

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

August 2023

| Formula Name      | Formula Code                        | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|-------------------|-------------------------------------|--|---|--|--|
| Enfamil A.R.      | 667                                 | <p><b>Milk-based Infant Formula:</b> 20 cal/oz, milk-based with rice starch; contains prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 20:80 whey-to-casein ratio; not intended for infants or children with galactosemia.</p> <p>Similar to Similac for Spit-Up.</p> <p>Available in PWD (12.9oz can).</p>  | <p><b>Current contract added rice starch, milk-based formula.</b> Intolerance to Enfamil Infant. Spitting up and/or reflux.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks)/LBW</li> <li>2) Developmental delays (sensory &amp; motor)</li> <li>3) Oral motor feeding issues/aversions</li> </ol>        | <p><b>Requirements for Ages 1 and Under:</b><br/><b>Approval Authority:</b> Local Agency - All WCS</p> <p><b>Requirements for Ages Over 1 Year:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - All WCS</p> <p><b>Recommendations:</b><br/>If infant is experiencing intolerance symptoms please discuss with CA prior to issuance.</p> <p><b>Additional Information:</b><br/>For mixing preparation, please note that after initial mixing of Enfamil A.R., the product should sit for 5 minutes before shaking mixture again.</p> | <p>Mead Johnson<br/>6 cans/case</p> <p><b>Contract Formula</b></p>   |
| Enfamil Gentlease | 668                                 | <p><b>Milk-Based Infant Formula:</b> 20 cal/oz, milk-based with 20% of carbohydrates from lactose; contains partially hydrolyzed nonfat milk and whey protein with 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia.</p> <p>Similar to Similac Total Comfort and Good Start SoothePro.</p> <p>Available in PWD (12.4oz can).</p> | <p><b>Current contract partially hydrolyzed milk-based formula.</b> Intolerance to Enfamil Infant, digestive issues, and/or colic.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks)/LBW</li> <li>2) Developmental delays (sensory &amp; motor)</li> <li>3) Oral motor feeding issues/aversions</li> </ol> | <p><b>Requirements for Ages 1 and Under:</b><br/><b>Approval Authority:</b> Local Agency - All WCS</p> <p><b>Requirements for Ages Over 1 year:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - All WCS</p>   | <p>Mead Johnson<br/>6 cans/case</p> <p><b>Contract Formula</b></p>   |
| Enfamil Infant    | 663 (PWD)<br>664 (CON)<br>665 (RTU) | <p><b>Milk-based Infant Formula:</b> 20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia.</p> <p>Similar to Similac Advance.</p> <p>Available in PWD (12.5oz), CON (13oz), and RTU (32oz).</p>  | <p><b>Current contract standard milk-based infant formula.</b></p> <p>Over age 1 with medical need for a milk-based product with one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks)/LBW</li> <li>2) Developmental delays (sensory &amp; motor)</li> <li>3) Oral-motor feeding issues/aversions</li> </ol>   | <p><b>Requirements for Ages 1 and Under:</b><br/>Approval Authority: Local Agency - All WCS</p> <p><b>Requirements for Ages Over 1 year:</b><br/>Documentation: Rx and Formula history<br/>Approval Authority: Local Agency - All WCS</p>  | <p>Mead Johnson<br/>Code 663 and 665:<br/>6 cans/case</p> <p>Code 664: 12 cans/case</p> <p><b>Contract Formula</b></p> |

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|--------------------|-------------------------------------|--|---|--|--|
| Enfamil Reguline   | 670                                 | <p><b>Milk-Based Infant Formula:</b> 20 cal/oz, milk-based with 50% of carbohydrates from lactose; contains prebiotic Galacto-oligosaccharides (GOS) and polydextrose (PDX), partially hydrolyzed nonfat milk and whey protein; not intended for infants or children with galactosemia.</p> <p>Similar to Enfamil Gentlease, Similac Total Comfort and Good Start SoothePro.</p> <p>Available in PWD (12.4oz can).</p> | <p><b>Current contract partially hydrolyzed milk-based formula with prebiotics.</b></p> <p>Intolerance to Enfamil Infant, digestive issues, and/or constipation.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks)/LBW</li> <li>2) Developmental delays (sensory &amp; motor)</li> <li>3) Oral motor feeding issues/aversions</li> </ol> | <p><b>Requirements for Ages 1 and Under:</b><br/><b>Approval Authority:</b> Local Agency - All WCS</p> <p><b>Requirements for Ages Over 1 year:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - All WCS</p>   | <p>Mead Johnson<br/>6 cans/case</p> <p><b>Contract Formula</b></p>   |
| Similac Soy Isomil | 389 (PWD)<br>391 (CON)<br>390 (RTU) | <p><b>Soy-Based Infant Formula:</b> 20 cal/oz, lactose-free, soy-based.</p> <p>Available in PWD (12.4oz and 30.8oz can), CON (13oz can), RTU (32oz ctnr).</p>  | <p><b>Current contract standard soy-based infant formula.</b></p> <p>Over age 1 with medical need for a soy-based product with one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Cow's milk allergy or intolerance</li> <li>2) Galactosemia</li> <li>3) Vegan/Vegeterian Diet</li> </ol>  | <p><b>Requirements for Ages 1 and Under:</b><br/><b>Approval Authority:</b> Local Agency - All WCS</p> <p><b>Requirements for Ages Over 1 Year:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - All WCS</p>   | <p>Abbott<br/>Code 389: 6 cans/case<br/>Code 391: 12 cans/case<br/>Code 390: 6 ctnrs/case</p> <p><b>Contract Formula</b></p> |
| Alfamino Infant    | 593                                 | <p><b>Elemental:</b> 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based. 43% of fat is MCT oil.</p> <p>Similar to Elecare DHA/ARA, Neocate DHA/ARA and PurAmino.</p> <p>Available in PWD (14.1oz can).</p>  | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol>  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Recommendations:</b><br/>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p> | <p>Nestle<br/>6 cans/case</p>  |

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|-----------------|---|--|--|--|---|
| Alfamino Junior | 594   | <b>Elemental:</b> 30 cal/oz, hypoallergenic amino acid based. 63% of fat is MCT oil.<br><br>Similar to Elecare Jr, Equacare Jr, Essential Care Jr, Neocate Jr and Puramino Jr.<br><br>Available in PWD (14.1oz can).   | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nestle<br>6 cans/case<br><br>unflavored, vanilla                                      |
| Alimentum       | 598 (PWD)<br>395 (RTU)<br>695 (RTU 8oz-6pk) | <b>Protein Hydrolysate:</b> 20 cal/oz, hydrolyzed casein, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives.<br><br>Similar to Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil.<br><br>Available in PWD (12.1oz can) and RTU (32oz ctnr, 8oz-6pk). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history.<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS   | Abbott<br>Code 598: 6 cans/case<br><br>Code 395: 6 ctnrs/case<br><br>Code 695: 6-pack |
| BCAD 1          | 463   | <b>Metabolic:</b> isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder.<br><br>Available in PWD (16oz can).   | Maple syrup urine disease (MSUD) in infants or toddlers  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Mead Johnson<br>6 cans/case   |
| BCAD 2          | 278   | <b>Metabolic:</b> isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents per 100 g powder.<br><br>Available in PWD (16oz can).  | Maple syrup urine disease (MSUD) in children or adults   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                   | Mead Johnson<br>6 cans/case   |

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|--------------|--------------|---|--|---|--|
| Benecalorie  | 528          | <b>Modular:</b> 220 cal/oz; 330 cal per 1.5 oz ctnr; lactose and cholesterol-free; 7 g of milk protein as calcium caseinate per 1.5 oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage.<br><br>Available in RTU (1.5 oz ctnr). | 1) Increased calorie needs<br>2) Oral motor feeding issues/aversions<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Limited to 2 cases per month (48 containers); maximum quantity allows issuance of this product and another formula. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br><br>smallest available unit:<br>24 ctnrs                                  |
| BetaQuik MCT | 571          | <b>Modular:</b> 18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only.<br><br>Available in RTU (8.45oz ctnr).  | 1) Increased calorie needs<br>1) Ketogenic diet<br>2) Condition that impairs digestion/absorption<br>3) Defective lymphatic transport of fat<br>4) Conditions with decreased pancreatic lipase and/or decreased bile salts   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children 3 years of age and older.  | VitaFlo<br>18 ctnrs/case<br><br>smallest available unit:<br>18 ctnrs                                 |
| Boost        | 428          | <b>Increased Calorie Supplement:</b> 31 cal/oz, lactose-free and nutritionally complete.<br><br>Similar to Ensure.<br><br>Available in RTU (8oz ctnr).  | 1) Increased calorie needs<br>2) Oral motor feeding issues/aversions<br>3) Tube feeding  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br><br>vanilla, chocolate,<br>strawberry, butter<br>pecan                    |
| Boost Breeze | 496          | <b>Increased Calorie Supplement:</b> 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container.<br><br>Available in RTU (8oz ctnr).  | 1) Condition that impairs digestion/absorption<br>2) Oral motor feeding issues/aversions<br>3) Increased calorie needs<br>4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>5) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br><br>27 ctnrs/case<br><br>orange, peach, berry,<br>variety (mixed flavors) |

