



Memorandum

#12-110

TO: WIC Regional Directors
WIC Local Agency Directors

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

DATE: October 10, 2012

SUBJECT: Clinic Formula Table Changes October 2012

The following formulas, **discontinued** since August 2011, have now been removed permanently from the clinic formula pick list. If staff continued to issue these formula codes in error, participants with these codes now need to return to the clinic for a formula exchange. **To complete a formula exchange for these formulas, staff will need to contact the Service Desk at 1-800-650-1328 for assistance.**

Discontinued Formulas		Replacement Formulas	
454	CIB LACTOSE FREE VHC RTU 250 ML	538	BOOST VHC RTU 8 OZ
110	ELECARE PWD 14.1 OZ	479	ELECARE DHA/ARA PWD 14.1 OZ
495	ENLIVE RTU 8.1 OZ	526	ENSURE ENLIVE RTU 6.7 OZ
431	GENTLEASE PWD 12 OZ	512	GENTLEASE PWD 12.4 OZ
444	VITAL JR RTU 8 OZ	514	PEDIASURE PEPTIDE 1.0 RTU 8 OZ
Description and Maximum Quantity Changes			
Formula Description		Change/New Description	
471	SIM GO & GROW MILK PWD 1.38 LBS	No longer issued to infants	
472	SIM GO & GROW SOY PWD 1.38 LBS	No longer issued to infants	
490	GOOD START 2 SOY PWD 24 OZ	No longer issued to infants	
424	MICROLIPID RTU 3 OZ	Change in max quantities	
477	GS PREMATURE 24 RTU 3 OZ	Change in max quantities	
481	ENFAPORT LIPIL RTU 8 OZ	ENFAPORT DHA&ARA RTU 8 OZ	

New Formulas Added

In addition, 18 new formula codes have been added to the formula code pick list. Attached are two new formula approval aides: a formula code list dated October 2012 and an addendum to the July 2012 Formulary with the reasons for issuance for these new formulas. **Until staff have access to these updated documents, please contact the state office via the formula pager at (512) 499-6814 for approval of the new formulas.** Other formula approval resources (such

as the Formula Maximum Quantity Table, Quick Reference for Formula Approval, and the full October 2012 Formulary) will be updated and posted in the near future. Training on all of the formula changes will occur in November via online and IDL. Dates and log in details for the Formula Updates will be provided in a another memo.

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

FORMULA CODE LIST
OCTOBER 2012

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

Formula Code	Formula Description	Smallest Available Unit/Comments
088	ACERFLEX PWD 454G	
409	ALIMENTUM PWD 16OZ	
395	ALIMENTUM RTU 32OZ	
463	BCAD 1 PWD 16 OZ	
278	BCAD 2 PWD 16OZ	
528	BENECALORIE RTU 1.5OZ	24 containers
274	BOOST HP RTU 8OZ	
429	BOOST PLS RTU 8OZ	
275	BOOST PUDD RTU 5OZ	4 pack
428	BOOST RTU 8OZ	
538	BOOST VHC RTU 8OZ	NEW
434	BRIGHT BEGIN SOY RTU 8OZ	6 pack
470	CALCILO XD PWD 13.2 OZ	
539	COMPLEAT PED RED CAL RTU 250ML	NEW
101	COMPLEAT PEDIATRIC RTU 250ML	
102	COMPLEAT RTU 250ML	
544	COMPLEX ESSENTIAL MSD 1LB	NEW
542	COMPLEX JR MSD PWD 400G	NEW
543	COMPLEX MSD AA BLEND PWD 1LB	NEW
105	CRUCIAL RTU 250ML	DISCONTINUED-DO NOT ISSUE; Contact SA
342	CYCLINEX 1 PWD 14.1OZ	
343	CYCLINEX 2 PWD 14.1OZ	
109	DIABETISOURCE AC RTU 250ML	
238	DUOCAL PWD 400G	
294	E028 SPLASH RTU 8 OZ	
479	ELECARE DHA/ARA PWD 14.1OZ	
515	ELECARE JR PWD 14.1OZ	For children only; Use this code for vanilla
443	ENF PREMATURE 24 /IRON RTU 2OZ	6 bottles
509	ENF PREMATURE HI PRO24 RTU 2OZ	6 bottles
511	ENF PREMIUM NEWBORN PWD 12.5OZ	
371	ENFACARE PWD 12.8OZ	
442	ENFACARE RTU 32 OZ	
531	ENFAGROW PREM TODDLER PWD 24OZ	NEW
530	ENFAGROW SOY TODDLER PWD 24OZ	NEW
410	ENFAMIL AR PWD 12.9OZ	
401	ENFAMIL AR RTU 32OZ	
305	ENFAMIL HMF PWD 0.71G	100 packets
459	ENFAMIL LIPIL 24 RTU 2 OZ	6 bottles
510	ENFAMIL LIQUID HMF RTU 5ML	100 vials
486	ENFAMIL PREMIUM INF CON 13OZ	
483	ENFAMIL PREMIUM INF PWD 12.5OZ	
487	ENFAMIL PREMIUM INF RTU 32OZ	
481	ENFAPORT DHA&ARA RTU 8OZ	NEW-Updated name
526	ENSURE ENLIVE RTU 6.7OZ	
279	ENSURE HC RTU 8OZ	
118	ENSURE HP RTU 8OZ	

