

TEXAS WIC FORMULARY
OCTOBER 2016

Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Alfamino Infant	Elemental	20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based elemental. 43% of fat is MCT oil; Similar to Elecare DHA/ARA, Neocate DHA/ARA and PurAmino. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome , necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. When requested for food allergy - a failed trial of a protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nestle
Alfamino Junior	Elemental	30 cal/oz, hypoallergenic amino acid based elemental. 63% of fat is MCT oil; Similar to Elecare Jr, Neocate Jr and Puramino Toddler. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. Can only be issued to women and children.	Nestle
Alimentum	Protein Hydrolysate	20 cal/oz, casein hydrolysate, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives. Available in PWD and RTU. Similar to Extensive HA, Pregestimil, and Nutramigen.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Abbott
BCAD 1	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
BCAD 2	Metabolic	Isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents per 100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in children or adults	No assessment required. Can only be issued to women and children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson

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Benecalorie	Modular	220 cal/oz; 330 cal per 1.5 oz ctr; lactose and cholesterol-free; 7 g of milk protein as calcium caseinate per 1.5 oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 	Complete assessment required. Requires State Agency approval. Limited to 2 cases per month; maximum quantity allows issuance of this product and up to 1/2 package of another formula. System will not allow to be issued < 6 months of age.	Nestle
BetaQuik MCT	Modular	18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU.	<ol style="list-style-type: none"> 1) Ketogenic diet 2) Increased calorie needs 3) Malabsorption syndrome 4) Defective lymphatic transport of fat 5) Conditions with decreased pancreatic lipase and/or decreased bile salts 	Complete assessment required. Requires State Agency approval. Limit issuance to children 3 or more years of age and adults. Can only be issued to women and children.	Vitaflo
Boost	Increased Calorie Supplement	31 cal/oz, lactose-free and nutritionally complete; similar to Ensure. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding 	Complete assessment required. Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Boost Breeze	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) Oral motor feeding issues/aversions 3) Increased calorie needs 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia 	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle
Boost High Protein	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free, nutritionally complete; similar to Ensure High Protein. Available in RTU.	<ol style="list-style-type: none"> 1) Increased protein needs 2) Cancer 3) Wounds 4) Surgery 	Complete assessment required. Can only be issued to women and children.	Nestle
Boost Plus	Increased Calorie Supplement	46 cal/oz, lactose-free, high-calorie; nutritionally complete; similar to Ensure Plus. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 	Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle

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Boost Pudding	Increased Calorie Supplement	240 cal/5 oz, lactose-free; nutritionally complete; similar to Ensure Pudding. Available in RTU.	<ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 	<p>Complete assessment required. System will not allow formula to be issued <9 months of age</p>	Nestle
Boost Very High Calorie	Increased Calorie Supplement	66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Oral motor feeding issues/aversions 	<p>Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.</p>	Nestle
Bright Beginnings Soy Pediatric Drink	Increased Calorie Supplement	30 cal/oz, lactose-free, soy-based, with DHA and prebiotics; nutritionally complete; for oral or tube feeding; contains 3 g fiber per 8 oz can. Available in RTU.	<ol style="list-style-type: none"> 1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Increased calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 5) Tube Feeding 6) Oral motor feeding issues/aversions 7) Galactosemia 	<p>Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.</p>	PBM Products
Calcilo XD	Special Medical Conditions	20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Available in PWD.	<ol style="list-style-type: none"> 1) Osteopetrosis 2) William's Syndrome 3) Hypercalcemia and hyperparathyroidism 	<p>Formula history required.</p>	Abbott
Carb Zero	Modular	18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU.	<ol style="list-style-type: none"> 1) Ketogenic diet 2) LCT (long chain triglycerides) needs 	<p>Formula history required. Requires State Agency approval. Can only be issued to women and children.</p>	Vitaflo

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Compleat	Increased Calorie Supplement	32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber per 250 mL container. Available in RTU.	Increased calorie needs for tube feedings only	Formula history required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Compleat Pediatric	Increased Calorie Supplement	30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber per 250 mL container. Available in RTU.	Increased calorie needs for tube feedings only	Formula history required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Nestle
Compleat Pediatric Reduced Calorie	Special Medical Conditions	17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only. Available in RTU.	Decreased calorie needs for tube feeding only	Formula history required. Can only be issued to women and children.	Nestle
Complex Essential MSD	Metabolic	Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD)	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Complex Junior MSD	Metabolic	Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd. Available in PWD.	Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Complex MSD Amino Acid Blend	Metabolic	Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD)	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia

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Cyclinex 1	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD.	1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott
Cyclinex 2	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; Available in PWD.	1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homocitrullinuria) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
DiabetiSource AC	Increased Calorie Supplement	36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container. Available in RTU.	1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds	Formula history required. Requires State Agency Approval. Can only be issued to women and children.	Nestle
Duocal	Modular	4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. 80 scoops/can; 48 Tbsp/can. Available in PWD.	1) Protein, electrolyte, and/or fluid restriction 2) Increased calorie needs 3) Protein or amino acid metabolism disorders 4) Malabsorption syndrome 5) FTT with weight/length, <10% and/or downward crossing of 2 major percentiles	Complete assessment required. Requires State Agency approval.	Nutricia
EO28 Splash	Elemental	30 cal/oz, lactose, whey, soy and milk protein-free elemental with 100% free amino acids; for oral or tube feeding; 35% of fat is MCT oil; not intended for infants under 1 year of age. Available in RTU.	1) Malabsorption syndrome 2) Food allergies (cow's milk, soy or intact protein)/FPIES 3) GI Impairment	Formula history required. Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	Nutricia