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|--------------------------|--------------|---|--|--|--|
| Boost High Protein       | 274          | <p><b>Increased Calorie Supplement:</b> 30 cal/oz, high-protein, lactose-free, nutritionally complete.</p> <p>Similar to Ensure High Protein.</p> <p>Available in RTU (8oz ctnr).</p>   | <ol style="list-style-type: none"> <li>1) Increased protein needs</li> <li>2) Cancer</li> <li>3) Wounds</li> <li>4) Surgery</li> </ol>   | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p>  | <p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p> |
| Boost Kid Essentials     | 492          | <p><b>Increased Calorie Supplement:</b></p> <p>30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials.</p> <p>Similar to Pediasure.</p> <p>Available in RTU (8oz ctnr).</p> | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Developmental delays (sensory &amp; motor)</li> <li>7) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p>  | <p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate</p>             |
| Boost Kid Essentials 1.5 | 475          | <p><b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free; nutritionally complete; contains MCT oil.</p> <p>Similar to Pediasure 1.5.</p> <p>Available in RTU (8oz ctnr).</p>   | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Developmental delays (sensory &amp; motor)</li> <li>7) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p> <p><b>Recommendations:</b></p> <p>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.</p> | <p>Nestle</p> <p>27 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p> |

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|----------------------------------|--------------|---|--|--|--|
| Boost Kid Essentials 1.5 w/Fiber | 476          | <b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container.<br><br>Similar to Pediasure 1.5 w/ Fiber.<br><br>Available in RTU (8oz ctnr). | Increased fiber needs with one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Developmental delays (sensory & motor)<br>7) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. | Nestle<br>27 ctnrs/case<br>vanilla   |
| Boost Plus                       | 429          | <b>Increased Calorie Supplement:</b> 46 cal/oz, lactose-free, high-calorie; nutritionally complete.<br><br>Similar to Ensure Plus.<br><br>Available in RTU (8oz ctnr).  | 1) Increased calorie needs<br>2) Fluid restriction<br>3) Oral motor feeding issues/aversions<br>4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.   | Nestle<br>24 ctnrs/case<br><br>vanilla, chocolate,<br>strawberry   |
| Boost Pudding                    | 275          | <b>Increased Calorie Supplement:</b> 240 cal/5 oz, lactose-free; nutritionally complete.<br><br>Similar to Ensure Pudding.<br><br>Available in RTU (5oz cup).   | 1) Oral motor feeding issues/aversions<br>2) Dysphagia<br>3) Increased calorie needs<br>4) Fluid restrictions<br>5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency - Certifying Authority<br><br><b>Limitations:</b><br>Limit issuance to 3 per day or 96 per month. Can only issue to women and children.  | Nestle<br>4 cups/carton<br><br>vanilla, chocolate,<br>butterscotch<br><br>smallest available unit:<br>4-pack |
| Boost Very High Calorie          | 538          | <b>Increased Calorie Supplement:</b> 66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease.<br><br>Available in RTU (8oz ctnr).   | 1) Increased calorie needs<br>2) Inadequate growth<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Oral motor feeding issues/aversions   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. | Nestle<br>24 ctnrs/case<br>vanilla<br><br>27 ctnrs/case<br>vanilla   |

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|--------------------|--------------|---|---|--|--|
| Calcilo XD         | 470          | <b>Special Medical Conditions:</b> 20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D.<br><br>Available in PWD (13.2oz can). | 1) Osteopetrosis<br>2) William's Syndrome<br>3) Hypercalcemia and hyperparathyroidism | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority   | Abbott<br>6 cans/case  |
| Carb Zero          | 572          | <b>Modular:</b> 18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only.<br><br>Available in RTU (8.45oz ctrn).  | 1) Ketogenic diet<br>2) LCT (long chain triglycerides) needs                          | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Vitaflo<br>18 ctnrs/case<br><br>smallest available unit:<br>18 ctnrs |
| Compleat           | 102          | <b>Increased Calorie Supplement:</b> 32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber per 250 mL container.<br><br>Available in RTU (250mL ctrn).                     | Increased calorie needs for tube feedings only  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.                        | Nestle<br>24 ctnrs/case<br>unflavored                                |
| Compleat Pediatric | 101          | <b>Increased Calorie Supplement:</b> 30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber per 250 mL container.<br><br>Available in RTU (250mL ctrn).                     | Increased calorie needs for tube feedings only  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>unflavored                                |

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|------------------------------------|--------------|--|--|---|---|
| Compleat Pediatric Organic Blends  | 636          | <p><b>Special Medical Conditions:</b> 36 cal/oz, blenderized, made from foods; dairy-free, lactose-free, gluten-free, organic; primarily designed for tube feedings; <b>not</b> for gravity feeding or feeding tubes &lt;12FR in bolus or pump-assisted feedings; for use under medical supervision.</p> <p>Similar to Nourish and Real Food Blends.</p> <p>Available in RTU (10.1oz pouch).</p>   | <ol style="list-style-type: none"> <li>1) Tube Feeding</li> <li>2) FTT or malnutrition</li> <li>3) Food allergies</li> <li>4) Poor GI tolerance to other formulas</li> </ol>   | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Normally used for children. Can only issue to women and children.</p>     | <p>Nestle</p> <p>24 pouches/case</p> <p>chicken-garden blend</p> <p>plant-based</p> |
| Compleat Pediatric Peptide 1.5     | 635          | <p><b>Special Medical Conditions:</b> 44 cal/oz, blenderized; nutritionally complete; made from foods; high calorie; peptide-based; vegan, plant-based; hypoallergenic; dairy-free, lactose-free, gluten-free, soy-free, nut-free, corn-free; 40% of fat is MCT; hydrolyzed pea protein, L-cysteine; 3/8 cup vegetable per 250 mL serving; primarily designed for tube feeding;</p> <p>Similar to Kate Farms Peptide 1.5.</p> <p>Available in RTU (8.45oz ctrn).</p> | <ol style="list-style-type: none"> <li>1) Tube Feeding</li> <li>2) Increased calorie needs</li> <li>3) Condition that impairs digestion/absorption</li> <li>4) Food allergies (cow's milk, soy, corn)</li> <li>5) GI Disorder</li> <li>6) FTT or malnutrition</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Normally used for children. Can only issue to women and children.</p>     | <p>Nestle</p> <p>24 ctnrs/case</p> <p>unflavored</p>                                |
| Compleat Pediatric Reduced Calorie | 539          | <p><b>Special Medical Conditions:</b> 17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only.</p> <p>Available in RTU (250mL ctrn).</p>   | <p>Decreased calorie needs for tube feeding only:</p> <ol style="list-style-type: none"> <li>1) Oral motor feeding issues/aversions</li> <li>2) Developmental delays (sensory and motor)</li> <li>3) Neurological conditions</li> </ol>                                  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Normally used for children. Can only be issued to women and children.</p> | <p>Nestle</p> <p>24 ctnrs/case</p> <p>unflavored</p>                                |

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| Formula Name                    | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*        |
|---------------------------------|--------------|--|--|--|------------------------------------|
| Compleat Pediatric Standard 1.0 | 686          | <b>Special Medical Conditions:</b> 29.5 cal/oz; nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only.<br><br>Available in RTU (250mL ctnr). | 1) Tube Feeding<br>2) Food allergies<br>3) FTT or malnutrition<br>4) Inadequate growth   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only be issued to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Compleat Pediatric Standard 1.4 | 687          | <b>Special Medical Conditions:</b> 41 cal/oz, nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only.<br><br>Available in RTU (250mL ctnr).   | 1) Tube Feeding<br>2) Food allergies<br>3) Fluid Restriction and/or Increased Calories<br>4) FTT or malnutrition<br>5) Inadequate growth | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only be issued to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Complex Essential MSD           | 544          | <b>Metabolic:</b> Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age.<br><br>Available in PWD (1lb can).  | Maple Syrup Urine Disease (MSUD)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>4 cans/case<br>vanilla |
| Complex Junior MSD              | 542          | <b>Metabolic:</b> Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd.<br><br>Available in PWD (400g can).   | Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>4 cans/case            |

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| Formula Name                 | Formula Code | Description   | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*           |
|------------------------------|--------------|---|--|--|---------------------------------------|
| Complex MSD Amino Acid Blend | 543          | <b>Metabolic:</b> Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age.<br><br>Available in PWD (1lb can). | Maple Syrup Urine Disease (MSUD)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                   | Nutricia<br>4 cans/case<br>unflavored |
| Cyclinex 1                   | 342          | <b>Metabolic:</b> Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children.<br><br>Available in PWD (14.1oz can).  | 1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia)<br>2) Defects in urea cycle enzyme<br>3) Gyrate atrophy of the choroid and retina  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Abbott<br>6 cans/case<br>unflavored   |
| Cyclinex 2                   | 343          | <b>Metabolic:</b> Non-essential amino acid and lactose-free; nutritionally incomplete.<br><br>Available in PWD (14.1oz can).  | 1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homecirtrullinuria)<br>2) Defects in urea cycle enzyme<br>3) Gyrate atrophy of the choroid and retina | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                   | Abbott<br>6 cans/case<br>unflavored   |
| DiabetiSource AC             | 109          | <b>Increased Calorie Supplement:</b> 36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container.<br><br>Available in RTU (250mL ctrn).   | 1) Diabetes Mellitus<br>2) Glucose intolerance<br>3) Stress-induced hyperglycemia<br>4) Diabetes with wounds   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>unflavored |

