
495	ENLIVE RTU 8.1OZ	E	FF	0	0	0	0	0	0	0	0	0	0	78	78	78	112	8.1
495	ENLIVE RTU 8.1OZ	E	MBF		0	0	0	0	0	0	0	0	0	39	39	39		
495	ENLIVE RTU 8.1OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	110	110	110		
495	ENLIVE RTU 8.1OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	55	55	55		
279	ENSURE HC RTU 8OZ	E															113	8
279	ENSURE HC RTU 8OZ	E																
118	ENSURE HP RTU 8OZ	E															113	8
118	ENSURE HP 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	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
075	ENSURE RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
075	ENSURE RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	112	112	112		
075	ENSURE RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	56	56	56		
126	FIBERSOURCE HN RTU 250ML	E															107	8.45
126	FIBERSOURCE HN RTU 250ML	E																

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
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		
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		
431	GENTLEASE PWD 12OZ	S	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
431	GENTLEASE PWD 12OZ	S	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
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		
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																
489	GS 2 GENTLE PLS PWD 24OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	172
489	GS 2 GENTLE PLS PWD 24OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2		
491	GS 2 PROTECT PLS PWD 24OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	172
491	GS 2 PROTECT PLS PWD 24OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2		
490	GS 2 SOY PLS PWD 24OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	170
490	GS 2 SOY PLS PWD 24OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2		
386	GS GENTLE PLS CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
386	GS GENTLE PLS CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
384	GS GENTLE PLS PWD 12OZ	S	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
384	GS GENTLE PLS PWD 12OZ	S	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
385	GS GENTLE PLS RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
385	GS GENTLE PLS RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
477	GS PREMATURE 24 RTU 3OZ	E	FF	277	277	277	277	277	298	298	213	213	213	213	213	213	303	3
477	GS PREMATURE 24 RTU 3OZ	E	MBF		128	128	128	128	149	149	106	106	106	106	106	106		
477	GS PREMATURE 24 RTU 3OZ	E	NFF	277	277	277	277	277	298	298	298	298	298	298	298	298		
477	GS PREMATURE 24 RTU 3OZ	E	NFMBF		128	128	128	128	149	149	149	149	149	149	149	149		
488	GS PROTECT PLS PWD 12OZ	S	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87
488	GS PROTECT PLS PWD 12OZ	S	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
422	GS SOY PLS CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
422	GS SOY PLS CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
416	GS SOY PLS PWD 12.9OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	91
416	GS SOY PLS PWD 12.9OZ	S	MBF		4	4	4	4	5	5	4	4	4	4	4	4		
423	GS SOY PLS RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
423	GS SOY PLS RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
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																

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March 2011

FORMULA MAXIMUM QUANTITY TABLE

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
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		
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																
141	IMPACT 1.5 RTU 250ML	E															107	8.45
141	IMPACT 1.5 RTU 250ML	E																
140	IMPACT RTU 250ML	E															107	8.45
140	IMPACT RTU 250ML	E																
142	IMPACT W/FBR RTU 250ML	E															107	8.45
142	IMPACT W/FBR 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																

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
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		
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																
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		
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		

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				0	<1	1	2	3	4	5	6	7	8	9			10	11	
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	E	NFF	0	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	0	56	56	56		
492	KID ESSENTIALS RTU 8.25OZ	E	FF	0	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	0	38	38	38		
492	KID ESSENTIALS RTU 8.25OZ	E	NFF	0	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	0	54	54	54		
498	LIPISTART PWD 400G	E	FF	9	9	9	9	9	10	10	7	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	4		
498	LIPISTART PWD 400G	E	NFF	9	9	9	9	9	10	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	5		
453	LMD PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	5	5	5	5	11	114/76
453	LMD PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	3	2		
453	LMD PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8	8		
453	LMD PWD 16OZ	E	NFMBF		3	3	3	4	4	4	4	4	4	4	4	4	4		
499	LOPHLEX LQ 20 RTU 4.2OZ	E																216	4.2
499	LOPHLEX LQ 20 RTU 4.2OZ	E																	
425	MCT OIL RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	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	10		
425	MCT OIL RTU 32OZ	E	NFF	26	26	26	26	26	28	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	14		
424	MICROLIPID RTU 3OZ	E	FF	277	277	277	277	277	298	298	213	213	213	213	213	213	213	303	3
424	MICROLIPID RTU 3OZ	E	MBF		128	128	128	128	149	149	106	106	106	106	106	106	106		
424	MICROLIPID RTU 3OZ	E	NFF	277	277	277	277	277	298	298	298	298	298	298	298	298	298		
424	MICROLIPID RTU 3OZ	E	NFMBF		128	128	128	128	149	149	149	149	149	149	149	149	149		