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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	
512	GENTLEASE PWD 12.4OZ	
500	GENTLEASE RTU 32OZ	
541	GLUTARADE AA GA 1 PWD 1LB	NEW
540	GLUTARADE JR GA 1 PWD 400G	NEW
344	GLUTAREX 1 PWD 14.1OZ	
345	GLUTAREX 2 PWD 14.1OZ	
132	GLYTROL RTU 250ML	
519	GOOD START 2 GENTLE PWD 22OZ	
521	GOOD START 2 PROTECT PWD 22OZ	
490	GOOD START 2 SOY PWD 24OZ	
517	GOOD START GENTLE CON 12.1OZ	
516	GOOD START GENTLE PWD 12.7OZ	
518	GOOD START GENTLE RTU 33.8OZ	
535	GOOD START NOURISH PWD 12.6OZ	NEW-Limited retail availability
536	GOOD START NOURISH RTU 3OZ	NEW-8 pack
520	GOOD START PROTECT PWD 12.4OZ	
534	GOOD START SOOTHE PWD 12.4OZ	NEW-limited availability in small can size
522	GOOD START SOY CON 12.1OZ	
416	GOOD START SOY PWD 12.9OZ	
523	GOOD START SOY RTU 33.8OZ	
477	GS PREMATURE 24 RTU 3OZ	8 bottles
465	HCY 1 PWD 16OZ	
328	HCY 2 PWD 16OZ	
133	HEPATIC AID II PWD 3OZ	24 packets
285	HOM 2 PWD 500G	
346	HOMINEX 1 PWD 14.1OZ	
347	HOMINEX 2 PWD 14.1OZ	
348	I VALEX 1 PWD 14.1OZ	
349	I VALEX 2 PWD 14.1OZ	
141	IMPACT 1.5 RTU 250ML	
140	IMPACT RTU 250ML	
142	IMPACT W/FBR RTU 250ML	
152	ISOSOURCE 1.5 RTU 250ML	
153	ISOSOURCE HN RTU 250ML	
155	JEVITY RTU 8 OZ	
456	KETOCAL 3:1 PWD 300G	
364	KETOCAL 4:1 PWD 300G	
505	KETOCAL 4:1 RTU 8OZ	
350	KETONEX 1 PWD 14.1OZ	
351	KETONEX 2 PWD 14.1OZ	

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Formula Code	Formula Description	Smallest Available Unit/Comments
476	KID ESSENTIALS 1.5 FBR RTU 8OZ	
475	KID ESSENTIALS 1.5 RTU 8OZ	
492	KID ESSENTIALS RTU 8.25OZ	
498	LIPISTART PWD 400G	
453	LMD PWD 16OZ	
499	LOPHLEX LQ 20 RTU 4.2OZ	Must order in multiples of 30
425	MCT OIL RTU 32OZ	
424	MICROLIPID RTU 3OZ	
449	MONOGEN PWD 400G	
310	MSUD 2 PWD 500G	
171	MSUD ANALOG PWD 400G	
172	MSUD MAXAMAID PWD 454G	
173	MSUD MAXAMUM PWD 454G	
440	NEOCATE DHA/ARA PWD 400G	
504	NEOCATE JR PREBIOTICS PWD 400G	
332	NEOCATE JR PWD 400G	
525	NEOCATE NUTRA PWD 14OZ	
370	NEOSURE PWD 13.1OZ	
430	NEOSURE RTU 32OZ	
174	NEPRO RTU 8OZ	
176	NOVASOURCE RENAL RTU 8OZ	
460	NUTRAMIGEN AA LIPIL PWD 14.1OZ	
031	NUTRAMIGEN CON 13OZ	
480	NUTRAMIGEN ENFL LGG PWD 12.6OZ	
024	NUTRAMIGEN RTU 32OZ	
183	NUTREN 1.0 RTU 250ML	
184	NUTREN 1.0 W/FBR RTU 250ML	
187	NUTREN 2.0 RTU 250ML	
189	NUTREN JR RTU 250ML	
188	NUTREN JR W/FBR RTU 250ML	
192	NUTREN PULMONARY RTU 250ML	
190	NUTRIHEP RTU 250ML	
445	OA 1 PWD 16 OZ	
446	OA 2 PWD 16 OZ	
288	OPTIMENTAL RTU 8OZ	
290	OS 2 PWD 500G	
062	OSMOLITE 1.0 RTU 8OZ	
193	OSMOLITE 1.2 RTU 8OZ	
196	OXEPA RTU 8OZ	
549	PED SIDEKICKS CLEAR RTU 6.8OZ	NEW-Institutional version only
550	PED SIDEKICKS INST RTU 8OZ	NEW-Institutional version only
524	PEDIASmart PWD 12.7OZ	
506	PEDIASURE 1.5 RTU 8OZ	
507	PEDIASURE 1.5 W/FBR RTU 8OZ	
292	PEDIASURE ENTER 1.0 RTU 8OZ	
293	PEDIASURE ENTER 1.0FBR RTU 8OZ	