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| Formula Name    | Formula Code | Description   | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*  |
|-----------------|--------------|---|--|--|--|
| Duocal          | 238          | <b>Modular:</b> 4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. 80 scoops/can; 48 Tbsp/can.<br><br>Available in PWD (400g can).   | 1) Protein, electrolyte, and/or fluid restriction<br>2) Increased calorie needs<br>3) Protein or amino acid metabolism disorders<br>4) Condition that impairs digestion/absorption<br>5) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles                 | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete Assessment<br><b>Approval Authority:</b> State Agency  | Nutricia<br>6 cans/case<br>unflavored                                  |
| Elecare DHA/ARA | 479          | <b>Elemental:</b> 20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil.<br><br>Similar to Alfamino, Neocate DHA/ARA and PurAmino.<br><br>Available in PWD (14.1oz can).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Recommendations:</b><br>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. | Abbott<br>6 cans/case<br>unflavored                                    |
| EleCare Jr      | 515          | <b>Elemental:</b> 30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil.<br><br>Similar to Alfamino Jr., Equacare Jr., Essential Care Jr., Neocate Jr. and Puramino Jr.<br><br>Available in PWD (14.1oz can). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Abbott<br>6 cans/case<br><br>unflavored, vanilla,<br>banana, chocolate |

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| Formula Name                         | Formula Code             | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*   |
|--------------------------------------|--------------------------|--|--|---|---|
| Encala                               | 639                      | <b>Special Medical Conditions:</b> 50 calories per scoop, standard serving size is 2 scoops to 10 fl. oz. water; tapioca-based; dairy-free, gluten-free; contains soy with lysophosphatidylcholine; enriched with oleic and linolenic acid.<br><br>Available in PWD (9.7oz pouch). | 1) Cystic Fibrosis<br>2) Exocrine Pancreatic Insufficiency   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Envira Health<br><br>unflavored   |
| EnfaCare/Enfamil Neuropro Enfacare   | 371 (PWD)<br>623 (RTU)   | <b>Premature/LBW:</b> 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil.<br><br>Similar to NeoSure.<br><br>Available in PWD (13.6oz can) and RTU (2oz btl).   | 1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age<br>2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD.<br><br><b>Recommendations:</b><br>At 6 months chronological age staff should assess infant's readiness to eat solids. | Mead Johnson<br>Code 371: 6 cans/case<br><br>Code 623: 6 bottles/carton, 24 bottles/case, 48 bottles/case |
| Enfagrow Premium Toddler             | 608 (24oz)<br>690 (32oz) | <b>Special Medical Conditions:</b> 23 cal/oz, milk-based toddler formula with prebiotics.<br><br>Similar to Good Start GentlePro Toddler and Similac Go & Grow.<br><br>Available in PWD (24oz can).  | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>For children older than 1 year.   | Mead Johnson<br>4 cans/case<br>24oz: natural milk<br>32oz: vanilla, natural milk                          |
| Enfagrow Premium Gentlelease Toddler | 700                      | <b>Special Medical Conditions:</b> 30 cal/oz, milk-based partially hydrolyzed toddler formula with DHA.<br><br>Available in PWD (29.1oz can).  | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>For children older than 1 year.   | Mead Johnson<br>4 cans/case   |

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| Formula Name  | Formula Code           | Description   | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|---|------------------------|---|--|---|--|
| Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF) | 305 (PWD)<br>510 (RTU) | <b>Premature/LBW:</b> Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil.<br><br>Available in PWD (0.71g packet) and RTU (5mL vial). | 1) Prematurity (37 weeks)<br>2) Low or very low birth weight (LBW/VLBW)                | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue 1 month at a time.<br><br><b>Recommendations:</b><br>Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk.<br>*Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL. | Mead Johnson<br>Code 305: 100 packets/carton, 2 cartons/case<br><br>Code 510: 100 vials/carton, 2 cartons/case<br><br>smallest available unit:<br>Code 305: 100 packets<br>Code 510: 100 vials |
| Enfamil Premature 24 w/ Iron                                | 443                    | <b>Premature/LBW:</b> 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil.<br><br>Similar to Similac Special Care 24 w/ Iron.<br><br>Available in RTU (2oz btl).                          | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW) | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue 1 month at a time.<br><br><b>Additional Information:</b><br>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.   | Mead Johnson<br>6 bottles/carton, 48 bottles/case<br><br>smallest available unit:<br>6 bottles   |

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| Formula Name                              | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|---|--------------|--|---|--|--|
| Enfamil Premature High Protein 24 w/ Iron | 509          | <p><b>Premature/LBW:</b> 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal.</p> <p>Similar to Similac Special Care 24 High Protein.</p> <p>Available in RTU (2oz btl).</p>        | <p>1) Prematurity (&lt;37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p>  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Can only issue 1 month at a time.</p> <p><b>Additional Information:</b></p> <p>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p> | <p>Mead Johnson</p> <p>6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p> |
| Enfamil Premature 30                      | 557          | <p><b>Premature/LBW:</b> 30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil.</p> <p>Similar to Similac Special Care 30 w/ Iron.</p> <p>Available in RTU (2oz btl).</p> | <p>1) Prematurity (&lt;37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p>  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Can only issue 1 month at a time.</p> <p><b>Additional Information:</b></p> <p>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p> | <p>Mead Johnson</p> <p>6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p> |
| Enfaport                                  | 564          | <p><b>Special Medical Conditions:</b> 30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants.</p> <p>Available in RTU (6oz-6pack = 36oz).</p>  | <p>1) Chylolthorax</p> <p>2) Condition that impairs digestion/absorption</p> <p>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)</p> <p>4) High MCT oil needs</p> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p>  | <p>Mead Johnson</p> <p>4-6 packs/case (24-6oz ctnrs)</p>   |

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| Formula Name                              | Formula Code                    | Description   | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*   |
|---|---------------------------------|---|--|--|---|
| Ensure                                    | 075                             | <b>Increased Calorie Supplement:</b> 31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container.<br><br>Similar to Boost.<br><br>Available in RTU (8oz ctrn).                            | 1) Increased calorie needs<br>2) Oral motor feeding issues/aversions<br>3) Tube feeding  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Abbott<br>24 ctnrs/case<br><br>vanilla, chocolate, coffee<br>latte, strawberry, butter pecan, banana nut                            |
| Ensure Clear                              | 606                             | <b>Increased Calorie Supplement:</b> 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 8 g whey protein/8 oz container.<br><br>Available in RTU (8oz ctrn).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Increased calorie needs<br>5) Oral motor feeding issues/aversions | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete Assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                           | Abbott<br>24 ctnrs/case<br><br>apple, mixed berry<br>blueberry, mixed fruit   |
| Ensure High Protein Therapeutic Nutrition | 573                             | <b>Special Medical Conditions:</b> 20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete.<br><br>Similar to Boost High Protein.<br><br>Available in RTU (8oz ctrn).  | 1) Increased calorie needs<br>2) Increased protein needs   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                           | Abbott<br>24 ctnrs/case<br><br>vanilla, chocolate<br><br>TN = therapeutic nutrition, institutional version only                     |
| Ensure Plus                               | 120 (RTU 8oz)<br>121 (RTU 32oz) | <b>Increased Calorie Supplement:</b> 45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container.<br><br>Similar to Boost Plus.<br><br>Available in RTU (8oz ctrn; 32oz ctrn). | 1) Increased calorie needs<br>2) Fluid restriction<br>3) Oral motor feeding issues/aversions<br>4) Tube feeding  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Abbott<br>Code 120: 24 ctnrs/case<br>vanilla, chocolate, strawberry, butter pecan<br><br>Code 121: 6 ctnrs/case; vanilla, chocolate |

