

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Acerflex</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Isoleucine, leucine and valine-free medical food. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age.</p>	<p>Inborn errors of metabolism: for the dietary management of Maple syrup urine disease (MSUD) in children over the age of 1 year.</p> <p>Note: Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>pineapple</p>	
<p><u>Alimentum</u></p> <p>Manufacturer Abbott</p> <p>Form PWD, RTU</p> <p>Type Protein Hydrolysate</p> <p>Level 1 Exempt</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>20cal/oz., casein hydrolysate, hypoallergenic infant formula with DHA and ARA added. Iron-fortified, gluten-free, lactose-free. 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. Powdered Alimentum differs from RTU in that it contains corn derivatives.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein</p> <p>2) Malabsorption</p> <p>3) GERD</p> <p>4) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegrid (omeprazole) or generic equivalents.</p> <p>5) Food Protein-Induced Enterocolitis Syndrome (FPIES)</p> <p>RTU may be issued for intolerance to powder, if the RTU form improves compliance or better accommodates the infants condition.</p> <p>** Refer to RTU Issuance Guidelines on Last Page of Formulary</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p> <p>RTU: 32oz container</p> <p>6 containers/case</p>	
<p><u>BCAD 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Exempt/ Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>An isoleucine, leucine and valine-free iron-fortified formula. Contains increased levels of B-vitamins for cofactor production. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Not intended as a sole source of nutrition. 16.2g protein equivalents/100g powder</p>	<p>Maple syrup urine disease (MSUD) in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><u>BCAD 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Isoleucine, leucine and valine-free. Amino acid modified, branched-chain amino acid-free, medical food with iron. Appropriate amounts of leucine, isoleucine, and valine must be supplied by other foods. Gluten-free, lactose-free, galactose-free. Not intended as a sole source of nutrition. 24g protein equivalents/100g powder.</p>	<p>Maple syrup urine disease (MSUD) in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC1

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC2

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Bright Beginnings Pediatric Drink w/Fiber</u>		30cal/oz , nutritionally complete, gluten-free, lactose-free supplement for oral or tube feeding formula with fiber. Similar to Pediasure with Fiber and Nutren Jr. with Fiber. DISCONTINUED	Increased fiber needs and/or one or more of the following: 1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz can 24 cans/case vanilla
Manufacturer	PBM Products			
Form	RTU			
Type	Pediatric Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Bright Beginnings Soy Pediatric Drink</u>		30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free, cow's milk protein-free supplement for oral or tube feeding. Added DHA and prebiotics, contains 3g fiber/8oz can.	Cow's milk allergy and intolerance and/or one or more of the following: 1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Galactosemia System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz can 24 cans/case vanilla
Manufacturer	PBM Products			
Form	RTU			
Type	Pediatric Soy Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Calcilo XD</u>		20cal/oz , low-calcium, vitamin D-free, infant formula; Kosher , gluten-free, lactose-free, nutritionally complete for all nutrients except calcium, phosphorus and vitamin D.	1) Osteopetrosis 2) William's syndrome 3) For all other reasons, contact State If for metabolic reason, requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 13.2oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Low Calcium Formula			
Level 4	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Carnation Instant Breakfast Lactose Free VHC</u>		70cal/oz , nutritionally complete, calorically dense, Kosher , gluten-free, lactose-free, low residue, low-sodium, low cholesterol. 2.25 cal/ml.	For medical conditions requiring very high calories and/or a severe liquid restriction* System will not allow formula to be issued <9 months of age.	RTU: 250mL box 24 boxes/case vanilla chocolate
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC3

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Compleat</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 2 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>32cal/oz, blenderized, gluten-free, lactose-free, nutritionally balanced supplement made from natural foods. 1.5g fiber/250mL can.</p>	<p>Medical condition requiring tube feeding</p> <p>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>	
<p><u>Compleat Pediatric</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 2 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>30cal/oz, blenderized, nutritionally balanced, gluten-free, lactose-free, formulated from natural foods with fiber. 1.7g fiber/250mL can.</p>	<p>Medical condition requiring tube feeding</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>	
<p><u>Crucial</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Elemental Formula</p> <p>Level 4 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>45cal/oz, nutritionally complete, high-calorie, high-protein, low-residue, gluten-free, lactose-free elemental diet. Not for galactosemia. 50% of fat is MCT oil.</p>	<p>1) Wound healing</p> <p>2) Critical illness including major surgery, trauma, hypermetabolism, and head injury</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>	
<p><u>Cyclinex 1</u></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Exempt/Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Non-essential amino acid-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>1) HHH Syndrome</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Note: For infants or children</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3.</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	
<p><u>Cyclinex 2</u></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Non-essential amino acid-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>1) HHH Syndrome</p> <p>2) Defects in urea cycle enzyme</p> <p>3) Gyrate atrophy of the choroid and retina</p> <p>Requires state agency approval and metabolic prescription form.</p> <p>After initial approval, renew as Level 3.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC4

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>DiabetiSource AC</u>		36cal/oz, Kosher , gluten-free, lactose-free, nutritionally balanced supplement made from natural foods. Does not contain sugar alcohols. 3.8g fiber/250mL can.	1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds Can only be issued to women and children.	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Duocal</u>		4.9cal/g , 42cal/level Tbsp, high-calorie, carbohydrate and fat supplement. Does not contain protein, gluten, sucrose, fructose or lactose. Contains 35% MCT. Not intended as a sole source of nutrition. Suitable for oral and tube feedings. 1Tbsp = 8.5g, 1 C = 117g. 1 scoop = 25 cal. 1 scoop = 5 g.	1) For persons requiring an energy supplement with protein, electrolyte, and/or fluid restriction. 1) Medical conditions that increase calorie needs.* 3) Disorders of protein and amino acid metabolism 4) Malabsorptive states	PWD: 400g (14.1oz) can 6 cans/case unflavored
Manufacturer	Nutricia North America			
Form	PWD			
Type	Modular			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>EleCare</u>		Nutritionally complete hypoallergenic amino acid-based formula with iron. For oral or tube feeding. Does not contain milk protein, soy protein, fructose, galactose, lactose, or gluten. 20 cal/oz is the standard dilution for infant feeding. 30 cal/oz is the standard dilution for children over 1 year of age. Contains 33% MCT oil.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins. 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc... 2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	PWD: 14.1oz can 6 cans/case unflavored vanilla
Manufacturer	Abbott			
Form	PWD			
Type	Elemental Formula			
Level 3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>EleCare w/DHA/ARA</u>		Nutritionally complete hypoallergenic amino acid-based formula with iron and DHA/ARA. For oral or tube feeding. Does not contain milk protein, soy protein, fructose, galactose, lactose, or gluten. 20 cal/oz is the standard dilution for infant feeding. 30 cal/oz is the standard dilution for children over 1 year of age. Contains 33% MCT oil.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins. 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc... 2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	PWD: 14.1oz can 6 cans/case unflavored
Manufacturer	Abbott			
Form	PWD			
Type	Elemental Formula			
Level 3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC5