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Formula Code	Formula Description	Smallest Available Unit/Comments
514	PEDIASURE PEPTIDE 1.0 RTU 8OZ	
529	PEDIASURE PEPTIDE 1.5 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	
527	PERIFLEX ADVANCE PWD 16OZ	
265	PERIFLEX INFANT PWD 400G	
201	PERIFLEX JR PWD 454G	
466	PFD 1 PWD 16 OZ	
329	PFD 2 PWD 16OZ	
352	PHENEX 1 PWD 14.1OZ	
353	PHENEX 2 PWD 14.1OZ	
311	PHENYL FREE 1 PWD 16OZ	
297	PHENYL FREE 2 PWD 16OZ	
298	PHENYL FREE 2HP PWD 16OZ	
545	PHENYLADE 60 PWD 1LB	NEW
546	PHENYLADE AA BLEND 1LB	NEW
501	PHENYLADE ESSENTIAL PWD 454G	
547	PHENYLADE MTE AA BLEND 1LB	NEW
338	PHENYLADE PWD 454G	
439	PHLEXY10 DRINK PWD 20G	
300	PKU 2 PWD 500G	
301	PKU 3 PWD 500G	
008	PORTAGEN PWD 16OZ	
462	PREGESTIMIL 20 RTU 2OZ	6 bottles
461	PREGESTIMIL 24 RTU 2OZ	6 bottles
036	PREGESTIMIL DHA&ARA PWD 16OZ	
356	PRO PHREE PWD 14.1OZ	
213	PROMOTE RTU 8OZ	6 pack
214	PROMOTE W/FBR RTU 8OZ	6 pack
354	PROPIMEX 1 PWD 14.1OZ	
355	PROPIMEX 2 PWD 14.1OZ	
373	PROSOBEE CON 13OZ	
376	PROSOBEE PWD 12.9OZ	
375	PROSOBEE RTU 32OZ	
219	PULMOCARE RTU 8 OZ	6 pack
230	RCF CON 13OZ	
222	RENALCAL RTU 250ML	
508	RENASTART PWD 1000G	

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Formula Code	Formula Description	Smallest Available Unit/Comments
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	
441	SIM SPEC CARE24 W/IRON RTU 2OZ	8 bottles
503	SIM SPECIAL CARE 30 RTU 2OZ	8 bottles
388	SIMILAC ADVANCE CON 13OZ	
414	SIMILAC ADVANCE PWD 12.4OZ	
365	SIMILAC ADVANCE RTU 32OZ	
019	SIMILAC FOR DIARRHEA RTU 32OZ	
482	SIMILAC FOR SPIT UP PWD 12.3OZ	
450	SIMILAC FOR SPIT UP RTU 32OZ	
235	SIMILAC HMF PWD 0.9G	50 packets
411	SIMILAC SENSITIVE CON 13OZ	
394	SIMILAC SENSITIVE PWD 12.6OZ	
397	SIMILAC SENSITIVE RTU 32OZ	
391	SIMILAC SOY ISOMIL CON 13OZ	
389	SIMILAC SOY ISOMIL PWD 12.4OZ	
390	SIMILAC SOY ISOMIL RTU 32OZ	
239	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 16OZ	
330	TYROS 2 PWD 16OZ	
307	UCD 2 PWD 500G	
548	UCD ANAMIX JR PWD 400G	NEW
249	VITAL HN PWD 2.79OZ	6 pack
250	VIVONEX PEDIATRIC PWD 1.7OZ	
251	VIVONEX PLS PWD 2.8OZ	
252	VIVONEX TEN PWD 2.84OZ	
468	WND 1 PWD 16OZ	
331	WND 2 PWD 16OZ	
253	XLEU ANALOG PWD 400G	
254	XLEU MAXAMAID PWD 454G	
255	XLEU MAXAMUM PWD 454G	
256	XLYS,XTRP ANALOG PWD 400G	
257	XLYS,XTRP MAXAMAID PWD 454G	
258	XLYS,XTRP MAXAMUM PWD 454G	