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| Formula Name   | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*   |
|----------------|--------------|---|---|---|---|
| Ensure Pudding | 122          | <p><b>Increased Calorie Supplement:</b> 170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS).</p> <p>Similar to Boost Pudding.</p> <p>Available in RTU (4oz cup).</p>   | <p>1) Oral motor feeding issues/aversions</p> <p>2) Dysphagia</p> <p>3) Increased calorie needs</p> <p>4) Fluid restrictions</p> <p>5) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</p> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Limit issuance to 3 per day or 96 per month. Can only issue to women and children.</p>     | <p>Abbott</p> <p>4 cups/carton</p> <p>vanilla, chocolate</p> <p>smallest available unit: 4-pack</p> |
| ENU Pro3+      | 634          | <p><b>Modular:</b> 1 scoop = 1 tablespoon = 8.6 g = 35 cal; 4.1 cal/g; standard serving 2 scoops per 1/2 cup food or water; 40 scoops per can; nutritionally incomplete; macronutrient distribution range per 100 g: 54% carbohydrate, 25% protein, 21% fat; 8% of fat is MCT oil; enriched with L-leucine, 29 vitamins and minerals.</p> <p>Available in PWD (12oz can).</p> | <p>1) Increased calorie needs</p> <p>2) Failure to thrive (FTT) with weight/length or height &lt;10% or downward crossing of 2 major percentiles</p>  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>For 2 years of age and older. Can only issue to women or children.</p>                     | <p>Ajinomoto Cambrooke Inc.</p> <p>unflavored</p>   |
| ENU Shake      | 633          | <p><b>Special Medical Conditions:</b> 47 cal/oz; high calorie; high protein; nutritionally complete; 100% hydrolyzed whey protein; soy-free, corn-free, gluten-free, lactose-free; for oral or tube feeding; 25% of fat is MCT oil.</p> <p>Similar to Ensure High Protein Therapeutic, Boost High Protein, Boost Plus.</p> <p>Available in RTU (6-8.5oz ctrn).</p>            | <p>GI Disorder with one or more of the following conditions:</p> <p>1) Increased calorie needs</p> <p>2) Increased protein needs</p> <p>3) Fluid restriction</p> <p>4) Tube Feeding</p> <p>5) Cystic Fibrosis</p> <p>6) Cancer</p>                      | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Normally used for adults. Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.</p> <p>6-pack</p> <p>vanilla, chocolate</p>                             |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name      | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*   |
|-------------------|--------------|---|---|---|---|
| Equacare Jr       | 627          | <p><b>Elemental:</b> 30 cal/oz standard dilution; hypoallergenic; nutritionally complete; 100% free amino acids; 33% of fat is MCT oil; for oral or tube feeding.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr, PurAmino Jr.</p> <p>Available in PWD (14.1oz can).</p>   | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophogatis</li> </ol>       | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.</p> <p>6 cans/case</p> <p>unflavored, vanilla, chocolate</p>                  |
| Essential Care Jr | 628          | <p><b>Elemental:</b> 30 cal/oz standard dilution; hypoallergenic; corn-free; nutritionally complete; 100% free amino acids; 35% of fat is MCT oil; enriched with low FODMAP prebiotics, DHA, Lutein, K2; for oral or tube feeding.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr., PurAmino Jr.</p> <p>Available in PWD (14.1oz pouch).</p>     | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy, corn or intact protein)/FPIES</li> <li>5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophagitis</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.</p> <p>6 pouches/case</p> <p>unflavored, white chocolate, vanilla, citrus</p> |
| Extensive HA      | 592          | <p><b>Protein Hydrolysate:</b> 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA.</p> <p>Similar to Alimentum, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil.</p> <p>Available in PWD (14.1 oz can).</p> | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> </ol>  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Formula-certified WCS</p>  | <p>Gerber</p> <p>6 cans/case</p>  |

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| Formula Name            | Formula Code | Description  | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*           |
|-------------------------|--------------|--|---|---|---------------------------------------|
| FiberSource HN          | 126          | <b>Increased Calorie Supplement:</b> 36 cal/oz, high-nitrogen, 100% soy protein with fiber for tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container.<br><br>Available in RTU (250mL ctrn).                           | For tube feeding with<br>1) GI Disorder<br>2) Neurological condition<br>3) Developmental delays (sensory & motor)<br>4) Increased calorie needs   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br>unflavored |
| Fortini                 | 638          | <b>Increased Calorie Supplement:</b> 30 cal/oz, high calorie, nutritionally complete, contains milk and soy, prebiotic fiber and DHA/ARA, for oral or tube feeding, osmolality: 360 mOsm/kg.<br><br>Available in RTU (4oz ctrn). | Increased calorie needs related to:<br>1) Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles<br>2) Inadequate Growth<br>3) Fluid Restriction<br>4) Tube Feeding<br>5) Hypermetabolic condition (congenital heart disease, chronic pulmonary disease, etc.) | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete Assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Normally used for full term infants and young children up to 18 months. Not recommended for use in premature infants <37 weeks adjusted gestational age.<br><br>Can only issue until infant or toddler reaches 19 lbs. 13 oz. | Nutricia<br>30 ctnrs/case             |
| GA 1 Anamix Early Years | 580          | <b>Metabolic:</b> Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder.<br><br>Available in PWD (400g can).   | Glutaric aciduria type 1 in infants or children.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Nutricia<br>6 cans/case               |
| GA                      | 464          | <b>Metabolic:</b> Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Glutaric aciduria (acidemia) type I in infants or children  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Mead Johnson<br>6 cans/case           |

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| Formula Name                    | Formula Code      | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging* |
|---------------------------------|-------------------|--|---|--|-----------------------------|
| Generic Hypoallergenic          | 659<br>660<br>661 | <b>Protein Hydrolysate:</b> 20cal/oz, hypoallergenic, 100% extensively hydrolyzed casein, lactose-free, gluten-free; contains probiotic Lactobacillus rhamnosus, DHA/ARA; does not contain MCT oil; powder should be measured with unpacked level scoops and added to warm water and shaken for a minimum of 30 seconds; if stored chilled, product may separate and will need to be shaken again; not intended for immunocompromised or premature infants.<br><br>Similar to Alimentum, Extensive HA, Nutramigen, Pepticate, Pregestimil<br><br>Available in PWD (12.6oz, 19.8oz, 27.8oz can) | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Additional Information:</b><br>Labels will vary by store brand.<br><br>659 (12.6oz) - Parent's Choice (Walmart), HEB Baby (HEB), Comforts (Kroger), Tippy Toes (Brookshires)<br><br>660 (19.8oz) - HEB Baby (HEB), Parent's Choice (Walmart), Up&Up (Target), Signature Care (Albertsons, Randalls, Tom Thumb, Fiesta)<br><br>661 (27.8oz) - Parent's Choice (Walmart) | Perrigo<br>1 can            |
| GlutarAde Amino Acid Blend GA-1 | 541               | <b>Metabolic:</b> Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old.<br><br>Available in PWD (1lb can).   | Glutaric aciduria (acidemia) Type I in children and adults  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>4 cans/case     |
| GlutarAde Jr GA-1 Drink Mix     | 540               | <b>Metabolic:</b> Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old.<br><br>Available in PWD (400g can).   | Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>4 cans/case     |
| Glutarex 1                      | 344               | <b>Metabolic:</b> Lysine, tryptophan and lactose-free.<br><br>Available in PWD (14.1oz can).   | Glutaric aciduria (acidemia) type I in infants or children  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Abbott<br>6 cans/case       |

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| Formula Name                 | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*  |
|------------------------------|--------------|---|---|---|--|
| Glutarex 2                   | 345          | <b>Metabolic:</b> Lysine, tryptophan and lactose-free.<br><br>Available in PWD (14.1oz can).  | Glutaric aciduria (acidemia) type I in children and adults  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                                      | Abbott<br>6 cans/case  |
| Glycosade                    | 614          | <b>Metabolic:</b> Hydrothermally processed high amylopectin starch. Each 60g packet has an equivalent carbohydrate content of 55g of uncooked cornstarch.<br><br>Available in PWD (60g pack).                         | 1) Glycogen Storage Disease (GSD)<br>2) Hypoglycemia<br>3) Tube Feeding   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 5 years of age and older and adults. Can only issue to women. | Vitaflo<br>30 packs/case<br><br>smallest available unit:<br>must order in multiples<br>of 30 |
| Glytrol                      | 132          | <b>Special Medical Conditions:</b> 30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control.<br><br>Available in RTU (250mL ctrn).  | 1) Diabetes Mellitus<br>2) Glucose intolerance<br>3) Hyperglycemia  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                    | Nestle<br>24 ctrns/case<br>vanilla   |
| Good Start GentlePro Toddler | 603          | <b>Special Medical Conditions:</b> 19.3 cal/oz, milk-based toddler drink with probiotics.<br><br>Similar to Enfagrow Toddler and Similac Go & Grow.<br><br>Available in PWD (24oz can).                               | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>For children 1 year of age and older.               | Gerber<br>4 cans/case  |
| HCU Anamix Early             | 576          | <b>Metabolic:</b> Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of protein equivalent per 100 g of powder. For oral or tube feeding.<br><br>Available in PWD (400g can). | Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.                        | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Nutricia<br>6 cans/case  |
| HCU Anamix Next              | 583          | <b>Metabolic:</b> Methionine-free. Contains DHA and prebiotic fiber blend.<br><br>Available in PWD (400g can).  | Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.                     | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Nutricia<br>6 cans/case  |

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| Formula Name  | Formula Code | Description  | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*       |
|---|--------------|--|---|---|-----------------------------------|
| HCU Maxamum<br><br>(discontinued name:<br>XMet Maxamum) | 261          | <b>Metabolic:</b> Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults.<br><br>Available in PWD (454g can).    | 1) Homocystinuria (vitamin B-6 non-responsive)<br>2) Hyper-methioninemia                  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women (including pregnant) and children. | Nutricia<br>6 cans/case<br>orange |
| HCY 1   | 465          | <b>Metabolic:</b> Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can). | Homocystinuria in infants or children   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Mead Johnson<br>6 cans/case       |
| HCY 2   | 328          | <b>Metabolic:</b> Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).                           | Homocystinuria in children or adults  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                      | Mead Johnson<br>6 cans/case       |
| Hominex 1   | 346          | <b>Metabolic:</b> Methionine and lactose-free.<br><br>Available in PWD (14.1oz can).   | Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers. | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Abbott<br>6 cans/case             |
| Hominex 2   | 347          | <b>Metabolic:</b> Methionine and lactose-free.<br><br>Available in PWD (14.1oz can).   | Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                      | Abbott<br>6 cans/case             |
| I Valex 1   | 348          | <b>Metabolic:</b> Leucine and lactose-free.<br><br>Available in PWD (14.1oz can).  | Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers       | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Abbott<br>6 cans/case             |
| I Valex 2   | 349          | <b>Metabolic:</b> Leucine and lactose-free.<br><br>Available in PWD (14.1oz can).  | Isovaleric acidemia or other disorders of leucine catabolism in children or adults.       | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                      | Abbott<br>6 cans/case             |