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING								
<p>EnfaCare</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD, RTU</p> <p>Type: Premature Infant Formula</p> <p>Level 1 Exempt</p> <p>Maximum Length of Issuance: See guidelines in next panel</p>	<p>22 cal/oz, iron fortified, Kosher, high protein, vitamin, and mineral milk-based formula with added DHA and ARA designed for preterm and/or low birth weight infants. Gluten-free. 20% of fat is MCT oil. Similar to Neosure.</p>	<p>Premature or low birth weight infants meeting birth weight guidelines as indicated below. If needed longer or for other medical reasons, consult with state office staff. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.</p> <p>≥3lbs. 5oz (1500gms) to ≤ 5lb 8oz (<2500gms) issue up to 9 months chronological age</p> <p><3lbs. 5oz (<1500gms) issue up to 12 months chronological age</p> <p>If requested outside of these parameters or for other reasons, contact the State office for approval. Ready-to-use may be issued if the RTU form improves compliance or better accommodates the infants condition.</p> <p>** Refer to RTU Issuance Guidelines on Last Page of Formulary</p>	<p>PWD: 12.8oz cans 6 cans/case</p> <p>RTU: 32oz can 6 cans/case</p>									
<p>Enfagrow Premium Toddler</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Follow Up Milk-Based Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 3 months</p>	<p>20cal/oz, iron-fortified, 20/80 whey/casein milk-based, Kosher, gluten-free, sucrose-free formula with DHA and ARA added, for infants and toddlers 9-24 months of age.</p>	<p>1) Documented intolerance to Similac Go & Grow milk-based formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants, contact local agency RD or state office staff.</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>PWD: 24oz can 6 cans/case</p> <p>RTU:32oz can 6 cans/case</p>									
<p>Enfagrow Soy Toddler</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Follow Up Soy-Based Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 3 months</p>	<p>20cal/oz, iron-fortified, milk-free, Kosher, gluten-free, lactose-free, sucrose-free, galactose-free formula with DHA and ARA added, for infants and toddlers 9-24 months of age.</p>	<p>1) Documented intolerance to Similac Go & Grow soy formula and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>PWD: 24oz can 6 cans/case</p>									
<p>EHMF-Enfamil Human Milk Fortifier</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Human Milk Fortifier</p> <p>Level 4 Exempt</p> <p>Maximum Length of Issuance: 1 month</p>	<p>Specifically designed to be used as a supplement to be added to mother's milk collected after 2 weeks postpartum. Kosher and gluten-free. Similar to Similac HMF. Not nutritionally complete. 70% MCT oil.</p>	<p>To fortify human breast milk for premature/low birth weight babies.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Additional Calories Desired</td> <td style="text-align: center;">Preterm Human Milk</td> <td style="text-align: center;">HMF</td> </tr> <tr> <td style="text-align: center;">2 cal/ fl oz</td> <td style="text-align: center;">50 ml</td> <td style="text-align: center;">1 packet</td> </tr> <tr> <td style="text-align: center;">4 cal/ fl oz</td> <td style="text-align: center;">25 ml</td> <td style="text-align: center;">1 packet</td> </tr> </table>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 ml	1 packet	4 cal/ fl oz	25 ml	1 packet	<p>PWD: 0.71g packet 100 packets/carton 2 cartons/case 200 packets/case</p>
Additional Calories Desired	Preterm Human Milk	HMF										
2 cal/ fl oz	50 ml	1 packet										
4 cal/ fl oz	25 ml	1 packet										
<p>Enfamil AR</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD, RTU</p> <p>Type: Milk-Based; Rice Starch Added Infant Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 2-3 months</p>	<p>20cal/oz, iron-fortified, Kosher, gluten-free, 20/80 whey/casein ratio, milk based infant formula with rice starch, DHA and ARA added. Thickening occurs when it comes in contact with stomach acid.</p>	<p>1) Documented intolerance to Similac Sensitive for Spit-Up and Gastroesophageal reflux Disease (GERD), Gastroesophageal reflux (GER), or reflux. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with Similac Sensitive for Spit-Up required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) May be considered if Health Care Provider (HCP) indicates that a lactose-free formula is not medically acceptable.</p> <p>** Refer to RTU Issuance Guidelines on Last Page of Formulary</p>	<p>PWD: 12.9oz can 6 cans/case</p> <p>RTU: 32oz can 6 cans/case</p>									

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC6

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Enfamil LIPIL 24		24cal/oz. , iron-fortified, Kosher , milk-based, infant formula.	For infants who have exceptional calorie needs*, volume restriction, and/or oral motor feeding problems who cannot be accommodated by liquid concentrate or powder plus intolerance to contract formula. Contact State for approval	RTU: 2oz bottle 48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Type	Milk Protein Infant Formula			
Level 4				
Maximum Length of Issuance	2-3 months			
Enfamil Premium Infant		20cal/oz. , iron-fortified, Kosher , 60/40 whey/casein ratio, milk-based, gluten-free infant formula with DHA and ARA added. Contains prebiotic galactooligosaccharides (GOS) and polydextrose. Similar to Similac Advance.	Documented intolerance to contract formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 12.5oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD, CON, RTU			
Type	Standard Milk-Based Infant Formula			
Level 1	Non-Exempt			
Maximum Length of Issuance	2-3 months			
Enfamil Premature LIPIL 24 w/ Iron		24cal/oz. , Kosher , high-protein and mineral formula, whey protein (60:40) dominant iron-fortified infant formula with DHA and ARA added. 40% of fat is MCT oil. Gluten-free. Similar to Similac Special Care Advance 24 w/ Iron.	For premature or low birth weight infants When more than 12oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lbs.) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	RTU: 2oz bottle 48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Type	Premature Infant Formula			
Level 4	Exempt			
Maximum Length of Issuance	1 month			
Enfaport LIPIL		30cal/oz. , iron-fortified, milk-based infant formula. Gluten-free, lactose-free. Nutritionally complete, 84% of fat as MCT. Sole source of nutrition up to 6 months, major source of nutrition through 12 months of age.	1) Chyllothorax 2) For infants who do not efficiently digest or absorb conventional fat and long chain fatty acid oxidation disorders e.g. decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Conditions requiring high MCT oil; 84% of fat blend as medium chain triglycerides (MCT) oil	RTU: 8oz container 24 containers/case
Manufacturer	Mead Johnson			
Form	RTU			
Type	Milk-Based; High MCT content			
Level 3	Exempt			
Maximum Length of Issuance	1 Certification Period			
Enlive!		31cal/oz. , clear liquid, fat-free, low-residue. Not intended as a sole source of nutrition. Not for tube feeding or TPN. 9g whey protein/8.1oz container.	1) Fat malabsorption 2) Fat-restricted diets 3) For pre- and post-surgeries, bowel-prep 4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia. 5) Alternative to creamy shake-like supplements. System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8.1oz container 27 containers/case apple wild berry
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC7

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Ensure		31cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains prebiotic short-chain fructooligosaccharides (scFOS). 3g fiber/8oz container. Similar to Boost.	1) Medical conditions that increase calorie needs.* 2) Oral motor feeding problems 3) Tube feeding Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff. System will not allow formula to be issued <9 months of age.	RTU: 8oz container 24 containers/case vanilla, choc, coffee latte strawberry, butter pecan
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Ensure High Calcium		28cal/oz , nutritionally complete supplement, Kosher , gluten-free, lactose-free, low-residue, 500mg calcium/8oz can.	1) Persons who are at risk for fractures, need extra protein, calcium, vitamin D, and other nutrients 2) Persons recovering from surgery Can only be issued to women and children.	RTU: 8oz container 24 containers/case vanilla chocolate
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Ensure High Protein		29cal/oz , high-protein, Kosher , gluten-free, lactose-free, low-residue oral supplement. 21.3% calories are from protein. Nutritionally complete. 12g soy protein/8oz container. Similar to Boost High Protein.	1) Medical condition that restricts or precludes the use of conventional foods 2) Good source of nutrition for persons who have or are at risk for pressure ulcers Can only be issued to women and children.	RTU: 8oz container 24 containers/case vanilla chocolate wild berry
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Ensure Plus		45cal/oz , nutritionally complete, Kosher , high calorie, low-residue, gluten-free, lactose-free, oral supplement. Similar to Boost Plus. Contains prebiotic short-chain fructooligosaccharides (scFOS). 3g fiber/8oz container.	1) Medical condition that increases calorie needs and/or fluid restriction* 2) Oral motor feeding problems 3) Tube feeding Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or state office staff. Can only be issued to women and children.	RTU: 8oz container 24 containers/case vanilla, choc, butter pecan straw & crm, coffee latte RTU: 32oz container 6 containers/case vanilla, chocolate
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Ensure Pudding		170cal/4 oz , nutritionally complete, Kosher , gluten-free, lactose-free, supplement in pudding form. Contains prebiotic short-chain fructooligosaccharides (scFOS). Similar to Boost Pudding.	1) Chewing or swallowing problems 2) Need for increased calories* 3) Fluid restricted diets System will not allow formula to be issued <9 months of age.	RTU: 4oz cup 4 cups/carton homemade vanilla creamy milk chocolate butterscotch delight
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC8

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p>EO28 Splash</p> <p>Manufacturer: Nutricia</p> <p>Form: RTU</p> <p>Type: Pediatric Elemental Formula</p> <p>Level 3 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, lactose, gluten, whey, soy and milk protein-free elemental formula containing 100% free amino acids. For oral or tube feeding. 35% of fat is MCT oil. Not intended for infants under 1 year of age. Same nutrient profile as Neocate One +.</p>	<p>1) Severe malabsorption</p> <p>2) Severe food allergies, multiple protein intolerance</p> <p>3) GI impairment</p> <p>4) Medical condition requiring a hypoallergenic elemental formula</p> <p>Normally used for children over age 1.</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>RTU: 8oz box</p> <p>27 boxes/case</p> <p>orange-pineapple</p> <p>tropical fruit</p> <p>grape</p>	
<p>FiberSource HN</p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Type: Increased Calorie Supplement</p> <p>Level 4 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>36cal/oz, nutritionally complete, high-nitrogen, 100% soy protein supplement with fiber for oral or tube feeding. Contains 20% MCT oil. 2.5g fiber/250mL can.</p>	<p>For persons with abnormal bowel function, extended inactivity, neurologic impairment, or developmental disability requiring additional protein.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>	
<p>GA</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3 Exempt/Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>A lysine and tryptophan-free, iron-fortified formula. Contains increased B-vitamins for cofactor production. Sucrose added. Gluten-free, lactose-free, galactose-free. 15.1g protein equivalents/100g powder.</p>	<p>Glutaric acidemia type I in infants or children.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p>Gentlease</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Standard Milk-Based Infant Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 2-3 months</p>	<p>20cal/oz, iron-fortified, Kosher, gluten-free, nutritionally complete infant formula with reduced lactose (25% the lactose of a full lactose milk-based formula), partially hydrolyzed 60/40 whey/casein ratio, nonfat cow milk protein, and whey protein concentrate with DHA and ARA.</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p>	<p>PWD: 12oz can</p> <p>6 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>	
<p>Glutarex 1</p> <p>Manufacturer: Abbott</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3 Exempt</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Amino acid modified medical food with iron. Lysine and tryptophan-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>Glutaric acidemia type I in infants or children.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC9