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Elecare DHA/ARA	Elemental	20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil; similar to Alfamino, Neocate DHA/ARA and PurAmino. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Abbott
EleCare Jr	Elemental	30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil; similar to Alfamino Jr., Neocate Jr. and Puramino Toddler. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children.	Abbott
EnfaCare	Premature/ LBW	22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil; similar to NeoSure. Available in PWD and RTU.	1) Prematurity 2) Low or very low birth weight (LBW/VLBW) Premature infants weighing more than 5 lbs 8 oz at birth - may issue for 1 month with hospital prescription. See birthweight guidelines below. ≥ 3 lb 5 oz (1500 g) to ≤ 5lb 8oz (<2500 gm) issue up to 9 months chronological age < 3 lb 5 oz (<1500 gm) issue up to 12 months chronological age	Complete assessment required. If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Mead Johnson

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Enfamil AR	Milk-Based Infant Formula	20 cal/oz, 20:80 whey:casein ratio, milk-based with rice starch and prebiotics; thickening occurs when it comes in contact with stomach acid; should not be mixed higher than 24 kcal/oz; similar to Similac for Spit-Up. Available in PWD and RTU.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac for Spit-Up) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Mead Johnson
Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil. Available in PWD and RTU.	1) Prematurity 2) Low or very low birth weight (LBW/VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk. *Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL.	Mead Johnson
Enfamil Infant	Milk-Based Infant Formula	20 cal/oz, 60:40 whey:casein ratio, milk-based with prebiotic galactooligosaccharides (GOS) and polydextrose; similar to Similac Advance. Available in PWD, CON, RTU.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac Sensitive or Similac Total Comfort) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Mead Johnson

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Enfamil Newborn	Milk-Based Infant Formula	20 cal/oz, 80:20 whey:casein ratio; with prebiotic GOS and polydextrose; contains 400 IU of Vit. D in 27 fl oz. Available in PWD.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac Sensitive or Similac Total Comfort) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Mead Johnson
Enfamil Premature 24 w/ Iron	Premature/LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; similar to Similac Special Care 24 w/ Iron. Available in RTU.	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson
Enfamil Premature High Protein 24 w/ Iron	Premature/LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal. Available in RTU. Similar to Similac Special Care 24 High Protein.	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson
Enfamil Premature 30	Premature/LBW	30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil; similar to Similac Special Care 30 w/ Iron. Available in RTU.	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson

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Enfaport	Special Medical Conditions	30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants. Available in RTU.	1) Chylothorax 2) Malabsorption syndrome 3) 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) 4) High MCT oil needs	Formula history required.	Mead Johnson
Ensure	Increased Calorie Supplement	31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container; similar to Boost. Available in RTU.	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Abbott
Ensure Clear	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 7 g whey protein/6.8 oz container. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Increased calorie needs 5) Oral motor feeding issues/aversions	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure High Calcium	Increased Calorie Supplement	28 cal/oz, lactose-free; 500mg calcium/8 oz container. Available in RTU.	1) Increased risk of fractures 2) Increased calorie needs 3) Increased protein, calcium, vitamin D and other nutrients	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure High Protein Therapeutic Nutrition	Special Medical Conditions	20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete; similar to Boost High Protein. Available in RTU.	1) Increased calorie needs 2) Increased protein needs	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure Plus	Increased Calorie Supplement	45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container; similar to Boost Plus. Available in RTU.	1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Tube feeding	Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Abbott

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Ensure Pudding	Increased Calorie Supplement	170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS); similar to Boost Pudding. Available in RTU.	<ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 	Complete assessment required. System will not allow formula to be issued < 9 months of age.	Abbott
Extensive HA	Protein Hydrolysate	20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA. Similar to Alimentum, Nutramigen and Pregestimil. Available in PWD.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) GI impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES 	Formula history required. Formula-certified WCS may approve.	Gerber
FiberSource HN	Increased Calorie Supplement	36 cal/oz, high-nitrogen, 100% soy protein with fiber for tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container. Available in RTU.	<p>For tube feeding with</p> <ol style="list-style-type: none"> 1) GI impairment 2) Neurologic condition 3) Developmental delays (sensory & motor) 4) Increased calorie need 	Formula history required. Requires State Agency Approval. Can only be issued to women and children.	Nestle
GA 1 Anamix Early Years	Metabolic	Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder. Available in PWD.	Glutaric aciduria type 1 in infants or children.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
GA	Metabolic	Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson

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Gentlease	Milk-Based Infant Formula	20 cal/oz, reduced lactose, partially hydrolyzed 60/40 whey/casein ratio; similar to Similac Total Comfort and Good Start Soothe. Available In PWD, RTU.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac Sensitive or Similac Total Comfort) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Mead Johnson
GlutarAde Amino Acid Blend GA-1	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children and adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
GlutarAde Jr GA-1 Drink Mix	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Glutarex 1	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott
Glutarex 2	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in children and adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
Glytrol	Special Medical Conditions	30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU.	1) Diabetes Mellitus 2) Glucose intolerance 3) Hyperglycemia	Formula history required. Requires State Agency Approval. Can only be issued to women and children.	Nestle