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| Formula Name   | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*       |
|--|--------------|---|---|---|-----------------------------------|
| Impact   | 140          | <b>Special Medical Conditions:</b> 30 cal/oz; lactose-free enteral formula for critically ill adults.<br><br>Available in RTU (250mL ctnr).   | 1) Trauma<br>2) Post-surgery<br>3) Burns or wounds<br>4) Mechanically ventilated<br>5) Critically ill | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.              | Nestle<br>24 ctnrs/case           |
| Isosource 1.5  | 152          | <b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free, high-calorie, high-nitrogen; 2 g fiber per 250 mL container; for tube feedings.<br><br>Available in RTU (250mL ctnr).   | For tube feeding with:<br>1) High calorie needs<br>2) Increased protein needs<br>3) Fluid restriction | <b>Requirements:</b><br><b>Documentations:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.             | Nestle<br>24 ctnrs/case           |
| Isosource HN   | 153          | <b>Increased Calorie Supplement:</b> 36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only.<br><br>Available in RTU (250mL ctnr). | For tube feeding with:<br>1) High calorie needs<br>2) Increased protein needs<br>3) Fluid restriction | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.              | Nestle<br>24 ctnrs/case           |
| IVA Anamix Early                                     | 577          | <b>Metabolic:</b> Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding.<br><br>Available in PWD (400g can).   | Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.            | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Nutricia<br>6 cans/case           |
| IVA Anamix Next                                      | 584          | <b>Metabolic:</b> Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder.<br><br>Available in PWD (400g can).   | Isovaleric acidemia or other disorders of leucine catabolism in children or adults.                   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                                | Nutricia<br>6 cans/case           |
| IVA Maxamum<br><br>(discontinued name: XLeu Maxamum) | 255          | <b>Metabolic:</b> Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder.<br><br>Available in PWD (454g can).  | Isovaleric acidemia and other disorders of leucine metabolism   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For older children and adults. Can only issue to women and children. | Nutricia<br>6 cans/case<br>orange |

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| Formula Name                      | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*                       |
|-----------------------------------|--------------|--|---|--|---|
| Jevity 1 Cal                      | 155          | <b>Special Medical Conditions:</b> 31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber per 8 oz serving.<br><br>Available in RTU (8oz ctnr).   | 1) Tube feeding<br>2) Tube feeding with wound healing   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                                     | Abbott<br>24 ctnrs/case                           |
| Kate Farms Pediatric Peptide 1.0  | 625          | <b>Special Medical Conditions:</b> 29.5 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein. For oral or tube feeding.<br><br>Available in RTU (8.45oz ctnr).                      | 1) Condition that impairs digestion/absorption<br>2) Poor GI tolerance to other formulas<br>3) Food allergies (cow's milk, soy, corn)<br>4) GI Disorder with increased calorie needs, or fluid restriction<br>5) Tube feeding<br>6) FTT or malnutrition | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only issue to women and children.         | Kate Farms<br>12 ctnrs/case<br>vanilla            |
| Kate Farms Pediatric Peptide 1.5  | 610          | <b>Special Medical Conditions:</b> 44 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding.<br><br>Available in RTU (8.45oz ctnr). | 1) Condition that impairs digestion/absorption<br>2) Poor GI tolerance to other formulas<br>3) Food allergies (cow's milk, soy, corn)<br>4) GI Disorder with increased calorie needs, or fluid restriction<br>5) Tube feeding<br>6) FTT or malnutrition | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only issue to women and children.         | Kate Farms<br>12 ctnrs/case<br>vanilla, plain     |
| Kate Farms Pediatric Standard 1.2 | 611          | <b>Increased Calorie Supplement:</b> 35 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; Intact organic pea protein. For oral or tube feeding.<br><br>Available in RTU (8.45oz ctnr).  | 1) Poor GI tolerance to other formulas<br>2) FTT or malnutrition<br>3) Food allergies (cow's milk, soy, or corn)<br>4) Tube feeding   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete Assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only be issued to women and children. | Kate Farms<br>12 ctnrs/case<br>vanilla, chocolate |

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| Formula Name            | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*                           |
|-------------------------|--------------|--|---|--|---|
| Kate Farms Peptide 1.5  | 612          | <b>Special Medical Conditions:</b> 45.5 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding.<br><br>Available in RTU (11oz ctrn). | 1) Condition that impairs digestion/absorption<br>2) Poor GI tolerance to other formulas<br>3) Food allergies (cow's milk, soy, corn)<br>4) GI Disorder with increased calorie needs, or fluid restriction<br>5) Tube feeding<br>6) FTT or malnutrition | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.   | Kate Farms<br>12 ctnrs/case<br><br>vanilla, plain     |
| Kate Farms Standard 1.0 | 613          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; Intact organic pea protein and 30% fat as MCT oil. For oral or tube feeding.<br><br>Available in RTU (11oz ctrn).                                 | 1) Poor GI tolerance to other formulas<br>2) FTT or malnutrition<br>3) Food allergies (cow's milk, soy, or corn)<br>4) Tube feeding   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete Assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.   | Kate Farms<br>12 ctnrs/case<br><br>vanilla, chocolate |
| Ketocal 3:1             | 456          | <b>Special Medical Conditions:</b> High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete.<br><br>Available in PWD (300g can).   | <b>Non-metabolic reason:</b><br>1) Intractable epilepsy<br><b>Metabolic reason:</b><br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency (Glut1DS)   | <b>Requirements for Non-Metabolic Reasons:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Requirements for Metabolic Reasons:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 1 year of age and older. Can only issue to women and children. | Nutricia<br>6 cans/case                               |

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| Formula Name | Formula Code           | Description   | Qualifying Conditions  | Staff Guidance   | Manufacturer/ Packaging*  |
|--------------|------------------------|---|--|--|---|
| Ketocal 4:1  | 364 (PWD)<br>505 (RTU) | <b>Special Medical Conditions:</b> High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete.<br><br>Available in PWD (300g can), RTU (8oz ctnr).  | <b>Non-metabolic reason:</b><br>1) Intractable epilepsy<br><b>Metabolic reason:</b><br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency (Glut1DS)  | <b>Requirements for Non-Metabolic Reasons:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Requirements for Metabolic Reasons:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 1 year of age and older. Can only issue to women and children.  | Nutricia<br>Code 364: 6 cans/case<br><br>Code 505: 27 ctnrs/case unflavored, vanilla, chocolate |
| Ketonex 1    | 350                    | <b>Metabolic:</b> Branched-chain amino acid and lactose-free.<br><br>Available in PWD (14.1oz can).   | Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Abbott<br>6 ctnrs/case  |
| Ketonex 2    | 351                    | <b>Metabolic:</b> Branched-chain amino acid and lactose-free.<br><br>Available in PWD (14.1oz can).   | Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults.   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Abbott<br>6 ctnrs/case  |
| Keto Peptide | 643                    | <b>Special Medical Conditions:</b> 77 cal/oz, high-fat, low-carbohydrate, peptide-based with hydrolyzed pea protein; 2.43 to 1 fat to carbohydrate ratio; made with blenderized whole foods; plant-based, dairy-free, soy-free, gluten-free, wheat-free, corn-free; contains 11 g fiber per 8 oz pouch, 21% of fat is MCT oil; not intended for sole source nutrition; for oral or tube feeding under medical supervision; osmolality 583 mOsm/kg.<br><br>Available in RTU (8oz pouch). | <b>Non-metabolic reason:</b><br>1) intractable epilepsy<br><b>Metabolic reason:</b><br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency (Glut1DS)<br>3) Glucose-6-phosphate dehydrogenase deficiency (G6PD)<br>4) Rett Syndrome<br>5) Neurological conditions which impact carbohydrate metabolism | <b>Requirements for Non-Metabolic Reasons:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Requirements for Metabolic Reasons:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children over 1 year of age. Can only issue to women and children. Participant must have health care team support in place to supervise use of this formula. | Functional Formularies<br>24 pouches/case   |