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March 2011

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
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		
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	10	10	10	10	10	11	11	8	8	8	8	8	8	10	85
440	NEOCATE DHA/ARA PWD 400G	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4		
440	NEOCATE DHA/ARA PWD 400G	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11		
440	NEOCATE DHA/ARA PWD 400G	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6		
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																
455	NEOCATE ONE PLUS PWD 60G	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
455	NEOCATE ONE PLUS PWD 60G	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		

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				0	<1	1	2	3	4	5	6	7	8	9			10	11	
455	NEOCATE ONE PLUS PWD 60G	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
455	NEOCATE ONE PLUS PWD 60G	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
370	NEOSURE PWD 12.8OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	85	
370	NEOSURE PWD 12.8OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4			
370	NEOSURE PWD 12.8OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11			
370	NEOSURE PWD 12.8OZ	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																	
176	NOVASOURCE RENAL RTU 8OZ	E															113	8	
176	NOVASOURCE RENAL RTU 8OZ	E																	
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	E	FF	8	8	8	8	9	9	10	7	7	7	6	6	6	9	98	
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	E	MBF		4	4	4	4	5	5	4	4	3	3	3	3			
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	E	NFF	8	8	8	8	9	9	10	10	9	9	9	9	9			
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	E	NFMBF		4	4	4	4	5	5	5	5	5	5	5	5			
480	NUTRAMIGEN LIP LGG PWD 12.6OZ	E	FF	10	10	10	10	10	11	11	8	8	8	8	8	8	10	87	
480	NUTRAMIGEN LIP LGG PWD 12.6OZ	E	MBF		5	5	5	5	6	6	4	4	4	4	4	4			
480	NUTRAMIGEN LIP LGG PWD 12.6OZ	E	NFF	10	10	10	10	10	11	11	11	11	11	11	11	11			
480	NUTRAMIGEN LIP LGG PWD 12.6OZ	E	NFMBF		5	5	5	5	6	6	6	6	6	6	6	6			
031	NUTRAMIGEN LIPIL CON 13OZ	E	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26	
031	NUTRAMIGEN LIPIL CON 13OZ	E	MBF		14	14	14	14	17	17	12	12	12	12	12	12			

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
031	NUTRAMIGEN LIPIL CON 13OZ	E	NFF	31	31	31	31	31	34	34	34	34	34	34	34	34		
031	NUTRAMIGEN LIPIL CON 13OZ	E	NFMBF		14	14	14	14	17	17	17	17	17	17	17	17		
024	NUTRAMIGEN LIPIL RTU 32OZ	E	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
024	NUTRAMIGEN LIPIL RTU 32OZ	E	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
024	NUTRAMIGEN LIPIL RTU 32OZ	E	NFF	26	26	26	26	26	28	28	28	28	28	28	28	28		
024	NUTRAMIGEN LIPIL RTU 32OZ	E	NFMBF		12	12	12	12	14	14	14	14	14	14	14	14		
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		
188	NUTREN JR W/FBR RTU 250ML	E	FF	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	37	37	37		
188	NUTREN JR W/FBR RTU 250ML	E	NFF	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	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																

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
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																
288	OPTIMENTAL RTU 8OZ	E															113	8
288	OPTIMENTAL RTU 8OZ	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																
506	PEDIASURE 1.5 RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
506	PEDIASURE 1.5 RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
506	PEDIASURE 1.5 RTU 8OZ	E	NFF	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	56	56	56		
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	FF	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	0	0	0	0	0	0	0	0	40	40	40		
507	PEDIASURE 1.5 W/FBR RTU 8OZ	E	NFF	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	56	56	56		