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Formula Code	Formula Description	Smallest Available Unit/Comments
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	

July 2012 Formulary Addendum (for use beginning October 2012)

Definitions: Exempt = Exempt formula or medical food

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

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Boost Very High Calorie</u></p> <p>Manufacturer Nestle Form RTU Type Pediatric Supplement Level 2 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>66.25 cal/oz; nutritionally complete, Kosher, gluten-free, lactose-free supplement. Suitable for celiac disease.</p>	<p>1) Medical conditions that increase calorie needs. Refer to last page of formulary for examples.* 2) Inadequate growth (at risk for Failure-to-Thrive) 3) Failure-to-Thrive with wt/ht <10th percentile and/or downward crossing of 2 major percentiles (weight falls more than 2 major percentiles) 4) Oral motor feeding problems, oral aversion, or inability to consume solid foods 5) Prematurity</p> <p>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 8 oz ctnr 27 ctnrs/case Vanilla</p>
<p style="text-align: center;"><u>Complete Pediatric Reduced Calorie</u></p> <p>Manufacturer Nestle Form RTU Type Pediatric Tube Feeding Supplement Level 2 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>17.75 cal/oz; nutritionally complete, made from real food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber. Not for oral consumption.</p>	<p>1) Medical condition requiring or resulting in decreased calorie needs. 2) Tube feeding.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250 mL ctnr 24 ctnrs/case</p>
<p style="text-align: center;"><u>Complex Essential MSD</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding. 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder. Not for infants under 1 year of age.</p>	<p>Maple Syrup Urine Disease</p> <p>Can only be issued to women and children.</p> <p>Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 cans/case Vanilla</p>
<p style="text-align: center;"><u>Complex Junior MSD</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, leucine, and valine-free; for oral and tube feeding. 496 cal and 13 g of protein equivalent per 100 g pwd.</p>	<p>Maple Syrup Urine Disease</p> <p>Can only be issued to women and children.</p> <p>Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 400 g can 4 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 10/1/12

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

Texas WIC1

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PRODUCTS	DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Complex MSD Amino Acid Blend</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding. 323 cal and 81 g protein equivalent per 100 g of pwd. Not for infants under 1 year of age.</p>	<p>Maple Syrup Urine Disease</p> <p>Can only be issued to women and children.</p> <p>Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 cans/case</p>
<p style="text-align: center;"><u>Enfagrow Premium Toddler (2)</u></p> <p>Manufacturer Mead Johnson Form PWD Type Milk-Based Toddler Formula Level 1 Milk-Based Formula Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, iron-fortified, nutritionally complete; contains DHA/ARA and a prebiotic blend.</p>	<p>1) Over age 1 year with medical need for 20 cal/oz milk-based toddler formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems, AND:</p> <p>2) Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 24 oz can 4 cans/case</p>
<p style="text-align: center;"><u>Enfagrow Soy Toddler (2)</u></p> <p>Manufacturer Mead Johnson Form PWD Type Soy Toddler Formula Level 1 Soy-Based Formula Maximum Length of Issuance 3 months</p>	<p>20 cal/oz, iron-fortified, nutritionally complete; contains DHA/ARA.</p>	<p>1) Over age 1 year with medical need for 20 cal/oz soy-based toddler formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems, AND:</p> <p>2) Documented intolerance to contract formula. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 24 oz can 4 cans/case</p>
<p style="text-align: center;"><u>GlutarAde Amino Acid Blend GA-1</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Low in tryptophan, no lysine, nutritionally incomplete; for oral or tube feeding. Not for infants under one year old.</p>	<p>Glutaric aciduria (acidemia) Type I in children and adults.</p> <p>Can only be issued to women and children.</p> <p>Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 cans/case</p>

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Updated 10/1/12

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Texas WIC2

July 2012 Formulary Addendum (for use beginning October 2012)