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| Formula Name        | Formula Code | Description  | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*   |
|---------------------|--------------|--|---|---|---|
| KetoVie 3:1         | 631          | <p><b>Special Medical Conditions:</b> High-fat, low carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate ratio; nutritionally complete; 20% of calories is MCT oil; enriched with DHA/ARA, FOS/GOS prebiotics.</p> <p>Similar to Ketocal 3:1.</p> <p>Available in RTU (8.5oz ctrn).</p>                      | <p><b>Non-metabolic reason:</b><br/>1) Intractable epilepsy</p> <p><b>Metabolic reason:</b><br/>1) Pyruvate dehydrogenase deficiency (PDH)<br/>2) Glucose transporter type-1 deficiency (Glut1DS)</p> | <p><b>Requirements for Non-Metabolic Reasons:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> State Agency</p> <p><b>Requirements for Metabolic Reasons:</b><br/><b>Documentation:</b> Metabolic prescription form<br/><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b><br/>For children 1 year of age and older. Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.<br/>30 cttnrs/case<br/>unflavored</p> <p>smallest available unit:<br/>must order in multiples of 30</p>         |
| KetoVie 4:1         | 630          | <p><b>Special Medical Conditions:</b> High-fat, low carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 25% of calories is MCT oil; enriched with DHA, inulin prebiotics.</p> <p>Similar to Ketocal 4:1.</p> <p>Available in RTU (8.5oz ctrn).</p>                           | <p><b>Non-metabolic reason:</b><br/>1) intractable epilepsy</p> <p><b>Metabolic reason:</b><br/>1) Pyruvate dehydrogenase deficiency (PDH)<br/>2) Glucose transporter type-1 deficiency (Glut1DS)</p> | <p><b>Requirements for Non-Metabolic Reasons:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> State Agency</p> <p><b>Requirements for Metabolic Reasons:</b><br/><b>Documentation:</b> Metabolic prescription form<br/><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b><br/>For children 1 year of age and older. Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.<br/>30 cttnrs/case<br/>vanilla, chocolate</p> <p>smallest available unit:<br/>must order in multiples of 30</p> |
| KetoVie 4:1 Peptide | 629          | <p><b>Special Medical Conditions:</b> High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; peptide-based, 100% extensively hydrolyzed whey protein; 15% of calories is MCT oil; enriched with DHA, inulin prebiotics.</p> <p>Available in RTU (8.5oz ctrn).</p> | <p><b>Non-metabolic reason:</b><br/>1) Intractable epilepsy</p> <p><b>Metabolic reason:</b><br/>1) Pyruvate dehydrogenase deficiency (PDH)<br/>2) Glucose transporter type-1 deficiency (Glut1DS)</p> | <p><b>Requirements for Non-Metabolic Reasons:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> State Agency</p> <p><b>Requirements for Metabolic Reasons:</b><br/><b>Documentation:</b> Metabolic prescription form<br/><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b><br/>For children 1 year of age and older. Can only issue to women and children.</p> | <p>Ajinomoto Cambrooke Inc.<br/>30 cttnrs/case<br/>unflavored</p> <p>smallest available unit:<br/>must order in multiples of 30</p>         |

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| Formula Name              | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*  |
|---------------------------|--------------|---|---|---|--|
| KetoVie 4:1<br>Unflavored | 632          | <b>Special Medical Conditions:</b> High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 100% partially hydrolyzed whey protein; 25% of calories is MCT oil; enriched with DHA/ARA, inulin prebiotics.<br><br>Available in RTU (8.5oz ctnr).  | <b>Non-metabolic reason:</b><br>1) Intractable epilepsy<br><b>Metabolic reason:</b><br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency (Glut1DS)   | <b>Requirements for Non-Metabolic Reasons:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Requirements for Metabolic Reasons:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 1 year of age and older. Can only issue to women and children. | Ajinomoto Cambrooke Inc.<br>30 ctnrs/case<br>unflavored<br><br>smallest available unit:<br>must order in multiples of 30 |
| Lipistart                 | 498          | <b>Special Medical Conditions:</b> Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx.<br><br>Available in PWD (400g can). | 1) Condition that impairs digestion/absorption<br>2) High MCT needs<br>3) Long chain fatty acid oxidation disorders<br>4) Hyperlipoproteinemia type 1<br>5) Chylothorax   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Normally used for children.   | VitaFlo<br>unflavored  |
| Liquigen                  | 567          | <b>Modular:</b> 45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete.<br><br>Available RTU (8.5oz ctnr).   | 1) Ketogenic Diet<br>2) Long-chain oxidation disorders<br>3) Condition that impairs digestion/absorption<br>4) Increased calorie needs<br>5) Conditions with decreased pancreatic lipase and/or decreased bile salts<br>6) Defective lymphatic transport of fat | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency   | Nutricia<br>12 ctnrs/case  |
| LMD                       | 574          | <b>Metabolic:</b> Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency  | Mead Johnson<br>6 cans/case  |

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| Formula Name        | Formula Code | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|---------------------|--------------|---|---|--|--|
| Lophlex LQ PKU      | 499          | <b>Metabolic:</b> Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch.<br><br>Available in RTU (4.2oz ctrn).  | Phenylketonuria in children older than 4 years  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>30 pouches/case<br>tropical, berry<br><br>smallest available unit:<br>must order in multiples<br>of 30 |
| MCT Oil             | 425          | <b>Modular:</b> 8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil.<br><br>Available in RTU (32oz ctrn).   | 1) Condition that impairs digestion/absorption<br>2) Defective lymphatic transport of fat<br>3) Conditions with decreased pancreatic lipase and/or decreased bile salts<br>4) Increased calorie needs | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency  | Nestle<br>6 bottles/case   |
| MCT Procal          | 618          | <b>Metabolic:</b> High in medium-chain triglyceride (MCT) fat for the dietary management of disorders of long-chain fatty acid oxidation, fat malabsorption and other disorders requiring a high MCT, low long-chain triglyceride (LCT) diet. MCT procal (16g) = 10g MCT, 112kcal and 2g protein.<br>Contains milk protein.<br><br>Available in PWD (16g pack). | 1) Long chain fatty acid oxidation disorder<br>2) Fat malabsorption -Disorders requiring a high MCT or low long chain triglyceride (LCT) diet.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 3 years of age and older and adults. Can only issue to women and children. | Vitafo<br>30 packs/case<br><br>smallest available unit:<br>must order in multiples<br>of 30                        |
| MMA-PA Anamix Early | 579          | <b>Metabolic:</b> Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder.<br><br>Available in PWD (400g can).  | Vitamin B-12 non-responsive methylmalonic acidemia or propionic acidemia in infants or young children.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Nutricia<br>6 cans/case  |
| MMA-PA Anamix Next  | 585          | <b>Metabolic:</b> Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA.<br><br>Available in PWD (400g can).   | Vitamin B-12 non-responsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up.  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Nutricia<br>6 cans/case  |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name   | Formula Code | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*       |
|--|--------------|---|---|--|-----------------------------------|
| MMA/PA Maxamum<br><br>(discontinued name<br>XMTVI Maxamum) | 264          | <b>Metabolic:</b> Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults.<br><br>Available in PWD (454g can).  | 1) Methylmalonic acidemia (vitamin B-12 non-responsive)<br>2) Propionic acidemia  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nutricia<br>6 cans/case<br>orange |
| Monogen  | 449          | <b>Special Medical Conditions:</b> Milk-based; 90% of fat is MCT oil. Nutritional complete, formula low in long chain triglycerides (LCT) and high in medium chain triglycerides (MCT) containing linoleic acid (LA) and alpha-linolenic acid (ALA); supplemented with DHA/ARA; and updated micronutrient profile; not recommended for infants under 1.<br><br>Similar to Portagen.<br><br>Available in PWD (400g can). | 1) Chylothorax<br>2) Condition that impairs digestion/absorption<br>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)<br>4) High MCT oil needs | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority   | Nutricia<br>6 cans/case           |
| MSUD Anamix Early  | 575          | <b>Metabolic:</b> Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding.<br><br>Available in PWD (400g can).   | Maple syrup urine disease (MSUD).   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Nutricia<br>6 cans/case           |

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| Formula Name      | Formula Code | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*       |
|-------------------|--------------|--|--|---|-----------------------------------|
| MSUD Maxamum      | 173          | <p><b>Metabolic:</b> Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder.</p> <p>Available in PWD (454g can).</p>   | Maple syrup urine disease (MSUD) in older children and adults  | <p><b>Requirements:</b><br/> <b>Documentation:</b> Metabolic prescription form<br/> <b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b><br/>                     Can only issue to women and children.</p>   | Nutricia<br>6 cans/case<br>orange |
| Neocate w/DHA/ARA | 440          | <p><b>Elemental:</b> 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water.</p> <p>Similar to Alfamino, PurAmino and Elecare.</p> <p>Available in PWD (400g can).</p> | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Requirements:</b><br/> <b>Documentation:</b> Rx and Formula history<br/> <b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Recommendations:</b><br/>                     A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p> | Nutricia<br>4 cans/case           |

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| Formula Name   | Formula Code | Description   | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*   |
|----------------|--------------|---|--|---|---|
| Neocate Junior | 504          | <p><b>Elemental:</b> 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with and without prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil.</p> <p>With Prebiotics: 1 scoop = 1 Tbsp = 7.7 g (Unflavored), 7.5 g (Chocolate), 7.3 g (Vanilla, Strawberry, Tropical)</p> <p>Without Prebiotics: Unflavored, 1 Tbsp = 7 g; 1 C = 100 g.</p> <p>Similar to Alfamino Jr., Elecare Jr., Equacare Jr., Essential Care Jr., Puramino Jr.</p> <p>Available in PWD (400g can).</p> | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b></p> <p>Can only issue to women and children.</p> <p><b>Additional Information:</b></p> <p>Neocate Jr. and Neocate Jr. with Prebiotics merged into the same code. Staff will need to document preferred flavor as well as with or without prebiotics on orders.</p> | <p>Nutricia</p> <p>4 cans/case</p> <p>Prebiotics: unflavored, vanilla, strawberry, chocolate, tropical fruit</p> <p>Without Prebiotics: unflavored only</p> |
| Neocate Nutra  | 525          | <p><b>Elemental:</b> 472 cal/ 100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food intended to be added to water or liquid; not nutritionally complete; oral use only; not for bottle or tube feeding.</p> <p>Available in PWD (14oz can).</p>  | <ol style="list-style-type: none"> <li>1) Condition that impairs digestion/absorption</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>For infants 6 months of age or older.</p> <p>Typically issued with another formula.</p>  | <p>Nutricia</p> <p>3 cans/case</p>  |