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Glutarex 2</u></p> <p>Manufacturer: Abbott</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Amino acid modified medical food with iron. Lysine and tryptophan-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>Glutaric acidemia type I in children and adults.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	
<p><u>Glvtrol</u></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Type: Increased Calorie Supplement</p> <p>Level 4 Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz., iron-fortified, Kosher, gluten-free, lactose-free, sucrose-free carbohydrate blend to support glycemic control.</p>	<p>For persons with diabetes mellitus, abnormal glucose tolerance, or hyperglycemia.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250 ml can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Good Start Gentle Plus</u></p> <p>Manufacturer: Nestle</p> <p>Form: PWD, CON, RTU</p> <p>Type: Standard Milk-Based Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 2-3 months</p>	<p>20cal/oz., iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and prebiotic galactooligosaccharides (GOS).</p>	<p>Documented intolerance to contract formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>** Refer to RTU Issuance Guidelines on Last Page of Formulary</p>	<p>PWD: 12oz can 6 cans/case</p> <p>CON: 13oz can 12 cans/case</p> <p>RTU: 32oz can 6 cans/case</p>	
<p><u>Good Start 2 Gentle Plus</u></p> <p>Manufacturer: Nestle</p> <p>Form: PWD</p> <p>Type: Follow Up Formula</p> <p>Level 1 Non-Exempt</p> <p>Maximum Length of Issuance: 2-3 months</p>	<p>20cal/oz., nutritionally complete formula for infants 9-24 months. Contains partially hydrolyzed 100% whey protein and additional calcium and iron. Contains DHA/ARA and prebiotic galactooligosaccharides (GOS).</p>	<p>1) Documented intolerance to Similac Go & Grow milk-based formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.</p> <p>2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff.</p> <p>System will not allow formula to be issued <9 months of age.</p>	<p>PWD: 24oz can</p> <p>6 cans/case</p>	
<p><u>Good Start Premature 24</u></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Type: Premature Infant Formula</p> <p>Level 4 Exempt</p> <p>Maximum Length of Issuance: 1 month</p>	<p>24cal/oz., iron-fortified, nutritionally complete, high protein and mineral infant formula with partially hydrolyzed whey protein. Casein-free. Has DHA and ARA added. Similar to Enfamil Premature 24 and Similac Special Care 24.</p>	<p>For premature or low birth weight infants</p> <p>At the present time, the manufacturer does not have weight or intake guidelines. Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours.</p>	<p>RTU: 3oz bottle</p> <p>8 bottles/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC10

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Good Start Protect Plus		20cal/oz , iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and probiotic <u>Bifidus lactis</u> (BL).	Documented intolerance to contract formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated.	PWD: 12oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Standard Milk-Based Formula			
Level 1	Non-Exempt			
Maximum Length of Issuance	2-3 months			
Good Start 2 Protect Plus		20cal/oz , iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. Contains DHA/ARA and probiotic <u>Bifidus lactis</u> (BL).	1) Documented intolerance to contract formula. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. 2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff. System will not allow formula to be issued <9 months of age.	PWD: 24oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Follow Up Milk-Based Formula			
Level 1	Non-Exempt			
Maximum Length of Issuance	2-3 months			
Good Start Soy Plus		20cal/oz , iron-fortified, Kosher , nutritionally complete milk-free, lactose-free infant formula with partially hydrolyzed soy protein. Has DHA and ARA added.	Documented intolerance to contract soy formula, and cow's milk allergy, lactose intolerance, galactosemia or vegan diet. Shall reassess formula need every 2-3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment, unless medically contraindicated. Please document reason if medically contraindicated. ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 12.9oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD, CON, RTU			
Type	Standard Soy Protein Infant Formula			
Level 1	Non-Exempt			
Maximum Length of Issuance	2-3 months			
Good Start 2 Soy Plus		20cal/oz , iron-fortified, Kosher , nutritionally complete milk-free, lactose-free formula for infants 9-24 months. Contains partially hydrolyzed soy protein. Has DHA and ARA added.	1) Documented intolerance to Similac Go & Grow Soy formula and allergy or sensitivity to cow's milk, galactosemia or vegan diet in children over age 1 year. Shall reassess formula need every 3 months in coordination with food benefit issuance. Challenge with contract formula required during reassessment unless medically contraindicated. Please document reason if medically contraindicated. 2) If prescribed for infants or for any reason other than that listed above, contact local agency RD or state office staff. System will not allow formula to be issued <9 months of age.	PWD: 24oz can 6 cans/case
Manufacturer	Nestle			
Form	PWD			
Type	Follow Up Soy-Based Formula			
Level 1	Non-Exempt			
Maximum Length of Issuance	2-3 months			
Hepatic Aid II		35cal/oz , essential and non-essential amino acid supplement high in branched chain amino acids, carbohydrates and fats. For oral or tube feeding.	An amino acid and calorie supplement recommended for dietary management of persons with chronic liver disease. Can only be issued to women and children.	PWD: 3oz/packet 24 packets/case chocolate eggnog custard
Manufacturer	Hormel Health Labs			
Form	PWD			
Type	Increased Calorie Supplement			
Level 4	Exempt			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC11

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>HCY 1</u>		Methionine-free medical food with cystine and iron. Increased B vitamins for cofactor production. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.	Homocystinuria in infants or children Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>HCY 2</u>		Methionine-free medical food with iron. Care must be taken to provide enough methionine from other foods to support growth. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.	Homocystinuria in children or adults Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>HOM 2</u>		L-amino acids free of methionine, enriched with vitamins and minerals. Does not contain fat.	For children and adults with vitamin B6 non-responsive homocystinuria due to cystathionine synthase deficiency. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Hominex 1</u>		Amino acid modified medical food with iron. Methionine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Vitamin B-6 nonresponsive homocystinuria in infants or toddlers. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Hominex 2</u>		Amino acid modified medical food with iron. Methionine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Vitamin B-6 nonresponsive homocystinuria in children or adults. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC12

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
I Valex 1		Amino acid modified medical food with iron. Leucine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
I Valex 2		Amino acid modified medical food with iron. Leucine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
IMPACT		30cal/oz, gluten-free, lactose-free, low-residue enteral formula for critically ill adults.	For persons with trauma, post-surgery, burns or wounds, and mechanically ventilated, critically ill. Can only be issued to women and children.	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
IMPACT w/Fiber		30cal/oz, gluten-free, lactose-free enteral formula with fiber for critically ill adults. 2.5g fiber/250mL can.	For persons with trauma, post-surgery, burns or wounds, and mechanically ventilated, critically ill Can only be issued to women and children.	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
IMPACT 1.5		45cal/oz, gluten-free, lactose-free, low-residue enteral formula for critically ill adults. Contains MCT oil.	1) For persons with trauma, post-surgery, burns, wounds, and mechanically ventilated critically ill. 2) Increased caloric needs 3) Volume restriction Can only be issued to women and children.	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC13

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Isomil DF (Similac Expert Care for Diarrhea)</u> Manufacturer: Abbott Form: RTU Type: Soy Infant Formula w/Fiber Level 1: Exempt Maximum Length of Issuance: Do not exceed 8 cans per month (7-10 day supply)		20cal/oz, milk-free, Kosher, gluten-free, lactose-free, iron-fortified soy protein formula with fiber for infants. Contains sucrose and corn syrup solids. Added dietary soy fiber (6g/L) for the management of diarrhea. Low osmolality 240 mOsm/kg water.	Short-term diarrhea Isomil DF is to be used for a short duration - no longer than 10 days.	RTU: 32oz container 6 cans/case
<u>Isosource 1.5</u> Manufacturer: Nestle Form: RTU Type: Increased Calorie Supplement Level 4: Medical Food Maximum Length of Issuance: 1 Certification Period		45cal/oz, Kosher, gluten-free, lactose-free, high-calorie, high-nitrogen, complete liquid formula. Contains 2g fiber/250mL can. For oral or tube feedings.	For persons with fluid restriction, higher caloric and protein needs, and fiber Can only be issued to women and children.	RTU: 250mL can 24 cans/case vanilla
<u>Isosource HN</u> Manufacturer: Nestle Form: RTU Type: Increased Calorie Supplement Level 4: Medical Food Maximum Length of Issuance: 1 Certification Period		36cal/oz, Kosher, gluten-free, lactose-free, high-protein, high-nitrogen, complete liquid formula with fiber. 13.4g soy protein/250mL can. Intended for tube feedings only.	For persons with general malnutrition and elevated protein requirements. Can only be issued to women and children.	RTU: 250mL can 24 cans/case
<u>Jevity 1 Cal</u> Manufacturer: Abbott Form: RTU Type: Increased Calorie Supplement Level 4: Medical Food Maximum Length of Issuance: 1 Certification Period		31cal/oz, nutritionally complete, high-protein, gluten-free, lactose-free, isotonic nutritional supplement with fiber to support lean body mass. 3.4g fiber/8oz serving.	For tube feeding with need for fiber and wound healing in adults. Can only be issued to women and children.	RTU: 8oz can 24 cans/case unflavored
<u>Ketocal 3:1</u> Manufacturer: Nutricia Form: PWD Type: High Fat, Low Carb Formula Level S/3: Medical Food Maximum Length of Issuance: 1 Certification Period		Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 3 to 1 fat to carbohydrate and protein ratio.	Non-metabolic reason: Intractable epilepsy in children over 1 year of age If requested for infants, approval is level 4 Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3. 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency	PWD: 300g can 6 cans/case