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PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>GlutarAde Jr GA-1 Drink Mix</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>Low in tryptophan, no lysine, nutritionally incomplete; for oral or tube feeding. Not for infants under one year old.</p>	<p>Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women.</p> <p>Can only be issued to women and children.</p> <p>Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 400 g can 4 cans/case</p>
<p style="text-align: center;"><u>Good Start Nourish</u></p> <p>Manufacturer Nestle Form Milk-Based PWD & RTU Type Post-Discharge Premature Level 4 Exempt Maximum Length of Issuance See guidelines under reasons for issuance section</p>		<p>22 cal/oz, iron-fortified, high protein, vitamin, and mineral milk-based formula with DHA/ARA for pre-term and low birth weight infants. Contains 100% partially hydrolyzed, whey protein. This formula is level 4 initially due to limited retail availability.</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 local RD or State Office staff. Premature infants weighing more than 5 lb 8 oz at birth may be issued this for 1 month with a hospital Rx.</p> <ul style="list-style-type: none"> • Greater than 3 lb 5 oz to 5 lb 8 oz, issue up to 9 mo. • Less than 3 lb 5 oz (1500 g) issue up to 12 mo. chronological age. <p>Ready-to-Use may be issued for intolerance to powder, if the RTU form improves compliance, or better accomodates the infant's condition.</p>	<p>PWD: 12.6 oz can 6 cans/case RTU: 3 oz bottles 8 bottles/carton 48 bottles/case</p>
<p style="text-align: center;"><u>Good Start Soothe</u></p> <p>Manufacturer Nestle Form PWD Type Standard Milk-Based Infant Formula Level 1 Non-exempt Maximum Length of Issuance 3 months</p>		<p>20 cal/oz, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. 70% corn maltodextrin and 30% lactose; contains probiotic, L. reuteri. May experience limited retail availability of small can size.</p>	<p>Documented intolerance to contract formulas. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p>	<p>PWD: 12.4 oz can 6 cans/case</p>
<p style="text-align: center;"><u>Pediasure SideKicks Clear (Institutional)</u></p> <p>Manufacturer Abbott Form RTU Type Pediatric Supplement Level 4 Medical Food Maximum Length of Issuance 1 Certification Period</p>		<p>17.6 cal/oz, nutritionally incomplete, Kosher, gluten-free, lactose-free supplement; for oral or tube feeding. For children under 3 years of age; no more than 1 serving/day. 120 cal/serving.</p>	<p>1) Medical conditions that require a clear liquid diet. 2) Supplement for a child at nutritional risk with decreased calorie needs. 3) Intolerance/refusal of a milk-based nutritional supplement.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 6.8 fl oz Wild Berry Tropical Fruit</p>

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Level 4: State approval only

Updated 10/1/12

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Texas WIC3

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PRODUCTS	DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><u>Pediasure SideKicks (Institutional 0.63 cal)</u></p> <p>Manufacturer Abbott Form RTU Type Pediatric Supplement Level 4 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>18.75 cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free supplement; for oral or tube feeding. Contains 3 g prebiotic fiber and milk product with 40% less fat than Pediasure.</p>	<p>1) Medical conditions that require or result in decreased calorie needs, e.g., Down Syndrome, quadriplegia. 2) Oral or tube feeding for children requiring a lower calorie nutritionally complete product, e.g., neurological condition, oral-motor feeding problems.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 6.8 fl oz/ctnr Vanilla</p>
<p style="text-align: center;"><u>PhenylAde 60 Drink Mix</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free, nutritionally incomplete; for oral or tube feeding. Fortified with essential and non-essential amino acids. High in protein, low in fat and calories. 294 cal per 100 g pwd. Not for infants under 1 year of age.</p>	<p>Phenylketonuria (PKU).</p> <p>Can only be issued to women and children. Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 cans/case Unflavored Vanilla</p>
<p style="text-align: center;"><u>PhenylAde Amino Acid Blend</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free, nutritionally incomplete; for oral or tube feeding. 323 cal per 100 g pwd. Not for infants under 1 year of age.</p>	<p>Phenylketonuria (PKU).</p> <p>Can only be issued to women and children. Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 cans/case</p>
<p style="text-align: center;"><u>PhenylAde MTE Amino Acid Blend</u></p> <p>Manufacturer Applied Nutrition Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free, nutritionally incomplete; for oral or tube feeding. Fortified with minerals and trace elements. 313 cal per 100 g pwd. Not for infants under 1 year of age.</p>	<p>Phenylketonuria (PKU).</p> <p>Can only be issued to women and children. Requires state agency approval and metabolic prescription form.</p>	<p>PWD: 1 lb can 4 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 10/1/12