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| Formula Name   | Formula Code                                    | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|----------------|---|--|--|---|--|
| Neocate Splash | 565   | <b>Elemental:</b> 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil.<br><br>Available in RTU (8oz ctrn).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nutricia<br>27 ctns/case<br><br>unflavored, grape, orange-pineapple, tropical fruit, vanilla |
| Neocate Syneo  | 601   | <b>Elemental:</b> 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil; contains a blend of prebiotics and probiotics. Standard 20 cal mixing is 1 scoop of powder to 1 oz water.<br><br>Available in PWD (400g can). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Recommendations:</b><br>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.  | Nutricia<br>4 cans/case  |
| NeoSure        | 370 (PWD)<br>430 (RTU)<br><br>Large PWD:<br>662 | <b>Premature/LBW:</b> 22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil.<br><br>Similar to EnfaCare.<br><br>Available in PWD (13.1oz and 22.8oz can), RTU (32oz btl).                        | 1) Prematurity (<37 weeks), regardless of birthweight<br>2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD.<br><br><b>Recommendations:</b><br>At 6 months chronological age staff should assess infant's readiness to eat solids. | Abbott<br>Code 370: 6 cans/case<br><br>Code 420: 6 bottles/case                              |
| Nepro          | 174   | <b>Special Medical Conditions:</b> 54 cal/oz, calorically dense and lactose-free; for oral or tube feeding.<br><br>Available in RTU (8oz ctrn).  | 1) Electrolyte and/or fluid restriction<br>2) Dialysis<br>3) Acute kidney injury<br>4) Chronic renal failure   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctns/case<br><br>vanilla, butter pecan, mixed berry                             |

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| Formula Name    | Formula Code | Description  | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*                          |
|-----------------|--------------|--|---|---|--|
| Nourish         | 641          | <p><b>Special Medical Conditions:</b> 33 cal/oz, blenderized, plant-based, non-gmo, made from whole foods, dairy-free, tree-nut free, gluten-free, soy-free, corn-free; contains 7 g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 553 mOsm/kg; 3-12 oz pouches meet 100% of DRI for ages 4-8.</p> <p>Similar to Compleat Pediatric Organic Blends and Real Food Blends.</p> <p>Available in RTU (12oz pouch).</p>  | <ol style="list-style-type: none"> <li>1) Tube Feeding</li> <li>2) GI Disorder</li> <li>3) GER/GERD</li> <li>4) Poor GI tolerance to other formulas</li> <li>5) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>6) Developmental Delays</li> <li>7) Failure to Thrive</li> </ol>  | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p> | <p>Functional Formularies</p> <p>24 pouches/case</p> |
| Nourish Peptide | 642          | <p><b>Special Medical Conditions:</b> 43 cal/oz, blenderized, plant-based, non-gmo, made from whole foods; nutritionally complete, peptide-based with hydrolyzed pea protein; dairy-free, tree-nut free, gluten-free, soy-free, corn-free; 20% of fat is MCT oil; 10g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 460 mOsm/kg; 3-12 oz pouches meet 100% DRI for ages 4-8.</p> <p>Similar to Compleat Pediatric Peptide 1.5</p> <p>Available in RTU (12oz pouch).</p> | <ol style="list-style-type: none"> <li>1) Tube Feeding</li> <li>2) Condition that impairs digestion/absorption</li> <li>3) GI Disorder with increased calorie needs or fluid restriction</li> <li>4) Poor GI tolerance to other formulas</li> <li>5) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>6) Developmental Delays</li> <li>7) Failure to Thrive</li> </ol> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p> | <p>Functional Formularies</p> <p>24 pouches/case</p> |

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| Formula Name       | Formula Code                        | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*   |
|--------------------|-------------------------------------|---|---|--|---|
| NovaSource Renal   | 176                                 | <b>Special Medical Conditions:</b> 60 cal/oz, lactose-free, high-calories; with MCT oil.<br><br>Available in RTU (8oz ctnr).  | 1) Electrolyte and/or fluid restriction<br>2) Dialysis<br>3) Acute kidney injury<br>4) Chronic renal failure  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority   | Nestle<br>27 ctnrs/case<br>vanilla  |
| Nutramigen         | 031 (CON)<br>024 (RTU)<br>699 (RTU) | <b>Protein Hydrolysate:</b> 20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil.<br><br>Similar to Alimentum RTU.<br><br>Available in CON (13oz can) & RTU (32oz can, 8oz-6pk).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES                                     | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS  | Mead Johnson<br>Code 031: 12 cans/case<br><br>Code 024: 6 cans/case<br><br>Code 699: 6-pack |
| Nutramigen LGG     | 480<br><br>Large:<br>658<br>657     | <b>Protein Hydrolysate:</b> 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Powder should be measured with packed, level scoops.<br><br>Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Pepticate, Pregestimil.<br><br>Available in PWD (12.6oz, 19.8oz, 27.8oz can). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES                                     | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS  | Mead Johnson<br>6 cans/case   |
| Nutramigen Toddler | 555                                 | <b>Protein Hydrolysate:</b> 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops.<br><br>Available in PWD (12.6oz can).  | Medical need for 20 cal/oz with:<br>1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>For children over 1 year of age. Can only issue to children.<br><br><b>Additional Information:</b><br>Limited availability through Spring 2024 | Mead Johnson<br>6 cans/case   |

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| Formula Name       | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*        |
|--------------------|--------------|--|---|--|------------------------------------|
| Nutren 1.0         | 183          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr).  | 1) Increased calorie needs<br>2) Oral motor feeding issues/aversions<br>3) Tube feeding   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Nutren 1.0 w/Fiber | 184          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5 g fiber/250 mL container.<br><br>Available in RTU (250mL ctnr). | Increased fiber needs with one or more of the following:<br>1) Increased calorie needs<br>2) Tube feeding<br>3) Oral motor feeding issues/aversions   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Nutren 2.0         | 187          | <b>Increased Calorie Supplement:</b> 60 cal/oz, high calorie, lactose-free, oral or tube feeding; 75% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr).                                       | 1) Fluid restriction<br>2) Increased calorie needs  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Nutren Junior      | 189          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, oral or tube feeding; contains 50% whey protein concentrate; 22% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr).              | 1) Increased calorie needs<br>2) Inadequate growth<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |

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| Formula Name          | Formula Code | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*        |
|-----------------------|--------------|---|---|--|------------------------------------|
| Nutren Junior w/Fiber | 188          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, oral or tube feeding; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5 g fiber/250 mL container.<br><br>Available in RTU (250mL ctrn).                    | Increased fiber needs with one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children. | Nestle<br>24 ctnrs/case<br>vanilla |
| Nutren Pulmonary      | 192          | <b>Special Medical Conditions:</b> 45 cal/oz, high-calorie, high-protein, low-carbohydrate, lactose-free; nutritionally complete; 40% of fat is MCT oil.<br><br>Available in RTU (250mL ctrn).                                  | 1) Pulmonary disease<br>2) Respiratory disorder<br>3) Ventilator dependency<br>4) Fluid restriction   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                               | Nestle<br>24 ctnrs/case<br>vanilla |
| NutriHep              | 190          | <b>Special Medical Conditions:</b> 45 cal/oz, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, lactose-free; 70% of fat is MCT oil.<br><br>Available in RTU (250mL ctrn). | 1) Hepatic insufficiency<br>2) Liver disease  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                               | Nestle<br>24 ctnrs/case            |
| OA 1                  | 445          | <b>Metabolic:</b> Isoleucine, methionine, threonine, valine, lactose and galactose-free; nutritionally incomplete; OA stands for organic acid; 15.7 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz ctrn).    | Propionic acidemia or methylmalonic acidemia in infants or toddlers   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Mead Johnson<br>6 ctnrs/case       |

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| Formula Name | Formula Code | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|--------------|--------------|---|---|--|------------------------------|
| OA 2         | 446          | <b>Metabolic:</b> Isoleucine, methionine, threonine, valine, fat-free; nutritionally incomplete; OA stands for organic acid; 21 g protein equivalent/100 g powder. 60 calories per scoop (14.5 grams per scoop).<br><br>Available in PWD (16oz ctnr). | Propionic acidemia or methylmalonic acidemia in children or adults  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.                   | Mead Johnson<br>6 ctnrs/case |
| Osmolite 1.0 | 062          | <b>Special Medical Conditions:</b> 32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein per 8 oz can.<br><br>Available in RTU (8oz ctnr).                        | Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children. | Abbott<br>24 ctnrs/case      |
| Osmolite 1.2 | 193          | <b>Special Medical Conditions:</b> 36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil.<br><br>Available in RTU (8oz ctnr).  | Increased calorie or protein needs with intolerance to hyperosmolar feedings                                | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children. | Abbott<br>24 ctnrs/case      |
| Oxepa        | 196          | <b>Special Medical Conditions:</b> 45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil.<br><br>Available in RTU (8oz ctnr).  | Mechanical ventilation, e.g., acute respiratory distress syndrome   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children. | Abbott<br>24 ctnrs/case      |