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Good Start Gentle	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein with prebiotic GOS (galactooligosaccharides). Available in PWD, CON, RTU.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac Sensitive or Similac Total Comfort) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Gerber
Good Start Premature 24	Premature/LBW	24cal/oz, high protein and mineral infant formula with partially hydrolyzed 100% whey protein; Similar to Enfamil Premature 24 and Similac Special Care 24. Available in RTU.	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	DISCONTINUED-DO NOT ISSUE	Gerber
Good Start Premature High Protein 24	Premature/LBW	24 cal/oz, high protein and mineral infant formula with partially hydrolyzed 100% whey protein; carbohydrate blend: 50% maltodextrin, 50% lactose; 3.6 g protein/100 cal; similar to Enfamil Premature High Protein 24 and Similac Special Care High Protein 24. Available in RTU.	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	DISCONTINUED-DO NOT ISSUE	Gerber
Good Start Premature 30	Premature/LBW	30 cal/oz high protein and mineral infant formula with partially hydrolyzed 100% whey protein. Similar to Enfamil Premature 30 and Special Care 30. Available RTU .	1) Prematurity 2) Low birth weight or very low birth weight (LBW, VLBW)	DISCONTINUED-DO NOT ISSUE	Gerber

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Good Start Soothe	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein; 70% corn maltodextrin and 30% lactose; with probiotic, L. reuteri; similar to Similac Total Comfort and Gentlease. Available in PWD.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Similac Sensitive or Similac Total Comfort) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Gerber
Good Start Soy	Soy-Based Infant Formula	20 cal/oz, lactose-free, partially hydrolyzed soy protein; Similar to ProSobee and Similac Soy Isomil. Available in PWD, CON, RTU.	Current contract soy-based formula for lactose intolerance, vegetarian diet or cow's milk allergy. Over age 1 with medical need for soy-based product. Possible reasons include: 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan diet.	Formula history required. RX required when over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants. All WCS may approve.	Gerber
Graduates Gentle	Milk-Based Infant Formula	20 cal/oz, partially hydrolyzed 100% whey protein with prebiotic galactooligosaccharides (GOS) and additional calcium and iron for toddlers; similar to Similac Go and Grow Milk. Available in PWD.	<i>DISCONTINUED-DO NOT ISSUE Over age 1 with medical need for a milk-based product. Possible reasons include:</i> 1) Prematurity 2) Developmental delay 3) Oral-motor feeding issues/aversions	<i>DISCONTINUED-DO NOT ISSUE</i>	Gerber
Graduates Soy	Soy-Based Infant Formula	20 cal/oz, partially hydrolyzed soy protein with more calcium, phosphorus, and iron per 100 cal than Good Start Soy. Available in PWD.	1 Certification Period <i>DISCONTINUED-DO NOT ISSUE</i>	<i>DISCONTINUED-DO NOT ISSUE</i>	Gerber
HCU Anamix Early	Metabolic	Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of protein equivalent per 100 g of powder. For oral or tube feeding. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
HCU Anamix Next	Metabolic	Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
HCY 1	Metabolic	Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in infants or children	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
HCY 2	Metabolic	Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson
Hepatic Aid II	Special Medical Conditions	35 cal/oz, high in branched chain amino acids, carbohydrates and fats; phenylalanine and aspartic acid-free; for oral or tube feedings. Available in PWD.	Chronic liver disease	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Hormel Health Labs
HOM 2	Metabolic	Methionine and fat-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) due to cystathionine synthase deficiency	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Hominex 1	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott
Hominex 2	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
I Valex 1	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
I Valex 2	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
Impact	Special Medical Conditions	30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU.	1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
Isosource 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free, high-calorie, high-nitrogen; 2 g fiber per 250 mL container; for tube feedings. Available in RTU.	For tube feeding with 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
Isosource HN	Increased Calorie Supplement	36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only. Available in RTU.	For tube feeding with 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
IVA Anamix Early	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
IVA Anamix Next	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Jevity 1 Cal	Special Medical Conditions	31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber per 8 oz serving. Available in RTU.	1) Tube feeding 2) Tube feeding with wound healing	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Ketocal 3:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD.	Non-metabolic reason: Intractable epilepsy in children over 1 year of age Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency	Formula history required. State Agency approval required for infants. Metabolic reasons requires State Agency approval and metabolic prescription form .	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Ketocal 4:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD, RTU.	Non-metabolic reason: Intractable epilepsy in children over 1 year of age Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency	Formula history required. State Agency approval required for infants. Metabolic reasons requires State Agency approval and metabolic prescription form.	Nutricia
Ketonex 1	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form.	Abbott
Ketonex 2	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form. Renewals require RD/SA approval and metabolic prescription form. Can only be issued to women and children.	Abbott
Kid Essentials	Increased Calorie Supplement	30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials. Available in RTU. Similar to Pediasure.	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle
Kid Essentials 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; contains MCT oil. Available in RTU. Similar to Pediasure 1.5.	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Kid Essentials 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container. Available in RTU. Similar to Pediasure 1.5 w/ Fiber.	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle
Lipistart	Special Medical Conditions	Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx. Available in PWD.	1) Malabsorption syndrome 2) High MCT needs 3) Long chain fatty acid oxidation disorders 4) Hyperlipoproteinemia type 1 5) Chylothorax	Formula history required. Requires State Agency approval. Normally used for children.	Vitaflo
Liquigen	Modular	45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete; Available RTU.	1) Ketogenic Diet 2) Long-chain oxidation disorders 3) Malabsorption syndrome 4) Increased calorie needs 5) Conditions with decreased pancreatic lipase and/or decreased bile salts 6) Defective lymphatic transport of fat	Complete assessment required. Requires State Agency approval.	Nutricia
LMD	Metabolic	Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD.	Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Lophlex LQ PKU	Metabolic	Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU.	Phenylketonuria in children older than 4 years	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