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC14

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Ketocal 4:1</u> Manufacturer Nutricia Form PWD Type High Fat, Low Carb Formula Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 4 to 1 fat to carbohydrate and protein ratio.</p>	<p>Non-metabolic reason: Intractable epilepsy in children over 1 year of age If requested for infants, approval is level 4 Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3. 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency</p>	<p>PWD: 300g can 6 cans/case</p>	
<p><u>Ketocal 4:1 Liquid</u> Manufacturer Nutricia Form RTU Type High Fat, Low Carb Formula Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete, high-fat, low-carbohydrate medical food. For oral or tube feeding. 4 to 1 fat to carbohydrate and protein ratio. Contains 2.65 grams fiber per 8 ounce container. Contains DHA/ARA. Contains sucralose.</p>	<p>Non-metabolic reason: Intractable epilepsy in children over 1 year of age Metabolic reasons are listed below. Require state approval and metabolic prescription form. After initial approval, renew as Level 3. 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency Can only be issued to women and children.</p>	<p>RTU: 8oz container 27 containers/case vanilla</p>	
<p><u>Ketonex 1</u> Manufacturer Abbott Form PWD Type Metabolic Level S/3 Exempt/Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Branched-chain amino acid-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>Branched-chain ketoaciduria (Maple syrup urine disease) in infants or toddlers. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 14.1oz can 6 cans/case</p>	
<p><u>Ketonex 2</u> Manufacturer Abbott Form PWD Type Metabolic Level S/3 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>Branched-chain amino acid-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>Branched-chain ketoaciduria (Maple Syrup Urine Disease) in children or adults. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.</p>	<p>PWD: 14.1oz can 6 cans/case</p>	
<p><u>Kid Essentials</u> Manufacturer Nestle Form RTU Type Pediatric Supplement 30 cal/oz Level 2 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains MCT oil. Has a probiotic straw.</p>	<p>1) Medical conditions that increase calorie needs.* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods. 6) Prematurity System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8.25oz container 24 containers/case vanilla chocolate strawberry</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC15

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Kid Essentials 1.5</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement 45 cal/oz</p> <p>Level 2</p> <p>Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>45cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding. Contains MCT oil.</p>	<p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods.</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p>	
<p><u>Kid Essentials 1.5 w/Fiber</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement 45 cal/oz</p> <p>Level 2</p> <p>Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>45cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free with fiber supplementation for oral or tube feeding. Contains MCT oil. 2.1g fiber/8oz container.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>vanilla</p> <p>chocolate</p> <p>strawberry</p>	
<p><u>Lipistart</u></p> <p>Manufacturer VitaFlo</p> <p>Form PWD</p> <p>Type High MCT Oil Formula</p> <p>Level 4</p> <p>Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete. Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT). Contains DHA/ARA. Suitable for children from 12 months of age and older. 1 scoop = 6g powder.</p>	<p>1) Fat malabsorption</p> <p>2) Long chain fatty acid oxidation disorders</p> <p>3) Disorders requiring high MCT, low LCT formula</p> <p>4) Hyperlipoproteinemia type 1</p> <p>5) Chylolthorax</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>PWD: 400g can</p>	
<p><u>LMD</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3</p> <p>Exempt/Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>A leucine-free, iron-fortified product. Contains increased B-vitamins for cofactor production. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.</p>	<p>Disorders of leucine metabolism (including isovaleric acidemia) in infants, children or adults.</p> <p>Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC16

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Lophlex LQ 20		Phenylalanine-free medical food. Fat-free. Not intended as a sole source of nutrition. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements. Not intended for infants under 1 year of age. 20g protein equivalents/125mL pouch.	Phenylketonuria in children older than 4 years. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.	RTU: 125ml pouch 30 pouches/case tropical flavor
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
MCT Oil		8.3cal/g, 7.7cal/mL, Kosher, gluten-free, lactose-free, 100% MCT oil.	For persons with decreased pancreatic lipase, decreased bile salts, fat malabsorption, or defective lymphatic transport of fat. Requires state agency approval.	RTU: 32oz bottle 6 bottles/case
Manufacturer	Nestle			
Form	RTU			
Type	Modular			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Microlipid		4.5cal/mL, Kosher, lactose-free, 100% of total calories from safflower oil. Fat emulsion for use in oral or tube-feeding formulas. Discard bottle 5 days after opening. 1Tbsp = 68 cal.	For persons with increased caloric requirements, anorexia, fluid or volume restriction, decreased carbohydrate tolerance, or ketogenic diet.	RTU: 3oz bottle 48 bottles/case
Manufacturer	Nestle			
Form	RTU			
Type	Modular			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Monogen		Milk based nutritional supplement. Can be mixed to 22cal/oz or 30cal/oz for oral or tube feeding. 90% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency. Not recommended for infants under 1. Similar to Portagen.	1) Chyllothorax 2) For children and adults who do not efficiently digest or absorb conventional fat and long chain fatty acid oxidation disorders e.g. decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Conditions requiring high MCT oil; 90% of fat blend as medium chain triglycerides (MCT) oil	PWD: 400g can 6 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	High MCT Oil Formula			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
MSUD Analog		Isoleucine, leucine and valine-free infant formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. 13g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in infants. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.	PWD: 400g can 6 cans/case unflavored
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC17

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
MSUD Maxamaid		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for infants under 1 year of age. 25g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in toddlers and young children.	PWD: 454g can 6 cans/case orange
Manufacturer	Nutricia		Requires state agency approval and metabolic prescription form.	
Form	PWD		After initial approval, renew as Level 3.	
Type	Metabolic		Can only be issued to women and children.	
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
MSUD Maxamum		Isoleucine, leucine and valine-free formula. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals. Not intended as the sole source of nutrition. Not intended for children under 9 years of age. 40g protein equivalents/100g powder.	Maple syrup urine disease (MSUD) in older children and adults.	PWD: 454g can 6 cans/case orange
Manufacturer	Nutricia		Requires state agency approval and metabolic prescription form.	
Form	PWD		After initial approval, renew as Level 3.	
Type	Metabolic		Can only be issued to women and children.	
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
MSUD 2		L-amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals. Nutritionally incomplete. Adequate amounts of fat, carbohydrate, isoleucine, leucine and valine must be included in the diet. 54g protein equivalents/100g powder.	Maple syrup urine disease, hypervalinemia, a-methyl-acetoacetic aciduria, ketotic hypoglycemia, hyperprolinemia type II, with hyperleucine-isoleucinemia in children.	PWD: 500g can 2 cans/case unflavored
Manufacturer	Nutricia		Requires state agency approval and metabolic prescription form.	
Form	PWD		After initial approval, renew as Level 3.	
Type	Metabolic		Can only be issued to women and children.	
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Neocate w/DHA/ARA		20cal/oz. , nutritionally complete, lactose, sucrose, soy, and gluten-free, hypoallergenic infant formula. 100% free amino acids. 33% of fat is MCT oil. Contains the fatty acids DHA and ARA. Standard 20cal mixing is 1 scoop of powder to 1oz water.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins.	PWD: 400g can 4 cans/case
Manufacturer	Nutricia		1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc...	
Form	PWD		2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIL, Alimentum, or Pregestimil LIPIL) should be tried before issuing unless medically contraindicated.	
Type	Pediatric Elemental Formula			
Level 3	Exempt			
Maximum Length of Issuance	1 Certification Period			
Neocate Junior		30cal/oz. , nutritionally complete, milk-free, gluten-free, lactose-free, elemental diet for oral or tube feeding. Contains 100% free amino acids. 35% of fat is MCT oil. Not intended for infants under 1 year of age. unflavored, 1Tbsp = 7g; 1C = 100g; tropical fruit and chocolate: 1Tbsp=7g, 1C = 108g.	1) Severe malabsorption	PWD: 400g can 4 cans/case unflavored chocolate tropical fruit
Manufacturer	Nutricia		2) Severe food allergies, multiple protein intolerance	
Form	PWD		3) GI impairment	
Type	Pediatric Elemental Formula		4) Medical condition requiring a hypoallergenic elemental formula	
Level 3	Medical Food		Normally used for children over age 1.	
Maximum Length of Issuance	1 Certification Period	Can only be issued to women and children.		