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March 2011

FORMULA MAXIMUM QUANTITY TABLE

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			
292	PEDIASURE ENTER RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
292	PEDIASURE ENTER RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
292	PEDIASURE ENTER RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
292	PEDIASURE ENTER RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
293	PEDIASURE ENTER W/FBR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
293	PEDIASURE ENTER W/FBR RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	0	40	40	40		
293	PEDIASURE ENTER W/FBR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	0	112	112	112		
293	PEDIASURE ENTER W/FBR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	0	56	56	56		
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	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	40	40	40		
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																	

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March 2011

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
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																	
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		
201	PERIFLEX JR PWD 454G	E																15	57
201	PERIFLEX JR PWD 454G	E																	
466	PFD 1 PWD 16OZ	E	FF	6	6	7	7	7	7	8	6	5	5	5	5	5	5	11	121/80
466	PFD 1 PWD 16OZ	E	MBF		3	3	3	3	4	4	3	3	3	3	2	2			
466	PFD 1 PWD 16OZ	E	NFF	6	6	7	7	7	7	8	8	8	7	7	7	7	7		
466	PFD 1 PWD 16OZ	E	NFMBF		3	3	3	3	4	4	4	4	4	4	3	3			
329	PFD 2 PWD 16OZ	E																14	91/61
329	PFD 2 PWD 16OZ	E																	

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
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																
501	PHENYLADE ESSENTIAL PWD 454G	E															10	89
501	PHENYLADE ESSENTIAL PWD 454G	E																
338	PHENYLADE PWD 454G	E															10	90
338	PHENYLADE PWD 454G	E																
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																

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
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 LIPIL 20 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
462	PREGESTIMIL LIPIL 20 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
462	PREGESTIMIL LIPIL 20 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
462	PREGESTIMIL LIPIL 20 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
461	PREGESTIMIL LIPIL 24 RTU 2OZ	E	FF	416	416	416	416	416	448	448	320	320	320	320	320	320	455	2
461	PREGESTIMIL LIPIL 24 RTU 2OZ	E	MBF		192	192	192	192	224	224	160	160	160	160	160	160		
461	PREGESTIMIL LIPIL 24 RTU 2OZ	E	NFF	416	416	416	416	416	448	448	448	448	448	448	448	448		
461	PREGESTIMIL LIPIL 24 RTU 2OZ	E	NFMBF		192	192	192	192	224	224	224	224	224	224	224	224		
036	PREGESTIMIL LIPIL PWD 16OZ	E	FF	7	7	7	7	8	8	8	6	6	6	6	5	5	8	112
036	PREGESTIMIL LIPIL PWD 16OZ	E	MBF		3	3	3	4	4	4	3	3	3	3	3	2		
036	PREGESTIMIL LIPIL PWD 16OZ	E	NFF	7	7	7	7	8	8	8	8	8	8	8	8	8		
036	PREGESTIMIL LIPIL 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																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
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		
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		
375	PROSOBEE RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
375	PROSOBEE RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
219	PULMOCARE RTU 8OZ	E															113	8
219	PULMOCARE RTU 8OZ	E																
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																
508	RENASTART PWD 1000G	E															2	338
508	RENASTART PWD 1000G	E																
224	REPLETE W/FBR RTU 250ML	E															107	8.45
224	REPLETE W/FBR RTU 250ML	E																