MCT Oil	Modular	8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU.	1) Malabsorption syndrome 2) Defective lymphatic transport of fat 3) Conditions with decreased pancreatic lipase and/or decreased bile salts 4) Increased calorie needs	Complete assessment required. Requires State Agency approval.	Nestle
Microlipid	Modular	4.5 cal/mL, lactose-free, 100% of total calories from safflower oil; fat emulsion for use in oral or tube-feeding formulas; discard bottle 5 days after opening. 1 Tbsp = 68 cal. Available in RTU.	1) Increased calorie needs 2) Anorexia 3) Fluid restriction 4) Decreased carbohydrate tolerance 5) Ketogenic diet	Complete assessment required. Requires State Agency approval.	Nestle
MMA-PA Anamix Early	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder. Available in PWD.	Vitamin B-12 non-responsive methylmalonic acidemia or propionic acidemia in infants or young children.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
MMA-PA Anamix Next	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD.	Vitamin B-12 non-responsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Monogen	Special Medical Conditions	Milk-based; 90% of fat is MCT oil; long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1; similar to Portagen. Available in PWD.	1) Chylolthorax 2) Malabsorption syndrome 3) 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) 4) High MCT oil needs	Formula history required.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
MSUD 2	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 54 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD), hypervalinemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia in children	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
MSUD Analog	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in infants.	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
MSUD Anamix Early	Metabolic	Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding. Available in PWD.	Maple syrup urine disease (MSUD).	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
MSUD Maxamaid	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for infants under 1 year of age; 25 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in toddlers and young children	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
MSUD Maxamum	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in older children and adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Neocate w/DHA/ARA	Elemental	20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Neocate Junior	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Similar to Alfamino Jr. and Elecare Jr. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g; Tropical Fruit and Chocolate: 1 Tbsp = 7 g, 1 C = 108 g. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children.	Nutricia
Neocate Junior with Prebiotics	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. Unflavored: 1 Tbsp = 7 g; 1 C = 100g. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children.	Nutricia
Neocate Nutra	Elemental	472 cal/ 100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food; not nutritionally complete; oral use only; not for bottle or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Requires State Agency approval. System will not issue for infants under 6 months of age. Note: For infants, typically issued with formula.	Nutricia
Neocate Splash	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
NeoSure	Premature/ LBW	22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil; similar to EnfaCare. Available in PWD, RTU.	1) Prematurity 2) Low or very low birth weight (LBW/VLBW). Premature infants weighing more than 5 lbs 8 oz at birth - may issue for 1 month with hospital prescription. See birthweight guidelines below. ≥ 3 lb 5 oz (1500 gm) to ≤ 5 lb 8 oz (<2500 gm) issue up to 9 months chronological age < 3 lb 5 oz (<1500 gm) issue up to 12 months chronological age	Complete assessment required. If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Abbott
Nepro	Special Medical Conditions	54 cal/oz, calorically dense and lactose-free; for oral or tube feeding. Available in RTU.	1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure	Formula history required. Can only be issued to women and children.	Abbott
NovaSource Renal	Special Medical Conditions	60 cal/oz, lactose-free, high-calories; with MCT oil. Available in RTU.	1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure	Formula history required.	Nestle
Nutramigen	Protein Hydrolysate	20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil. Available in CON, RTU.	1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD	Formula history required. RTU may be issued for intolerance to concentrate, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Mead Johnson
Nutramigen Enflora LGG	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Some similarities to Extensive HA, Alimentum, and Pregestimil. Powder should be measured with packed, level scoops. Available in PWD.	1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD	Formula history required. Formula-certified WCS may approve.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Nutramigen Toddler	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops. Available in PWD.	Over age 1 with medical need for 20 cal/oz with: 1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD	Formula history required. Can only be issued children. Formula-certified WCS may approve.	Mead Johnson
Nutren 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil. Available in RTU.	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Complete assessment required. Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Nutren 1.0 w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Tube feeding 3) Oral motor feeding issues/aversions	Complete assessment required. Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Nutren 2.0	Increased Calorie Supplement	60 cal/oz, high calorie, lactose-free, oral or tube feeding; 75% of fat is MCT oil. Available in RTU.	1) Fluid restriction 2) Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Nestle
Nutren Junior	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; contains 50% whey protein concentrate; 22% of fat is MCT oil. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Nutren Junior w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5 g fiber/250 mL container. Available in RTU.	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length, <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Nestle
Nutren Pulmonary	Special Medical Conditions	45 cal/oz, high-calorie, high-protein, low-carbohydrate, lactose-free; nutritionally complete; 40% of fat is MCT oil. Available in RTU.	1) Pulmonary disease 2) Respiratory disorder 3) Ventilator dependency 4) Fluid restriction	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
NutriHep	Special Medical Conditions	45 cal/oz, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, lactose-free; 70% of fat is MCT oil. Available in RTU.	1) Hepatic insufficiency 2) Liver disease	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
OA 1	Metabolic	Isoleucine, methionine, threonine, valine, lactose and galactose-free; nutritionally incomplete; OA stands for organic acid; 15.7 g protein equivalents/100 g powder. Available in PWD.	Propionic acidemia or methylmalonic acidemia in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
OA 2	Metabolic	Isoleucine, methionine, threonine, valine, fat-free; nutritionally incomplete; OA stands for organic acid; 21 g protein equivalent/100 g powder. 60 calories per scoop (14.5 grams per scoop). Available in PWD.	Propionic acidemia or methylmalonic acidemia in children or adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson