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC18

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC19

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Nutramigen AA LIPIIL		20cal/oz , hypoallergenic formula, nutritionally complete, lactose, sucrose, soy, gluten-free and galactose-free. 100% free amino acids. 14.3g protein equivalents/100g powder. Contains DHA/ARA. Standard mixing is 1 unpacked level scoop of powder to 1oz water.	Indicated for infants and children who need an amino acid-based formula and/or who cannot tolerate intact or hydrolyzed proteins. 1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome (SBS), necrotizing enterocolitis (NEC), eosinophilic esophagitis (EES), etc... 2) Food allergies i.e. allergy to cow's milk, soy, and/or intact protein Note: A protein hydrolysate (Nutramigen LIPIIL, Alimentum, or Pregestimil LIPIIL) should be tried before issuing unless medically contraindicated.	PWD: 14.1oz can 4 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Pediatric Elemental Formula			
Level 3	Exempt			
Maximum Length of Issuance	1 Certification Period			
Nutramigen LIPIIL		20cal/oz , hypoallergenic casein hydrolysate, gluten-free, lactose-free, sucrose-free, galactose-free infant formula with iron. Has DHA and ARA added. Does not contain MCT oil.	1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein 2) GERD 3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegrid (omeprazole) or generic equivalents. 4) Food Protein-Induced Enterocolitis Syndrome (FPIES) ** Refer to RTU Issuance Guidelines on Last Page of Formulary	CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	CON, RTU			
Type	Casein Hydrolysate			
Level 1	Exempt			
Maximum Length of Issuance	1 Certification Period			
Nutramigen LIPIIL LGG		20cal/oz , hypoallergenic, gluten-free, lactose-free, sucrose-free, galactose-free formula with iron. Has DHA/ ARA added. Contains probiotic <u>Lactobacillus rhamnosus GG</u> (LGG). Does not contain MCT oil.	1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein 2) GERD 3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, using reflux medications such as Prevacid, Prilosec, Zantac, Bethanecol, Tagamet, Reglan, Zegrid (omeprazole) or generic equivalents. 4) Food Protein-Induced Enterocolitis Syndrome (FPIES)	PWD: 12.6oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Casein Hydrolysate			
Level 1	Exempt			
Maximum Length of Issuance	1 Certification Period			
Nutren 1.0		30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. 25% of fat is MCT oil.	For persons requiring a tube feeding or oral supplement Can only be issued to women and children.	RTU: 250mL can 24 cans/case vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Nutren 1.0 w/Fiber		30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free, low-osmolality, oral or tube feeding supplement with fiber. 25% of fat is MCT oil. 3.5g fiber/250mL can.	For persons requiring a fiber-containing, tube feeding or oral supplement Can only be issued to women and children.	RTU: 250mL can 24 cans/case vanilla
Manufacturer	Nestle			
Form	RTU			
Type	Increased Calorie Supplement			
Level 2	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC20

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Nutren 2.0</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 2</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>60cal/oz, high calorie, nutritionally complete, Kosher, low-residue, gluten-free, lactose-free, oral or tube feeding supplement. 75% of fat is MCT oil. Similar to Resource 2.0.</p>	<p>For persons with fluid restriction or with elevated calorie needs*</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Nutren Junior</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. Contains 50% whey protein concentrate. 22% of fat is MCT oil.</p>	<p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Nutren Junior w/Fiber</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Pediatric Supplement</p> <p>Level 2</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement. 22% of fat is MCT oil. 50% whey protein concentrate. 1.5g fiber/250mL can.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Nutren Pulmonary</u></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Adult Supplement</p> <p>Level 4</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>45cal/oz, nutritionally complete, Kosher, low-residue, high-calorie, high-protein, low-carbohydrate, gluten-free, lactose-free pulmonary formula. 40% of fat is MCT oil.</p>	<p>For persons with pulmonary disease, respiratory disorder, ventilator dependency, or need for fluid restriction</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC21

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
NutriHep		45cal/oz , high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, low-residue, Kosher , gluten-free, lactose-free. 70% of fat is MCT oil.	For patients with hepatic insufficiency or liver disease Can only be issued to women and children.	RTU: 250mL can 24 cans/case unflavored
Manufacturer	Nestle			
Form	RTU			
Type	Adult Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
OA 1		An isoleucine, methionine, threonine and valine-free, iron-fortified formula. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. Sucrose added. OA stands for organic acid. Gluten-free, lactose-free, galactose-free. 15.7g protein equivalents/100g powder.	Propionic acidemia or methylmalonic acidemia in infants or toddlers. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
OA 2		An isoleucine, methionine, threonine and valine-free, iron-fortified product. Not nutritionally complete. Increased levels of B-vitamins for cofactor production. OA stands for organic acid. Sucrose added. 21g protein equivalent/100g powder.	Propionic acidemia or methylmalonic acidemia in children or adults. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
OS 2		L-amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. Diets with OS 2 must contain adequate amounts of energy, essential fatty acids, isoleucine, methionine, threonine and valine to meet daily requirements. Does not contain fat.	Propionic acidemia or methylmalonic aciduria in children and adults. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Optimental		30cal/oz , nutritionally complete, gluten-free, lactose-free, low-residue elemental formula for oral or tube feeding. 28% of fat is MCT oil.	1) For persons with malabsorptive disorders e.g. Crohn's requiring elemental diets 2) Dietary management of metabolic stress/acute trauma 3) For persons who can benefit from supplemental arginine Can only be issued to women and children.	RTU: 8oz can 24 cans/case vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC22

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Manufacturer Form Type Level 4 Maximum Length of Issuance	<u>Osmolite 1.0</u> Abbott RTU Increased Calorie Supplement Medical Food 1 Certification Period	32cal/oz , soy-based, nutritionally complete, isotonic, Kosher , gluten-free, lactose-free, low-residue, oral or tube feeding supplement. 20% of fat is MCT oil. 10.5g soy protein/8oz can.	For persons with increased protein needs with intolerance to hyper-osmolar feedings with calorie needs <2000 cal/day Can only be issued to women and children.	RTU: 8oz can 24 cans/case unflavored
Manufacturer Form Type Level 4 Maximum Length of Issuance	<u>Osmolite 1.2</u> Abbott RTU Increased Calorie Supplement Medical Food 1 Certification Period	36cal/oz , nutritionally complete, high-protein, isotonic, Kosher , gluten-free, lactose-free, low-residue supplement for oral or tube feeding. 20% of fat is MCT oil.	For persons with increased energy or protein needs with intolerance to hyperosmolar feedings. Can only be issued to women and children.	RTU: 8oz can 24 cans/case unflavored
Manufacturer Form Type Level 4 Maximum Length of Issuance	<u>Oxepa</u> Abbott RTU Adult Tube Feeding Formula Medical Food 1 Certification Period	45cal/oz , high-calorie, low-carbohydrate, gluten-free, lactose-free, low-residue tube feeding formula. 25% of fat is MCT oil.	For persons on mechanical ventilation, e.g., acute respiratory distress syndrome. Can only be issued to women and children.	RTU: 8oz can 24 cans/case unflavored
Manufacturer Form Type Level 2 Maximum Length of Issuance	<u>Pediasure</u> Abbott RTU Pediatric Supplement 30 cal/oz Medical Food 1 Certification Period	30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free supplement. Similar to Nutren Jr. and Kid Essentials. Osmolality: vanilla, strawberry and banana cream - 480, chocolate-560. Contains DHA.	1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz container 6 containers/carton 24 containers/case vanilla chocolate strawberry banana cream
Manufacturer Form Type Level 2 Maximum Length of Issuance	<u>Pediasure w/Fiber</u> Abbott RTU Pediatric Supplement 30 cal/oz Medical Food 1 Certification Period	30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free supplement with fiber. Similar to Nutren Jr. with Fiber. 3.2g fiber/8oz container. Osmolality: 480. Contains DHA.	Increased fiber needs and/or one or more of the following: 1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity System will not allow formula to be issued <9 months of age. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	RTU: 8oz container 6 containers/carton 24 containers/case vanilla