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

Texas WIC4

July 2012 Formulary Addendum (for use beginning October 2012)

Definitions: Exempt = Exempt formula or medical food

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

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
UCD Anamix Jr Manufacturer Nutricia Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period	Urea cycle disorder (UCD), hyperammonemia, hyperonithinemia, homocutrullinemia (HHH), and gyrate atrophy. Not for infants under 1 year of age.	Urea Cycle Disorder. Can only be issued to women and children. Requires state agency approval and metabolic prescription form.	PWD: 400 g can 6 cans/case Unflavored Vanilla	

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

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

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

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

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

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

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

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

July 2012 Formulary Addendum for use beginning October 2012

Boost Very High Calorie

- **Manufacturer:** Nestle
- **Form:** Ready-to-Use
- **Type:** Pediatric Supplement
- **Level:** 2
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period.
- **Description:**
 - 66.25 calories per ounce, nutritionally complete, Kosher, gluten-free, lactose-free supplement. Suitable for celiac disease.
- **Reasons for Issuance**
 - 1) Medical conditions that *increase* calorie needs. Refer to last page of formulary for examples.*
 - 2) Inadequate growth (at risk for Failure-To-Thrive)
 - 3) Failure-To-Thrive with weight for length less than 10th percentile and/or downward crossing of 2 major percentiles (weight falls more than 2 major percentiles)
 - 4) Oral motor feeding problems, oral aversion or inability to consume solid foods
 - 5) Prematurity
 - **Typically used when calorie needs are higher than what can be achieved with 30 calorie per ounce products.**
 - **Can only be issued to women and children**
- **Packaging:**
 - 8 fluid ounces per container
 - Vanilla
 - 27 containers per case

Complete Pediatric Reduced Calorie

- **Manufacturer:** Nestle
- **Form:** Ready-to-Use
- **Type:** Pediatric Tube Feeding Supplement
- **Level:** 2
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period.
- **Description:**
 - 17.75 calories per ounce, nutritionally complete, made from real food with 3.4 grams per liter soluble fiber and 3.4 grams per liter of insoluble fiber. Not for oral consumption.
- **Reasons for Issuance**
 - 1) Medical condition requiring or resulting in decreased calorie needs.
 - 2) Tube feeding.
 - **Can only be issued to women and children**
- **Packaging:**

- 250mL per container
- 24 containers per case

Complex Essential MSD

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Isoleucine, leucine, and valine-free, nutritionally incomplete for oral or tube feeding. 380 calories, 3.9 grams of fiber and 25 grams of protein equivalent per 100 grams of powder. Not for infants under one year of age.
- **Reasons for Issuance**
 - Maple Syrup Urine Disease.
 - **Can only be issued to women and children.**
 - **Requires state agency approval and metabolic prescription form.**
- **Packaging:**
 - Powder
 - 1 pound per can
 - 4 cans per case
 - Vanilla

Complex Junior MSD

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Isoleucine, leucine and valine-free for oral and tube feeding. 496 calories and 13 grams of protein equivalent per 100 grams of powder.
- **Not for infants under one year of age**
- **Reasons for Issuance**
 - Maple Syrup Urine Disease.
 - **Can only be issued to women and children.**
 - **Requires state agency approval and metabolic prescription form.**
- **Packaging:**
 - Powder
 - 400 grams per can
 - 4 cans per case

Complex MSD Amino Acid Blend

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Isoleucine, leucine and valine-free, nutritionally incomplete, for oral or tube feeding. 323 calories and 81 grams of protein equivalent per 100 grams of powder.
 - Not for infants under one year of age
- **Reasons for Issuance**
 - Maple Syrup Urine Disease.
 - **Can only be issued to women and children.**
 - **Requires State Agency approval and metabolic prescription form.**
 - After initial approval, renew as Level 3.
- **Packaging:**
 - Powder
 - 1 pound per can
 - 4 cans per case

Enfagrow Premium Toddler (2)

- **Manufacturer: Mead Johnson**
- **Form: Powder**
- **Type: Milk-Based Toddler Formula**
- **Level: 1**
- **Milk-Based Formula**
- **Maximum Length of Issuance**
 - 3 months
- **Description:**
 - 20 calories per ounce, iron-fortified, nutritionally complete contains DHA and ARA and a prebiotic blend.
- **Reasons for Issuance**
 - 1) Over age 1 year with medical need for 20 calorie per ounce milk-based toddler formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems AND:
 - 2) 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.
 - **Can only be issued to women and children**
- **Packaging**
 - 24 ounce can
 - 4 cans per case