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OS 2	Metabolic	Isoleucine, methionine, threonine, valine, and fat-free; nutritionally incomplete. Available in PWD.	Propionic acidemia or methylmalonic aciduria in children and adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Osmolite 1.0	Special Medical Conditions	32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein per 8 oz can. Available in RTU.	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Osmolite 1.2	Special Medical Conditions	36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil. Available in RTU.	Increased calorie or protein needs with intolerance to hyperosmolar feedings	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Oxepa	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU.	Mechanical ventilation, e.g., acute respiratory distress syndrome	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Pediasmart	Increased Calorie Supplement	30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.	<ol style="list-style-type: none"> 1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2) Increase calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions 6) Prematurity 	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued < 9 months of age.	Natures One

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Pediasmart Soy	Increased Calorie Supplement	30 cal/oz, lactose-free, organic soy-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.	Food allergies (cow's milk, soy or intact protein)/FPIES WITH one or more of the following: 1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives 2) Increased calorie needs 3) Inadequate growth 4) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Natures One
PediaSure	Increased Calorie Supplement	30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container. Similar to Kids Essentials. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott
PediaSure w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PediaSure Enteral 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott
PediaSure Enteral w/Fiber 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructo-oligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar per 8 oz container; Osmolality: 345. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott
PediaSure 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370; similar to Kid Essentials 1.5. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott
PediaSure 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container; Osmolality: 390; similar to Kid Essentials 1.5 with Fiber. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity/LBW	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PediaSure Peptide 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Abbott
PediaSure Peptide 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment 3) Increased calorie needs	Formula history required. Can only be issued to women and children.	Abbott
PediaSure SideKicks (Institutional 0.63 cal)	Special Medical Conditions	18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure. Available in RTU.	Decreased calorie needs	Complete assessment required. Can only be issued to women and children.	Abbott
Pepdite Jr.	Special Medical Conditions	30 cal/oz, lactose and galactose-free, semi-elemental formula; 35% of fat is MCT oil; similar to Peptamen Junior; not intended for infants under 1 year of age. Available in RTU.	1) Malabsorption 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children.	Nutricia
Peptamen	Elemental	30 cal/oz, lactose-free, elemental; nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.	GI Impairment	Formula history required. Can only be issued to women and children.	Nestle
Peptamen 1.5	Elemental	45 cal/oz, lactose-free, peptide-based, elemental, nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.	GI Impairment with increased calorie needs or fluid restriction	Formula history required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Peptamen Junior	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; similar to Peptide Junior. Available in RTU.	GI Impairment	Formula history required. Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	Nestle
Peptamen Junior 1.5	Elemental	45 cal/oz, lactose-free, elemental; nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.35 g fiber per 250 mL container. Available in RTU.	GI Impairment with increased calorie needs or fluid restriction	Formula history required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff. System will not allow formula to be issued <9 months of age.	Nestle
Peptamen Junior w/Fiber	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.8 g fiber per 250 mL container. Available in RTU.	GI Impairment with increased fiber needs	Formula history required. Normally used for children over age 1. System will not allow formula to be issued <9 months of age.	Nestle
Peptamen Junior w/PreBio	Elemental	30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; with prebiotics; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 0.9 g fiber per 250 mL container. Available in RTU.	GI Impairment with increased fiber needs	Formula history required. Can only be issued to women and children.	Nestle
Perative	Special Medical Conditions	39 cal/oz, lactose-free, hydrolyzed peptide-based protein; with arginine; nutritionally complete; for tube feeding; 40% of fat is MCT oil. Available in RTU.	For tube feeding with one of more of the following : 1) Pressure ulcers, multiple fractures, wounds, burns, or surgery 2) Multiple fractures 3) Wounds, burns, or surgery 4) Conditions causing metabolic stress	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Periflex Advance	Metabolic	Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women). Available in PWD.	Phenylketonuria	No assessment required. For children older than 1 year. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Periflex Infant	Metabolic	Phenylalanine-free; nutritionally incomplete; intended for infants; 13 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria	No assessment required. For infants. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Periflex Junior	Metabolic	<i>Phenylalanine-free; nutritionally incomplete; not intended for infants under 1 year of age; 25 g protein equivalents/100 g powder. Available in PWD.</i>	Phenylketonuria	<i>DISCONTINUED-DO NOT ISSUE</i>	Nutricia
Periflex Junior Plus	Metabolic	Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents per 100 g PWD, Available in PWD.	Phenylketonuria	No assessment required. For children older than 1 year. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Periflex LQ PKU	Metabolic	Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults. Available in RTU.	Phenylketonuria, including maternal PKU	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PFD 2	Metabolic	Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete; Available in PWD.	Inborn errors of amino acid metabolism in children and adults	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson