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				0	<1	1	2	3	4	5	6	7	8	9			10	11
177	RESOURCE 2.0 RTU 8OZ	E															113	8
177	RESOURCE 2.0 RTU 8OZ	E																
496	RESOURCE BREEZE RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
496	RESOURCE BREEZE RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
496	RESOURCE BREEZE RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	112	112	112		
496	RESOURCE BREEZE RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	56	56	56		
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 22OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	162
471	SIM GO&GROW MILK PWD 22OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2		
472	SIM GO&GROW SOY PWD 22OZ	S	FF	0	0	0	0	0	0	0	0	0	0	4	4	4	5	160
472	SIM GO&GROW SOY PWD 22OZ	S	MBF		0	0	0	0	0	0	0	0	0	2	2	2		
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		
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		
482	SIM SENS FOR SPITUP PWD 12.3OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
482	SIM SENS FOR SPITUP PWD 12.3OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
450	SIM SENS FOR SPITUP RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
450	SIM SENS FOR SPITUP RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
391	SIM SENS ISOMIL SOY CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26
391	SIM SENS ISOMIL SOY CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12		
389	SIM SENS ISOMIL SOY PWD 12.4OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90
389	SIM SENS ISOMIL SOY PWD 12.4OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4		
390	SIM SENS ISOMIL SOY RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32
390	SIM SENS ISOMIL SOY RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10		
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		
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		
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		
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		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
235	SIMILAC HMF PWD 0.9G	E	FF	800	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	400		
235	SIMILAC HMF PWD 0.9G	E	NFF	800	800	800	800	800	800	800	800	800	800	800	800	800	800		
235	SIMILAC HMF PWD 0.9G	E	MNMBF		400	400	400	400	400	400	400	400	400	400	400	400	400		
411	SIMILAC SENSITIVE CON 13OZ	S	FF	31	31	31	31	31	34	34	24	24	24	24	24	24	35	26	
411	SIMILAC SENSITIVE CON 13OZ	S	MBF		14	14	14	14	17	17	12	12	12	12	12	12			
394	SIMILAC SENSITIVE PWD 12.6OZ	S	FF	9	9	9	9	9	10	10	7	7	7	7	7	7	10	90	
394	SIMILAC SENSITIVE PWD 12.6OZ	S	MBF		4	4	4	5	5	5	4	4	4	4	4	4			
397	SIMILAC SENSITIVE RTU 32OZ	S	FF	26	26	26	26	26	28	28	20	20	20	20	20	20	28	32	
397	SIMILAC SENSITIVE RTU 32OZ	S	MBF		12	12	12	12	14	14	10	10	10	10	10	10			
239	SUPLINA RTU 8OZ	E															113	8	
239	SUPLINA 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	MNMBF		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																	
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			

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
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																
249	VITAL HN PWD 2.79OZ	E															101	9
249	VITAL HN PWD 2.79OZ	E																
444	VITAL JR RTU 8OZ	E	FF	0	0	0	0	0	0	0	0	0	0	80	80	80	113	8
444	VITAL JR RTU 8OZ	E	MBF		0	0	0	0	0	0	0	0	0	40	40	40		
444	VITAL JR RTU 8OZ	E	NFF	0	0	0	0	0	0	0	0	0	0	112	112	112		
444	VITAL JR RTU 8OZ	E	NFMBF		0	0	0	0	0	0	0	0	0	56	56	56		
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																

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
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		
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		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11		
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		
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		

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				0	<1	1	2	3	4	5	6	7	8	9	10	11			
242	XPHE MAXAMAID PWD 454G	E	NFF	0	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	0	5	5	5		
497	XPHE MAXAMUM DRINK RTU 8.5OZ	E																107	8.5
497	XPHE MAXAMUM DRINK RTU 8.5OZ	E																	
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	0	6	6	6	11	104/78
135	XPHE,XTYR MAXAMAID PWD 454G	E	MBF		0	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	0	9	9	9		
135	XPHE,XTYR MAXAMAID PWD 454G	E	NFMBF		0	0	0	0	0	0	0	0	0	0	5	5	5		
134	XPTM ANALOG PWD 400G	E	FF	10	10	10	10	11	11	12	8	8	8	8	8	7	11	80	
134	XPTM ANALOG PWD 400G	E	MBF		4	4	5	5	6	6	4	4	4	4	4	4			
134	XPTM ANALOG PWD 400G	E	NFF	10	10	10	10	11	11	12	12	11	11	11	11	11			
134	XPTM ANALOG PWD 400G	E	NFMBF		4	4	5	5	6	6	6	6	6	6	6	6			

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