Enfagrow Soy Toddler (2)

- **Manufacturer: Mead Johnson**
- **Form: Powder**
- **Type: Soy Toddler Formula**
- **Level: 1**
- **Soy-Based Formula**
- **Maximum Length of Issuance**
 - 3 months
- **Description:**
 - 20 calories per ounce, iron fortified, nutritionally complete, contains DHA and ARA.
- **Reasons for Issuance**
 - 1) Over age 1 year with medical need for 20 calorie per ounce soy-based toddler formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems AND:
 - 2) 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.
 - **Can only be issued to women and children**
- **Packaging**
 - 24 ounce can
 - 4 cans per case

GlutarAde AminoAcid Blend GA-1

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Low in tryptophan, no lysine, nutritionally incomplete for oral or tube feeding.
- **Reasons for Issuance**
 - Glutaric aciduria (acidemia) Type I in children and adults.
 - Not for infants under one year of age.
 - **Requires state agency approval and metabolic prescription form.**
 - **After initial approval, renew as Level 3.**
 - **Can only be issued to women and children**
- **Packaging:**
 - 1 pound can
 - 4 cans per case

GlutarAde Jr GA-1 Drink Mix

- **Manufacturer: Applied Nutrition**
- **Form: Powder**

- **Type: Metabolic**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum length of Issuance**
 - 1 Certification Period
- **Description:**
 - Low in tryptophan, no lysine, nutritionally incomplete, for oral or tube feeding.
- **Reasons for Issuance**
 - Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women.-
 - Not for infants under one year of age.
 - **Requires state agency approval and metabolic prescription form.**
 - **After initial approval, renew as Level 3.**
 - **Can only be issued to women and children**
- **Packaging:**
 - Powder: 400 grams can
 - 4 cans per case

Good Start Nourish

- **Manufacturer: Nestle**
- **Form: Milk-Based Powder and Ready-to-Use**
- **Type: Post-Discharge Premature**
- **Level: 4**
- **Exempt**
- **Maximum Length of Issuance**
 - **See guidelines under reasons for issuance section**
- **Description:**
 - 22 calories per ounce, iron fortified, high protein, vitamin and mineral milk-based formula with DHA and ARA for pre-term and/or low birth weight infants. Contains 100 per-cent partially hydrolyzed, whey protein. **This formula is level 4 initially due to limited retail availability.**
- **Reasons for Issuance:**
 - Premature or low birth weight infants meeting birth weight guidelines as indicated below. If needed longer or for other medical reasons consult with local RD or State Office staff. Premature infants weighing more than 5 pounds 8 ounces at birth may be issued this for one month with a hospital prescription.
 - Greater than 3 pounds 5 ounces to 5 pounds 8 ounces issue up to 9 months.
 - Less than 3 pounds 5 ounces (1500 grams) issue up to 12 months chronological age
 - Ready-To-Use may be issued for intolerance to powder, if the Ready-To-Use form improves compliance, or better accommodates the infant's condition
- **Packaging:**
 - Powder: 12.6 ounce can
 - 6 cans per case
 - Ready-to-Use: 3 ounce bottles/ 8 per carton
 - 48 bottles per case

Good Start Soothe

- **Manufacturer:** Nestle
- **Form:** Powder
- **Type:** Standard Milk-Based Infant Formula
- **Level:** 1
- **Non-Exempt**
- **Maximum Length of Issuance**
 - 3 months
- **Description:**
 - 20 calories per ounce, nutritionally complete infant formula with partially hydrolyzed 100 percent whey protein. 70% corn maltodextrin and 30% lactose. Contains probiotic, L. reuteri. **May experience limited retail availability of small can size.**
- **Reasons for Issuance:**
 - Documented intolerance to contract formulas. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.
- **Packaging:**
 - Powder: 12.4 ounce can
 - 6 cans per case

Pediasure SideKicks Clear (Institutional)

- **Manufacturer:** Abbott
- **Form:** Ready-to-Use
- **Type:** Pediatric Supplement
- **Level:** 4
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - 17.65 calories per ounce, nutritionally incomplete, Kosher, gluten-free, lactose-free supplement for oral or tube feeding. For children under 3 years of age; no more than one serving per day. 120 calories per serving.
- **Reasons for Issuance**
 - 1) Medical conditions that require a clear liquid diet
 - 2) Supplement for a child at nutritional risk with decreased calorie needs
 - 3) Intolerance/refusal of a milk-based nutritional supplement
 - **Can only be issued to women and children**
- **Packaging:**
 - 6.8 fluid ounces
 - Wild Berry
 - Tropical Fruit