Phenex 1	Metabolic	Phenylalanine and lactose-free; for infants and toddlers. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For infants and toddlers. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Phenex 2	Metabolic	Phenylalanine and lactose-free; nutritionally incomplete; for children and adults. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
Phenyl Free 1	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For infants and toddlers. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
Phenyl Free 2	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson
Phenyl Free 2HP	Metabolic	Phenylalanine, lactose, galactose-free; higher in protein and most vitamins and minerals than Phenyl Free 2; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson
PhenylAde 60 Drink Mix	Metabolic	Phenylalanine-free; nutritionally incomplete; for oral or tube feeding; 294 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PhenylAde Drink Mix	Metabolic	Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
PhenylAde Amino Acid Blend	Metabolic	Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 323 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PhenylAde Essential	Metabolic	Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PhenylAde MTE Amino Acid Blend	Metabolic	Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Phlexy - 10 Drink Mix	Metabolic	Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete; not intended for infants under 1 year of age. Available in PWD.	Phenylketonuria	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PKU 2	Metabolic	Phenylalanine-free; nutritionally incomplete. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For toddlers and children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PKU 3	Metabolic	Phenylalanine-free; nutritionally incomplete. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. For older children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
PKU Periflex Early	Metabolic	Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of protein equivalent per 100 g powder. Available in PWD.	Phenylketonuria (PKU)	No assessment required. For infants and young children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Polycal	Modular	Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5 g or 20 cal. Available in PWD.	1) Increased calorie needs with restricted fluids 2) Inborn errors of metabolism	Complete assessment required. Requires State Agency approval. Limit issuance to no more than 3 cans/month.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Portagen	Special Medical Conditions	30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Similar to Monogen. Available in PWD.	<ol style="list-style-type: none"> 1) Chylothorax 2) Malabsorption syndrome 3) 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) 4) High MCT oil needs 	Formula history required.	Mead Johnson
Pregestimil 24	Protein Hydrolysate	24 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Available in RTU.	<p>Increased calorie needs with one of the following:</p> <ol style="list-style-type: none"> 1) GI Impairment 2) Malabsorption syndrome 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition 	Formula history required. Requires State Agency approval.	Mead Johnson
Pregestimil DHA/ARA	Protein Hydrolysate	20cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Some similarities to Extensive HA, Alimentum and Nutramigen. Powder should be measured with packed, level scoop. Available in PWD, RTU.	<ol style="list-style-type: none"> 1) GI Impairment 2) Malabsorption syndrome 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition 	<p>Formula history required. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the condition.</p> <p>Formula-certified WCS may approve.</p>	Mead Johnson
Promote	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula; nutritionally complete; for oral or tube feeding; 19% of fat is MCT oil; 14.8 g soy protein/8 oz can. Available in RTU.	<ol style="list-style-type: none"> 1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Increased calorie needs 	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Promote w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula with fiber; nutritionally complete, for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8 g soy protein/8 oz can. Available in RTU.	Increased fiber needs with one of the following: 1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Increased calorie needs	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Pro-Phree	Special Medical Conditions	Protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 C = 120 g. Available in PWD.	Medical condition with a need for reduced protein intake in infants or toddlers	Formula history required. Requires State Agency approval.	Abbott
Propimex 1	Metabolic	Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers. Available in PWD.	Propionic or methylmalonic acidemia in infants or toddlers	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott
Propimex 2	Metabolic	Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults. Available In PWD.	Propionic or methylmalonic acidemia	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
ProSobee	Soy-Based Infant Formula	20 cal/oz, milk, lactose, sucrose, and galactose-free soy formula; similar to Similac Soy Isomil and Good Start Soy. Available in PWD, CON, RTU.	1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment	Formula history required. Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Gerber Good Start Soy) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.	Mead Johnson
Pulmocare	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free formula; for oral or tube feedings; 20% of fat is MCT oil. Available in RTU.	Respiratory condition	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PurAmino	Elemental	20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder. Formerly known as Nutramigen AA. Standard mixing is 1 unpacked level scoop of powder to 1 oz water. Similar to Elecare DHA/ARA, Neocate and Alfamino. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) should be tried before issuing unless medically contraindicated.	Mead Johnson
PurAmino Toddler	Elemental	30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required.	Mead Johnson
RCF (Ross Carbohydrate Free)	Special Medical Conditions	20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately. Available in CON.	Non-metabolic reason: Seizure disorders requiring a ketogenic diet Metabolic reasons: Carbohydrate intolerance.	Formula history required. Initial metabolic request requires state approval and metabolic prescription form . Metabolic renewals require RD/SA approval and metabolic prescription form .	Abbott