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC23

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Pediasure Enteral</u></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Tube Feeding Formula</p> <p>Level 2</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, isotonic, Kosher, gluten-free, lactose-free supplement. Oral or tube feeding. Similar to Nutren Jr. Osmolality: 335.</p>	<p>1) Medical conditions that increase calorie needs.*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Pediasure Enteral w/Fiber</u></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Type: Pediatric Tube Feeding Formula</p> <p>Level 2</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, isotonic, Kosher, gluten-free, lactose-free supplement with fiber. 20% of fat is MCT oil. Oral or tube feeding. Contains prebiotic short-chain fructooligosaccharides (scFOS). 1.9g fiber/8oz container. Similar to Nutren Jr. with Fiber. Osmolality: 345.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with W/L <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p><u>Pepdite Jr.</u></p> <p>Manufacturer: Nutricia</p> <p>Form: PWD</p> <p>Type: Pediatric Elemental Formula</p> <p>Level 3</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz, milk-free, lactose-free, galactose-free, semi-elemental formula. 35% of fat is MCT oil. Similar to Peptamen Junior. Not intended for infants under 1 year of age.</p>	<p>1) Malabsorption</p> <p>2) Severe food allergies, whole protein intolerance</p> <p>3) GI impairment, Short Bowel Syndrome</p> <p>4) Medical condition requiring a hypoallergenic elemental formula.</p> <p>Can only be issued to women and children.</p> <p>Normally used for children over age 1.</p>	<p>PWD: 51g packet</p> <p>15 packets/case</p> <p>unflavored</p> <p>banana</p>	
<p><u>Peptamen</u></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Type: Adult Elemental Formula</p> <p>Level 3</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, isotonic, low-residue, gluten-free, lactose-free elemental liquid formula. 70% of fat is MCT oil. Contains hydrolyzed whey protein from cow's milk.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p> <p>vanilla</p>	
<p><u>Peptamen 1.5</u></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Type: Adult Elemental Formula</p> <p>Level 3</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>45cal/oz, nutritionally complete, isotonic, gluten-free, lactose-free, low-residue, peptide-based, elemental formula. 70% of fat is MCT oil. Contains partially hydrolyzed whey protein from cow's milk.</p>	<p>GI impairment such as in short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis and increased calorie needs or fluid restriction.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p> <p>vanilla</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC24

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC25

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p><u>Periflex Infant</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Exempt</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals. Not intended as the sole source of nutrition. 13g protein equivalents/100g powder.</p>	<p>Infants with phenylketonuria.</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p>	<p>PWD: 400g can</p> <p>6 cans/case</p> <p>unflavored</p>	
<p><u>Periflex Junior</u></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free medical food. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age. 25g protein equivalents/100g powder.</p>	<p>Phenylketonuria in children older than 1 year.</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>unflavored</p> <p>orange</p> <p>chocolate</p>	
<p><u>PFD 1</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Exempt/Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Increased levels of B vitamins added for cofactor production. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free.</p>	<p>Inborn errors of amino acid metabolism in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><u>PFD 2</u></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Medical Food</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Amino acid and protein-free formula. Amino acids or protein must be supplied to support growth. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free.</p>	<p>Inborn errors of amino acid metabolism in children and adults.</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><u>Phenex 1</u></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Type Metabolic</p> <p>Level S/3 Exempt</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Amino acid modified, phenylalanine-free medical food with iron. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free.</p>	<p>Phenylketonuria (PKU) or hyperphenylalaninemia in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form</p> <p>After initial approval, renew as Level 3</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC26

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p>Phenex 2</p> <p>Manufacturer: Abbott</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3: Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Amino acid modified, phenylalanine-free medical food with iron. Nutrient profile designed for children and adults. Gluten-free and lactose-free.</p>	<p>Phenylketonuria (PKU) or hyperphenylalaninemia in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p> <p>unflavored</p> <p>vanilla</p>	
<p>PhenylAde Drink Mix</p> <p>Manufacturer: Applied Nutrition</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3: Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Amino acid modified, phenylalanine free, medical food. Not for children under one year of age. 40g/scoop = 10g protein equivalents.</p>	<p>Phenylketonuria (PKU) in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 454g can</p> <p>4 cans/case</p> <p>vanilla</p> <p>strawberry</p> <p>orange creme</p>	
<p>PhenylAde Essential</p> <p>Manufacturer: Applied Nutrition</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3: Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Amino acid modified, phenylalanine free, medical food. Not for children under one year of age. 40g/scoop = 10g protein equivalents.</p>	<p>Phenylketonuria (PKU) in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 454g can</p> <p>4 cans/case</p> <p>vanilla</p> <p>strawberry</p> <p>orange creme</p> <p>chocolate</p>	
<p>Phenyl Free 1</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3: Exempt</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Phenylalanine-free food with iron. Increased levels of B vitamins for cofactor production. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.2g protein equivalents/100g powder.</p>	<p>Hyperphenylalaninemia, including PKU in infants or toddlers.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p>Phenyl Free 2</p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Type: Metabolic</p> <p>Level S/3: Medical Food</p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>Phenylalanine-free food with iron. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.</p>	<p>Hyperphenylalaninemia, including PKU in children or adults.</p> <p>Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3</p> <p>Can only be issued to women and children.</p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC27

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Phenyl Free 2HP</u>		Phenylalanine-free food with iron. Higher in protein and most vitamins and minerals than Phenyl Free 2. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 40g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in children or adults. High protein phenylalanine-free formula Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Phlexy - 10 Drink Mix</u>		Phenylalanine-free, vitamin and mineral free, fat-free medical food. Fat must be included in the diet. Not intended as a sole source of nutrition. Not intended for infants under 1 year of age.	Phenylketonuria in children over age 1 and adults. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 20g packet 30 packets/case blackcurrant /apple tropical surprise
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>PKU 2</u>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in toddlers and children. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 500g can 2 cans/case unflavored PWD: 45g packet 30 packets/case tomato
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>PKU 3</u>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in older children or adults. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Portagen</u>		30cal/oz. , milk-based, Kosher , not nutritionally complete, gluten-free, lactose-free, low-residue nutritional supplement. For oral or tube feeding. 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency. Similar to Monogen. Not recommended for infants under 1, Enfaport may be an appropriate alternative.	1) Chylolthorax 2) For children and adults who do not efficiently digest or absorb conventional fat and long chain fatty acid oxidation disorders e.g. decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD). 3) Conditions requiring high MCT oil; 84% of fat blend as medium chain triglycerides (MCT) oil	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	High MCT Oil Formula			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC28

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Pregestimil 24 LIPII</u>		24cal/oz. , hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron. 55% of fat is MCT oil. Contains DHA and ARA. Appropriate for infants with galactosemia.	Increased calorie needs* and malabsorption and/or one of the following: 1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, bile acid deficiency, intractable diarrhea, etc... 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food Protein-Induced Enterocolitis Syndrome (FPIES) ** Refer to RTU Issuance Guidelines on Last Page of Formulary	RTU: 2oz bottle 48 bottle/case
Manufacturer	Mead Johnson			
Form	RTU			
Type	Protein Hydrolysate			
Level 4	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Pregestimil LIPII</u>		20cal/oz. , hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron. 55% of fat is MCT oil. Contains DHA and ARA. Appropriate for infants with galactosemia.	Malabsorption and/or one of the following: 1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, bile acid deficiency, intractable diarrhea, etc... 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food Protein-Induced Enterocolitis Syndrome (FPIES) ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 16oz can 6 cans/case RTU: 2oz bottle 48 bottle/case
Manufacturer	Mead Johnson			
Form	PWD, RTU			
Type	Protein Hydrolysate			
Level 1	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Promote</u>		30cal/oz. , nutritionally complete, Kosher , gluten-free, lactose-free, very high-protein formula. For oral or tube feeding. 19% of fat is MCT oil. 14.8g soy protein/8oz can.	For persons with pressure sores, infection, injury or recovering from surgery. Can only be issued to women and children.	RTU: 8oz can 24 can/case vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Promote w/Fiber</u>		30cal/oz. , nutritionally complete, Kosher , gluten-free, lactose-free, high-protein formula with fiber. For oral or tube feeding. 19% of fat is MCT oil. 3.4 g fiber and 14.8g soy protein/8oz can.	For persons with pressure sores, infection, injury or recovering from surgery. Can only be issued to women and children.	RTU: 8oz can 24 can/case vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Pro-Phree</u>		Protein-free energy module with iron, vitamins and minerals. Gluten-free and lactose-free. Provides 49% of energy as fat. Supplemented with L-carnitine and taurine. Not intended as sole source of nutrition. 1 Tbsp = 8g, 1 C = 120g.	Need for reduced protein intake, specific mixtures of L-amino acids or increased energy, minerals and vitamins in infants or toddlers.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Protein Free Formula			
Level 4	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC29