Pediasure SideKicks (Institutional 0.63 cal)

- **Manufacturer: Abbott**
- **Form: Ready-to-Use**
- **Type: Pediatric Supplement**
- **Level: 4**
- **Medical Food**
- **Maximum Length of Issuance**
 - **1 Certification Period**
- **Description:**
 - 18.75 calories per ounce, nutritionally complete, Kosher, gluten-free, lactose-free supplement; for oral or tube feeding. Contains 3 grams prebiotic fiber and milk product with 40% less fat than Pediasure.
- **Reasons for Issuance**
 - 1) Medical conditions that require or result in decreased calorie needs. (For example: Down syndrome, quadriplegia).
 - 2) Oral or tube feeding for children requiring a lower calorie nutritionally complete product. (For example: neurological condition, oral motor feeding problems).
 - **Can only be issued to women and children.**
- **Packaging:**
 - 6.8 fluid ounces per container
 - Vanilla

PhenylAde 60 Drink Mix

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic Formula**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Phenylalanine-free, nutritionally incomplete for oral or tube feeding. Fortified with essential and non-essential amino acids. High in protein, low in fat and calories. 294 calories per 100 grams powder.
 - Not for infants under one year of age.
- **Reasons for Issuance**
 - Phenylketonuria (PKU).
 - **Can only be issued to women and children.**
 - **Requires state agency approval and metabolic prescription form.**
- **Packaging:**
 - Powder
 - 1 pound cans
 - 4 cans per case
 - Unflavored
 - Vanilla

PhenylAde Amino Acid Blend

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic Formula**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Phenylalanine-free, nutritionally incomplete; for oral or tube feeding. 323 calories per 100 grams powder.
 - Not for infants under one year of age.
- **Reasons for Issuance**
 - Phenylketonuria (PKU).
 - **Can only be issued to women and children.**
 - **Requires state agency approval and metabolic prescription form.**
- **Packaging:**
 - Powder
 - 1 pound per can
 - 4 cans per case

PhenylAde MTE Amino Acid Blend

- **Manufacturer: Applied Nutrition**
- **Form: Powder**
- **Type: Metabolic Formula**
- **Level: State/Level 3. After initial approval, renew as Level 3.**
- **Medical Food**
- **Maximum Length of Issuance**
 - 1 Certification Period
- **Description:**
 - Phenylalanine-free, nutritionally incomplete; for oral or tube feeding. Fortified with minerals and trace elements. 313 calories per 100 grams powder. Not for infants under one year of age.
- **Reasons for Issuance**
 - Phenylketonuria (PKU).
 - **Can only be issued to women and children.**
 - **Requires state agency approval and metabolic prescription form.**
- **Packaging:**
 - Powder
 - 1 pound per can
 - 4 cans per case

UCD Anamix Junior

- **Manufacturer: Nutricia**
- **Form: Powder**

- **Type: Metabolic**
- **Level: State/ Level 3. After initial approval, renew as Level 3.**
- **Medical Formula**
- **Maximum Length of Issuance**
 - 1 Certification Period.
- **Description:**
 - **Urea Cycle Disorder (UCD), hyperammonemia, hyperornithinemia, homocitrullinemia (HHH) and Gyrate Atrophy.**
 - **Not for infants under one year of age**
- **Reasons for Issuance**
 - **Urea Cycle Disorder.**
 - Requires State Agency approval and metabolic prescription form.
 - **Can only be issued to women and children**
- **Packaging**
 - 400 Grams
 - 6 cans /case
 - Unflavored
 - Vanilla

Policy F.D. 15 for approval reasons for issuing READY TO USE formula

- 1) The formula is only available ready-to-use
- 2) The parent/guardian is unable to prepare formula from liquid concentrate or powder due to a physical or mental disability
- 3) There is an unsafe or unsanitary water supply
- **For Exempt formulas issued to infants: the following 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 condition that increase calorie needs include but are not limited to Failure to Thrive , feeding aversion, cardiac conditions, burns/trauma.**
- **All formulas, *except contract formulas*, remain the same after the infant turns 1 year of age. Contract formulas become level 1.**
- **Exempt formula/medical food: Therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.**
- **Non-Exempt (Standard) Formula: Contract and non-contract standard milk or soy based infant formula designed for use by healthy full term infants**
- **Level 1 is a Certifying Authority**
- **Level 2 is a Nutritionist**
- **Level 3 is a Registered or Licensed Dietitian**
- **Level: State; Renewal: Level 3. Initial issuance is State approval. Renewals are Level 3.**
- **Level 4: State Approval Only**