Renalcal	Special Medical Conditions	60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU.	Renal failure	Formula history required. Can only be issued to women and children.	Nestle
Renastart	Special Medical Conditions	30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD.	Renal disease	Formula history required. For infants and children.	Vitaflo
Replete w/Fiber	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	Increased protein needs with one of the following: 1) Pressure ulcers 2) Burns 3) Surgical wounds 4) Fiber needs for bowel function	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Nestle
Resource 2.0	Increased Calorie Supplement	60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN. Available in RTU.	1) Increase calorie needs 2) Increased protein needs 3) Fluid restriction	Complete assessment required. Requires State Agency approval. Can only be issued to women and children.	Nestle
Scandishake	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Scandishake w/Aspartame	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis
Scandishake Lactose Free	Increased Calorie Supplement	65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis
Similac Advance	Milk-Based Infant Formula	20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides); similar to Enfamil Infant. Available in PWD, CON, RTU.	Current contract standard milk-based infant formula. Over age 1 with medical need for a milk-based product with one or more of the following: 1) Prematurity/LBW 2) Developmental delays (sensory & motor) 3) Oral-motor feeding issues/aversions	Formula history and medical request required when over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants. All WCS may approve.	Abbott
Similac for Diarrhea	Special Medical Conditions	20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Should only be used for a short duration - no longer than 10 days. Can be issued 1 month at a time.	Abbott
Similac Go & Grow Milk	Special Medical Conditions	19 cal/oz milk-based with added calcium, phosphorus, and DHA/ARA. Similar to Graduates Gentle. Available in PWD.	1) Prematurity/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	DISCONTINUED-DO NOT ISSUE	Abbott
Similac Human Milk Fortifier (SHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; similar to Enfamil HMF; nutritionally incomplete. Not intended for use after infant reaches 8 lbs (3600 g) in weight. Available in PWD.	Prematurity/LBW	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet to every 25 ml of preterm human milk.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac PM 60/40	Special Medical Conditions	20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources. Available in PWD.	<ol style="list-style-type: none"> 1) Hypocalcemia 2) Hyperphosphatemia 3) Renal disease/low mineral condition 	Formula history required.	Abbott
Similac Sensitive	Milk-Based Infant Formula	19 cal/oz, low-lactose, milk-based with prebiotic GOS (Galacto-oligosaccharides); not intended for infants or children with galactosemia. Available in PWD, RTU.	<p>Current contract low lactose, milk-based formula. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms. Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Prematurity/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions 	<p>REQUIRES A MEDICAL REQUEST. Formula history required when over 1 year of age.</p> <p>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.</p> <p>All WCS may approve.</p>	Abbott
Similac Soy Isomil	Soy-Based Infant Formula	20 cal/oz, lactose-free, soy-based. Similar to ProSobee and Good Start Soy. Available in PWD, CON, RTU.	<ol style="list-style-type: none"> 1) Initially certified to Texas WIC on or before 9/30/2016 2) Previously issued any non-contract infant formula, AND 3) One or more of the following: medical diagnosis; weight loss, failure to gain weight, serious illness (flu, RSV, etc.), recent placement in foster care; Malabsorption syndrome; GER/GERD; GI impairment 	<p>Formula history required.</p> <p>Length of issuance is as indicated on script with expiration date no later than 9/30/17. Retrial of contract formula (preferably Gerber Good Start Soy) must occur after the prescription has expired unless a medical contraindication is provided by the health care provider. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate.</p>	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac for Spit-Up	Milk-Based Infant Formula	19 cal/oz, low-lactose, milk-based with rice starch; not intended for infants or children with galactosemia; should not be mixed higher than 24 kcal/oz; similar to Enfamil AR. Available in PWD, RTU.	Current contract added rice starch, milk-based formula. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	REQUIRES A MEDICAL REQUEST. Formula history required for over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants. All WCS may approve.	Abbott
Similac Special Care 20 w/Iron	Premature/LBW	20 cal/oz, preterm; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.	Prematurity/LBW	Complete assessment required. Requires State Agency approval.	Abbott
Similac Special Care 24 w/Iron	Premature/LBW	24 cal/oz, preterm; 50% of fat is MCT oil; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Similar to Enfamil Premature 24 w/ iron.	Prematurity/LBW	Complete assessment required. Requires State Agency approval.	Abbott
Similac Special Care 24 High Protein w/Iron	Premature/LBW	24 cal/oz, preterm; 3.3 g of protein /100 cal; not intended for feeding LBW infants after they reach a weight of 8 pounds (or consume 16-24 oz in 24 hours). Similar to Enfamil Premature High Protein 24.	Prematurity/LBW with increased protein needs.	Complete assessment required. Requires State Agency approval.	Abbott
Similac Special Care 30	Premature/LBW	30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Available in RTU. Similar to Enfamil Premature 30.	Prematurity/LBW	Complete assessment required. Requires State Agency approval.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac Total Comfort	Milk-Based Infant Formula	19 cal/oz, milk-based with prebiotic Galacto-oligosaccharides (GOS); 2% lactose; partially hydrolyzed 100% whey; similar to Gentlease and Good Start Soothe. Available in PWD. Current contract partially hydrolyzed milk-based formula.	Documented intolerance to Similac Advance with digestive issues and/or colic or other intolerance symptoms. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	REQUIRES A MEDICAL REQUEST. Formula history required for over 1 year of age. All WCS may approve.	Abbott