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC30

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<p>Renalcal</p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 3</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>60cal/oz, high calorie, low-electrolyte, Kosher, gluten-free, lactose-free, low-residue supplement. 70% of fat is MCT oil. Not nutritionally complete.</p>	<p>For persons with renal failure.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>unflavored</p>	
<p>Replete w/Fiber</p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 4</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>30cal/oz, nutritionally complete, high-protein, isotonic, Kosher, gluten-free, lactose-free supplement with fiber. 25% of calories as protein. 25% of fat is MCT oil. 3.5g fiber/250ml can.</p>	<p>1) For persons with a need for high protein for wound healing, pressure ulcers, burns, and surgical wounds</p> <p>2) Contains fiber for bowel function</p> <p>Can only be issued to women and children.</p>	<p>RTU: 250mL can</p> <p>24 cans/case</p> <p>vanilla</p>	
<p>Resource 2.0</p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 4</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>60 cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, calorically dense, high-nitrogen, balanced formula with reduced sodium. Similar to TwoCal HN, and Nutren 2.0</p>	<p>For persons on a fluid restricted diet or with increased protein and caloric needs.</p> <p>Can only be issued to women and children.</p>	<p>RTU: 8oz box</p> <p>27 boxes/case</p> <p>vanilla crème</p> <p>RTU: 32oz bottle</p> <p>12 bottles/case</p> <p>vanilla crème</p>	
<p>Resource Breeze</p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Type Increased Calorie Supplement</p> <p>Level 3</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>31cal/oz, Fat-free, clear liquid, Kosher, gluten-free, lactose-free, low-residue. Not intended as a sole source of nutrition. 9g whey protein/8oz container.</p>	<p>1) Fat malabsorption</p> <p>2) Anorexia</p> <p>3) Cachexia</p> <p>4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia.</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.</p>	<p>RTU:8oz container</p> <p>27 containers/case</p> <p>orange</p> <p>peach</p> <p>wild berry</p> <p>variety case</p>	
<p>Scandishake</p> <p>Manufacturer Axcan</p> <p>Form PWD</p> <p>Type Increased Calorie Supplement</p> <p>Level 2</p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>When mixed with whole milk is a 75 cal/oz, nutritionally incomplete, high-calorie, Kosher, gluten-free supplement.</p>	<p>For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 12oz box consisting of 4-3oz packets/box</p> <p>chocolate</p> <p>strawberry</p> <p>vanilla</p>	

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC31

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS	Description	REASONS FOR ISSUANCE	PACKAGING									
<p style="text-align: center;"><u>Scandishake w/Aspartame</u></p> <p>Manufacturer Axcan Form PWD Type Increased Calorie Supplement Level 2 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>When mixed with whole milk is a 75 cal/oz, nutritionally incomplete, high-calorie, Kosher, gluten-free supplement sweetened with aspartame.</p>	<p>For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 18oz can 6 cans/case vanilla chocolate</p>									
<p style="text-align: center;"><u>Scandishake Lactose Free</u></p> <p>Manufacturer Axcan Form PWD Type Increased Calorie Supplement Level 2 Medical Food Maximum Length of Issuance 1 Certification Period</p>	<p>When mixed with soy beverage is a 65 cal/oz, nutritionally incomplete, high-calorie, Kosher, gluten-free, lactose-free supplement.</p>	<p>For persons who need to gain weight or maintain their weight with conditions such as cancer or cystic fibrosis.</p> <p>Can only be issued to women and children.</p>	<p>PWD: 3oz packet 4 packets/box vanilla chocolate</p>									
<p style="text-align: center;"><u>SHMF- Similac Human Milk Fortifier</u></p> <p>Manufacturer Abbott Form PWD Type Human Milk Fortifier Level 4 Exempt Maximum Length of Issuance 1 month</p>	<p>Intended for low-birth-weight infants as a nutritional supplement to add to preterm milk. Kosher and gluten-free. Similar to Enfamil HMF. Not nutritionally complete.</p>	<p>For premature and/or low-birth-weight infants as a supplement to add to preterm human milk until the infant reaches 8 lbs (3600g) in weight.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Additional Calories Desired</td> <td style="text-align: center;">Preterm Human Milk</td> <td style="text-align: center;">HMF</td> </tr> <tr> <td style="text-align: center;">2 cal/ fl oz</td> <td style="text-align: center;">50 ml</td> <td style="text-align: center;">1 packet</td> </tr> <tr> <td style="text-align: center;">4 cal/ fl oz</td> <td style="text-align: center;">25 ml</td> <td style="text-align: center;">1 packet</td> </tr> </table>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 ml	1 packet	4 cal/ fl oz	25 ml	1 packet	<p>PWD: 0.90g packet 50 packets/carton 3 cartons/case</p>
Additional Calories Desired	Preterm Human Milk	HMF										
2 cal/ fl oz	50 ml	1 packet										
4 cal/ fl oz	25 ml	1 packet										
<p style="text-align: center;"><u>Similac Advance</u></p> <p>Manufacturer Abbott Form PWD, CON, RTU Type Standard Milk-Based Formula Contract Non-Exempt Maximum Length of Issuance 1 Certification Period</p>	<p>20cal/oz, Kosher, gluten-free, iron-fortified, milk-based infant formula with DHA and ARA added. Similar to Enfamil LIPIL. Contains prebiotic galactooligosaccharides (GOS).</p>	<p>Current contract standard milk-based formula. Refer to Policy FD:13.0</p> <p>Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, or oral motor feeding problems.</p> <p>No RX when <1 year of age. Level 1 when >1 year of age</p> <p>** Refer to RTU Issuance Guidelines on Last Page of Formulary</p>	<p>PWD: 12.9oz, 12.4oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz can 12 cans/case</p>									
<p style="text-align: center;"><u>Similac Go & Grow Milk</u></p> <p>Manufacturer Abbott Form PWD Type Follow Up Milk-Based Formula Contract Non-Exempt Maximum Length of Issuance 1 Certification Period</p>	<p>20cal/oz, iron-fortified, milk-based infant formula with added calcium, phosphorus, DHA and ARA. Kosher and gluten-free. Similar to Enfagrow Premium Next Step.</p>	<p>Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems.</p> <p>Current contract milk-based toddler formula.</p> <p>System will not allow formula to be issued <9 months of age.</p> <p>No RX when <1 year of age. Level 1 when >1 year of age</p>	<p>PWD: 22oz can 6 cans/case</p>									

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC32

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Similac Go & Grow Soy</u>		20cal/oz, iron-fortified, milk-free, Kosher , gluten-free, lactose-free soy formula with DHA and ARA added, for infants and toddlers 9-24 months of age. Similar to Enfagrow Soy Next Step.	Over age 1 with medical need for 20 cal/oz formula and/or one or more of the following: 1) Possible reasons include: prematurity, developmental delay, oral-motor feeding problems 2) Allergy or sensitivity to cow's milk, galactosemia or vegan diet and under age 2. Current contract toddler soy formula. System will not allow formula to be issued <9 months of age. No RX when <1 year of age. Level 1 when >1 year of age	PWD: 22oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Follow Up Soy-Based Formula			
Contract	Non-Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Similac PM 60/40</u>		20 cal/oz, (60:40) whey:casein ratio protein dominant, low-iron infant formula. Kosher , gluten-free. Lower in minerals and electrolytes. Additional iron should be supplied from other sources.	1) Hypocalcemia due to hyperphosphatemia 2) Renal condition requiring lowered mineral level	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Low Mineral Formula			
Level 3	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Similac Sensitive</u>		20cal/oz, iron-fortified, Kosher , gluten-free, low-lactose, milk-based nutritionally complete infant formula with DHA and ARA. Not intended for infants or children with galactosemia. Contains prebiotic galactooligosaccharides (GOS).	Current contract standard milk-based, lactose-free formula. Refer to Policy FD:13.0 Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, or oral motor feeding problems. No RX when <1 year of age. Level 1 when >1 year of age ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 12.9oz, 12.6oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD, CON, RTU			
Type	Standard Milk-Based Formula			
Contract	Non-Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Similac Sensitive Isomil Soy (Isomil Advance)</u>		20cal/oz, milk-free, nutritionally complete, Kosher , gluten-free, lactose-free, iron-fortified soy protein infant formula with DHA and ARA added. Contains sucrose and corn syrup solids. Similar to ProSobee LIPIL.	1) Current contract standard soy-based formula 2) Over age 1 with cow's milk allergy or intolerance 3) Galactosemia 4) Vegan diet No RX when <1 year of age. Level 1 when >1 year of age ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 12.9oz, 12.4oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz container 6 cans/case
Manufacturer	Abbott			
Form	PWD, CON, RTU			
Type	Soy-Based Infant Formula			
Contract	Non-Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>Similac Sensitive for Spit-Up</u>		20cal/oz, iron-fortified, Kosher , gluten-free, lactose-free, milk-based infant formula with rice starch, DHA and ARA. Not intended for infants or children with galactosemia. Similar to Enfamil AR.	Current contract rice starch-added, milk-based formula. To reduce frequent spitting up and/or fussiness & gas due to lactose sensitivity. No RX when <1 year of age. Level 1 when >1 year of age ** Refer to RTU Issuance Guidelines on Last Page of Formulary	PWD: 12.9, 12.3oz can 6 cans/case RTU: 32oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD, RTU			
Type	Lactose-free; Rice Starch Added			
Contract	Non-Exempt			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC33