SOD Anamix Early	Metabolic	Methionine, cysteine-free with prebiotic fiber. Available in PWD.	Sulfite oxydase deficiency	No assessment required. For infants and young children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Suplena	Special Medical Conditions	54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding. Available in RTU.	1) Renal disease/low mineral condition 2) Fluid restriction 3) Protein restriction	Formula history required. Can only be issued to women and children.	Abbott
Tolerex	Elemental	30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required.	Nestle
TwoCal HN	Increased Calorie Supplement	60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding; similar to Resource 2.0. Available in PWD.	Fluid restriction with: 1) Increased protein needs 2) Increased calorie needs	Complete assessment required. Requires State Agency approval. Can only be issued to women and children.	Abbott
TYR 2	Metabolic	Mixture of L-amino acids; phenylalanine and tyrosine-free; nutritionally incomplete; intended for children and adults. Available in PWD.	1) Tyrosinemia type I, inherited 2) Tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome)	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
TYR Anamix Early	Metabolic	Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g. Available in PWD.	Tyrosinemia	No assessment required. For infants and young children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
TYR Anamix Next	Metabolic	34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend (29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete. Available in PWD.	Tyrosinemia	No assessment required. For children over age 1. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Nutricia
Tyrex 1	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Abbott
Tyrex 2	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Abbott
TYROS 1	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
TYROS 2	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson
UCD 2	Metabolic	Mixture of all essential L-amino acids; nutritionally incomplete; intended for children and adults. Available in PWD.	1) Carbamylphosphate synthetase deficiency 2) Ornithine transcarbamylase deficiency 3) Citrullinemia or argininosuccinic acid synthetase deficiency 4) Argininosuccinic acid lyase deficiency, arginase deficiency	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
UCD Anamix Jr.	Metabolic	0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete; not for infants under 1 year of age. Available in PWD.	Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
Vital HN	Special Medical Conditions	30 cal/oz, high-nitrogen, low-fat, partially hydrolyzed protein; nutritionally complete; for oral or tube feeding; <0.25 g lactose per packet. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Can only be issued to women and children.	Abbott
Vivonex Pediatric	Elemental	24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. For infants or children. System will not allow formula to be issued <9 months of age.	Nestle
Vivonex Plus	Elemental	30 cal/oz, lactose-free, high-nitrogen, low-fat, elemental, 100% free amino acids; nutritionally complete; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Surgery or trauma	Formula history required. Can only be issued to women and children.	Nestle
Vivonex T.E.N.	Elemental	30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Surgery or trauma	Formula history required. Can only be issued to women and children.	Nestle
WND 1	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders	No assessment required. For infants and toddlers. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form .	Mead Johnson
WND 2	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders	No assessment required. For children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
<i>XLeu Analog</i>	<i>Metabolic</i>	<i>Leucine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.</i>	<i>Isovaleric acidemia and other disorders of leucine metabolism</i>	<i>DISCONTINUED-DO NOT ISSUE</i>	<i>Nutricia</i>
XLeu Maxamaid	Metabolic	Leucine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism	No assessment required. For toddlers and children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia
XLeu Maxamum	Metabolic	Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism	No assessment required. For older children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
<i>XLys, XTrp Analog</i>	<i>Metabolic</i>	<i>Lysine and tryptophan-free; nutritionally incomplete; 13 g protein equivalents/100 g powder. Available in PWD.</i>	<i>Glutaric acidemia type I</i>	<i>DISCONTINUED-DO NOT ISSUE</i>	<i>Nutricia</i>
XLys, XTrp Maxamaid	Metabolic	Lysine, tryptophan and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I	No assessment required. For toddlers and children. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia
XLys, XTrp Maxamum	Metabolic	Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I	No assessment required. For older children and adults. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
<i>XMet Analog</i>	<i>Metabolic</i>	<i>Methionine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.</i>	<i>1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia</i>	<i>DISCONTINUED-DO NOT ISSUE</i>	<i>Nutricia</i>
XMet Maxamaid	Metabolic	Methionine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
XMet Maxamum	Metabolic	Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women (including pregnant) and children.	Nutricia
XMTVI Analog	Metabolic	<i>Methionine, threonine, valine-free, low isoleucine; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.</i>	1) <i>Methylmalonic acidemia (vitamin B-12 non-responsive) for infants</i> 2) <i>Propionic acidemia</i>	<i>DISCONTINUED-DO NOT ISSUE</i>	<i>Nutricia</i>
XMTVI Maxamaid	Metabolic	Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia
XMTVI Maxamum	Metabolic	Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia
XPhe Maxamaid	Metabolic	Phenylalanine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia
XPhe Maxamum	Metabolic	Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU), including maternal PKU	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . Can only be issued to women and children.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
XPhe, XTyr Analog	Metabolic	Phenylalanine and tyrosine-free; nutritionally incomplete; 13 g protein equivalents/100 g powder; intended for infants. Available in PWD.	Tyrosinemia Type I & Type II when plasma methionine level is normal	DISCONTINUED-DO NOT ISSUE	Nutricia
XPhe, XTyr Maxamaid	Metabolic	Phenylalanine, tyrosine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.	Tyrosinemia Type I & II	No assessment required. Initial request requires State Agency approval and metabolic prescription form . Renewals require RD/SA approval and metabolic prescription form . System will not allow formula to be issued <9 months of age.	Nutricia