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
Similac Special Care 24 w/Iron		24cal/oz , iron-fortified, preterm infant formula. Kosher , gluten-free. Contains DHA/ARA. 50% of fat is MCT oil.	For premature and low birth weight infants until they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.	RTU: 2oz bottle 48 bottles/case
Manufacturer	Abbott			
Form	RTU			
Type	Premature Infant Formula			
Level 4	Exempt			
Maximum Length of Issuance	1 month			
Similac Special Care 30		30cal/oz , iron-fortified, preterm infant formula. Kosher , gluten-free. Contains DHA/ARA. 50% of fat is MCT oil.	For premature and low birth weight infants until they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.	RTU: 2oz bottle 48 bottles/case
Manufacturer	Abbott			
Form	RTU			
Type	Premature Infant Formula			
Level 4	Exempt			
Maximum Length of Issuance	1 month			
Suplena		54cal/oz , nutritionally complete, low-protein, high-calorie, Kosher , gluten-free, lactose-free diet, for oral or tube feeding.	For persons with chronic or acute renal failure not undergoing dialysis. Also diets restricted in protein, electrolytes and fluids. Can only be issued to women and children.	RTU: 8oz container 24 cans/case vanilla
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Tolerex		30cal/oz , nutritionally complete, Kosher , gluten-free, lactose-free, low-residue, elemental diet containing 100% free amino acids.	1) Impaired digestion and absorption e.g. severe protein and/or fat malabsorption 2) Specialized nutrient needs such as food allergies Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or state office staff.	PWD: 2.82oz packet 60 packets/case unflavored
Manufacturer	Nestle			
Form	PWD			
Type	Elemental Formula			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
TwoCal HN		60cal/oz , nutritionally complete, high-calorie, high-nitrogen, Kosher , gluten-free, lactose-free low-residue liquid for oral or tube feeding. For supplemental or sole-source nutrition. Similar to Nutren 2.0.	For persons with elevated protein and calorie needs requiring low-volume feedings. Can only be issued to women and children.	RTU: 8oz can 24 cans/case vanilla butter pecan
Manufacturer	Abbott			
Form	RTU			
Type	Increased Calorie Supplement			
Level 4	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC34

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>TYR 2</u>		Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	Children and adults with tyrosinemia type I, inherited; tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome). Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Tyrex 1</u>		Amino acid modified medical food with iron. Phenylalanine and tyrosine-free. Nutrient profile designed for infants and toddlers. Gluten-free and lactose-free. Not intended as a sole source of nutrition. 15g protein equivalents/100g powder.	Infants and toddlers with tyrosinemia type I, II, or III. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>Tyrex 2</u>		Amino acid modified medical food with iron. Phenylalanine and tyrosine-free. Nutrient profile designed for children and adults. Gluten-free and lactose-free. Not intended as a sole source of nutrition. 30g protein equivalents/100g powder.	Children and adults with tyrosinemia type I, II, or III. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 14.1oz can 6 cans/case
Manufacturer	Abbott			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>TYROS 1</u>		Phenylalanine and tyrosine-free formula. Increased levels of B-vitamins for cofactor production. Contains sucrose. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 16.7g protein equivalents/100g powder.	Infants and toddlers with tyrosinemia or other inborn errors of tyrosine metabolism. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt/Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>TYROS 2</u>		Phenylalanine and tyrosine-free formula. Not intended as a sole source of nutrition. Sucrose added. Gluten-free, lactose-free, galactose-free. 22g protein equivalents/100g powder.	Children and adults with tyrosinemia or other inborn errors of tyrosine metabolism. Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 16oz can 6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC35

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
UCD 2		Mixture of all essential L-amino acids, enriched with vitamins and minerals. Not intended as a sole source of nutrition.	1) Children and adults with carbamylphosphate synthetase deficiency 2) Ornithine transcarbamylase deficiency 3) Citrullinemia or argininosuccinic acid synthetase deficiency 4) Argininosuccinic acid lyase deficiency, arginase deficiency Requires state agency approval and metabolic prescription form After initial approval, renew as Level 3 Can only be issued to women and children.	PWD: 500g can 2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Vital HN		30cal/oz. , nutritionally complete, high-nitrogen, Kosher , gluten-free, low-residue, low-fat, partially hydrolyzed diet for oral or tube feeding. <0.25g lactose per packet.	For persons with chronically impaired gastrointestinal function, such as maldigestion or malabsorption Can only be issued to women and children.	PWD: 2.79oz packet 6 packets/carton vanilla
Manufacturer	Abbott			
Form	PWD			
Type	Increased Calorie Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Vital Jr.		30cal/oz, Kosher , gluten-free, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding. 50% of fat is MCT oil.	1) Malabsorption 2) Maldigestion 3) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula System will not allow formula to be issued <9 months of age.	RTU: 8oz can 24 cans/case vanilla strawberry
Manufacturer	Abbott			
Form	RTU			
Type	Pediatric Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Vivonex Pediatric		24cal/oz, Kosher , gluten-free, lactose-free, low-residue nutritionally-complete elemental formula. Contains 100% free amino acids. Contains 68% MCT oil. Can be used for oral or tube feeding.	GI impairment in infants or children, i.e. Crohn's disease, short bowel disease, malabsorption, or intractable diarrhea System will not allow formula to be issued <9 months of age.	PWD: 1.7oz packet 36 packets/case unflavored
Manufacturer	Nestle			
Form	PWD			
Type	Pediatric Elemental Supplement			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
Vivonex Plus		30cal/oz. , nutritionally complete, elemental diet powder, Kosher , gluten-free, lactose-free, low-residue, high-nitrogen, low-fat. 100% free amino acids. Can be used for oral or tube feeding.	1) For persons with gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery. 2) Surgery or select trauma Can only be issued to women and children.	PWD: 2.8oz packet 36 packets/carton unflavored
Manufacturer	Nestle			
Form	PWD			
Type	Adult Elemental Tube Feeding Formula			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC36

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS		Description	REASONS FOR ISSUANCE	PACKAGING
<u>Vivonex T.E.N.</u>		<p>30cal/oz, Kosher, gluten-free, lactose-free, low-residue, high-nitrogen, elemental diet. Contains 100% free amino acids. Enriched with glutamine. Can be used for oral or tube feeding. Similar to L-Elemental.</p>	<p>1) For persons with gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery. 2) Surgery or select trauma 3) Intestinal failure Can only be issued to women and children.</p>	<p>PWD: 2.84oz packet 60 packets/case unflavored</p>
Manufacturer	Nestle			
Form	PWD			
Type	Adult Tube Feeding Formula			
Level 3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>WND 1</u>		<p>Non-essential amino acid-free iron-fortified product. Increased levels of B-vitamins for cofactor production. Provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals. Not intended as a sole source of nutrition. Gluten-free, lactose-free, galactose-free. Sucrose added. 5 protein equivalents/100g powder.</p>	<p>Infants and toddlers with urea cycle disorders. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 16oz can 6 cans/case</p>
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>WND 2</u>		<p>Non-essential amino acid-free iron-fortified formula. Provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals. Sucrose added. Gluten-free, lactose-free, galactose-free. Not intended as a sole source of nutrition. 8.2g protein equivalents/100g powder.</p>	<p>Children and adults with urea cycle disorders. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. Can only be issued to women and children.</p>	<p>PWD: 16oz can 6 cans/case</p>
Manufacturer	Mead Johnson			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			
<u>XLeu Analog</u>		<p>Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Not intended as a sole source of nutrition. 13g protein equivalents/100g powder.</p>	<p>Infants with isovaleric acidemia and other disorders of leucine metabolism. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3.</p>	<p>PWD: 400g can 6 cans/case unflavored</p>
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Exempt			
Maximum Length of Issuance	1 Certification Period			
<u>XLeu Maxamaid</u>		<p>Leucine-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements. Does not contain fat. Not intended as a sole source of nutrition. 25g protein equivalents/100g powder. Does not contain fat.</p>	<p>Toddlers and children with isovaleric acidemia and other disorders of leucine metabolism. Requires state agency approval and metabolic prescription form. After initial approval, renew as Level 3. System will not allow formula to be issued <9 months of age.</p>	<p>PWD: 454g can 6 cans/case orange</p>
Manufacturer	Nutricia			
Form	PWD			
Type	Metabolic			
Level S/3	Medical Food			
Maximum Length of Issuance	1 Certification Period			

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC37

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

All other medical reasons not listed, contact state staff

Updated 11/4/10

Texas WIC38

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC39

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

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

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

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

Updated 11/4/10

All other medical reasons not listed, contact state staff

Texas WIC40

Texas WIC Formulary and Medical Reasons for Issuance-November 2010

Definitions: Exempt = Exempt formula or medical food

Non-Exempt = Standard milk or soy based formula.

PRODUCTS	Description	REASONS FOR ISSUANCE	PACKAGING
----------	-------------	----------------------	-----------

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

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

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

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

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

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

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