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| Formula Name           | Formula Code           | Description   | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*   |
|------------------------|------------------------|---|--|--|---|
| Pediasmart             | 524                    | <p><b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones.</p> <p>Available in PWD (12.7oz can).</p>   | <ol style="list-style-type: none"> <li>1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or</li> <li>2) Increase calorie needs</li> <li>3) Inadequate growth</li> <li>4) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Complete assessment<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b><br/>Can only issue to women and children.</p> | <p>Natures One<br/>6 cans/case<br/><br/>vanilla, chocolate</p>  |
| Pediasmart Pea Protein | 689                    | <p><b>Increased Calorie Supplement:</b> 30 cal/oz, pea protein-based, milk-free, lactose-free, gluten-free, organic, non-GMO and nutritionally complete; no artificial flavors, colors or sweeteners, corn-syrup free; appropriate for children with galactosemia.</p> <p>Similar to Bright Beginnings Soy.</p> <p>Available in PWD (12.7oz can)</p>      | <ol style="list-style-type: none"> <li>1) Increase calorie needs</li> <li>2) Inadequate growth</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Oral motor feeding issues/aversions</li> <li>5) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Complete assessment<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b><br/>Can only issue to women and children.</p> | <p>Natures One<br/>1 can<br/>vanilla</p>  |
| PediaSure              | 034 (RTU)<br>677 (PWD) | <p><b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container.</p> <p>Similar to Boost Kid Essentials.</p> <p>Available in RTU (8oz ctnr) and PWD (14.1oz can)</p> | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Complete assessment<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b><br/>Can only issue to women and children.</p> | <p>Abbott<br/>Code 034:<br/>16 ctnrs/case<br/>vanilla, chocolate</p> <p>24 ctnrs/case<br/>vanilla, chocolate,<br/>strawberry, banana<br/>crème, smores</p> <p>Code 677: 1 can,<br/>vanilla, chocolate,<br/>strawberry</p> <p>smallest available unit:<br/>6-pack at retail only</p> |

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| Formula Name                  | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|-------------------------------|--------------|--|---|--|--|
| PediaSure w/Fiber             | 035<br>701   | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480.<br><br>Available in RTU (8oz ctnr, 7.4oz ctnr - 4 pack).   | Increased fiber needs and/or one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Additional Information:</b><br>For participants that can no longer find the 6-pack at retail, staff will need to put code 701 for the 4-pack instead. | Abbott<br>Code 035: 24 ctnrs/case<br>vanilla, strawberry<br><br>Code 701: vanilla, strawberry, chocolate<br><br>smallest available unit:<br>Code 035 - 6-pack<br>Code 701 - 4-pack |
| PediaSure Enteral 1.0         | 292          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335.<br><br>Available in RTU (8oz can).  | 1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Abbott<br>24 cans/case<br>vanilla  |
| PediaSure Enteral w/Fiber 1.0 | 293          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructo-oligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar per 8 oz container; Osmolality: 345.<br><br>Available in RTU (8oz can). | Increased fiber needs and/or one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Abbott<br>24 cans/case<br>vanilla  |
| PediaSure 1.5                 | 506          | <b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370.<br><br>Similar to Boost Kid Essentials 1.5.<br><br>Available in RTU (8oz ctnr).   | 1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Prematurity (<37 weeks)/LBW   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.                                | Abbott<br>24 ctnrs/case<br>vanilla   |

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| Formula Name              | Formula Code | Description   | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|---------------------------|--------------|---|--|---|--|
| PediaSure 1.5 w/Fiber     | 507          | <b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container; Osmolality: 390.<br><br>Similar to Kid Essentials 1.5 with Fiber. | Increased fiber needs and/or one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/averssions<br>6) Prematurity (<37 weeks)/LBW | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. | Abbott<br>24 ctnrs/case<br>vanilla   |
| PediaSure Peptide 1.0     | 514          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil.<br><br>Available in RTU (8oz btl).   | 1) Condition that impairs digestion/absorption<br>2) GI Disorder   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 bottles/case<br>vanilla, strawberry,<br>unflavored                        |
| PediaSure Peptide 1.5     | 529          | <b>Increased Calorie Supplement:</b> 45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding.<br><br>Available in RTU (8oz ctrn).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Increased calorie needs   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctnrs/case<br>vanilla   |
| PediaSure Reduced Calorie | 550          | <b>Special Medical Conditions:</b> 18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure.<br><br>Available in RTU (8oz ctrn).  | 1) Oral motor feeding issues/aversions<br>2) Neurological conditions   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctnrs/case<br>vanilla, chocolate,<br>strawberry<br><br>institutional only |

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| Formula Name        | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*   |
|---------------------|--------------|--|--|--|---|
| Pediasure Sidekicks | 607          | <b>Special Medical Conditions:</b> 22.5 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and 10 g milk protein.<br><br>Available in RTU (8oz ctnr).  | 1) Oral motor feeding issues/aversions<br>2) Neurological conditions | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Abbott<br>6-pack<br>24 ctnrs/case<br><br>vanilla, chocolate,<br>strawberry<br><br>retail only |
| Peptamen            | 197          | <b>Special Medical Conditions:</b> 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 70% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr).               | GI Disorder  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.   | Nestle<br>24 ctnrs/case<br><br>unflavored, vanilla  |
| Peptamen 1.5        | 199          | <b>Special Medical Conditions:</b> 45 cal/oz, high calorie, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 71% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr). | GI Disorder with increased calorie needs or fluid restriction        | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for adults. Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. | Nestle<br>24 ctnrs/case<br><br>unflavored, vanilla  |
| Peptamen Junior     | 051          | <b>Special Medical Conditions:</b> 30 cal/oz, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil.<br><br>Available in RTU (250mL ctnr).               | GI Disorder  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only issue to women and children.   | Nestle<br>24 ctnrs/case<br><br>unflavored, vanilla,<br>chocolate, strawberry                  |

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| Formula Name           | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*                        |
|------------------------|--------------|---|---|---|--|
| Peptamen Junior 1.5    | 478          | <b>Special Medical Conditions:</b> 45 cal/oz, high calorie, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; enriched with EPA, DHA. 1.35 g fiber per 250 mL container.<br><br>Available in RTU (250mL ctrn). | GI Disorder with increased calorie needs or fluid restriction   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.<br><br><b>Recommendations:</b><br>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. | Nestle<br>24 ctnrs/case<br><br>unflavored, vanilla |
| Peptamen Junior Fiber  | 469          | <b>Special Medical Conditions:</b> 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 1.8 g fiber per 250 mL container.<br><br>Available in RTU (250mL ctrn).  | GI Disorder with increased fiber needs  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only be issued to women and children.  | Nestle<br>24 ctnrs/case<br>vanilla                 |
| Peptamen Junior HP 1.2 | 637          | <b>Special Medical Conditions:</b> 35 cal/oz, high protein, high calorie; lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 1g fiber per 250 mL container.<br><br>Available in RTU (8.5oz ctrn).               | GI Disorder with one or more of the following conditions:<br>1) Increased calorie needs<br>2) Increased protein needs<br>3) Protein energy malnutrition<br>4) Failure to thrive (FTT) with weight/height or length <10% or downward crossing of 2 major percentiles | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Normally used for children. Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br>vanilla                 |

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| Formula Name            | Formula Code | Description   | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*        |
|-------------------------|--------------|---|--|---|------------------------------------|
| Peptamen Junior<br>PHGG | 685          | <b>Special Medical Conditions:</b> 35 cal/oz, high calorie, hydrolyzed whey protein, peptide-based; contains 12g/L partially hydrolyzed guar gum (PHGG) a source of low FODMAP prebiotic fiber; MCT oil, soybean oil; carbohydrate sources include maltodextrin, sugar and cornstarch; gluten-free, Kosher, appropriate for lactose intolerance; not intended for children with galactosemia or milk-protein allergy.<br><br>Available in RTU (8.45oz ctnr).  | GI Disorder with increased calorie and fiber needs.  | <b>Requirements:</b><br>Documentation: Rx and Formula history<br>Approval Authority: Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br>Vanilla |
| Pepticate               | 693          | <b>Protein Hydrolysate:</b><br>20 cal/oz, hypoallergenic, extensively hydrolyzed whey protein; contains scGOS (short chain galactooligosaccharides) and lcFOS (long chain fructooligosaccharides) prebiotics, lactose, DHA/ARA; powder should be measured with unpacked level scoops.<br>Contains lactose and tuna oil.<br><br>Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pregestimil.<br><br>Available in PWD (400g or 14.1oz). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES<br>5) Severe protein calorie malnutrition                                    | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Additional Information:</b><br>This formula is mostly available through drop ship vendors. Please confirm availability with vendor before placing orders. | Nutricia<br>1 can                  |
| Perative                | 200          | <b>Special Medical Conditions:</b> 39 cal/oz, lactose-free, hydrolyzed peptide-based protein; with arginine; nutritionally complete; for tube feeding; 40% of fat is MCT oil.<br><br>Available in RTU (8oz ctnr).   | For tube feeding with one of more of the following :<br>1) Pressure ulcers, multiple fractures, wounds, burns, or surgery<br>2) Multiple fractures<br>3) Wounds, burns, or surgery<br>4) Conditions causing metabolic stress | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctnrs/case            |

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| Formula Name         | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*                                  |
|----------------------|--------------|--|---|--|--|
| Periflex Advance     | 527          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women).<br><br>Available in PWD (16oz can).   | Phenylketonuria   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nutricia<br>6 cans/case<br><br>unflavored, orange, chocolate |
| Periflex Junior Plus | 566          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents per 100 g PWD,<br><br>Available in PWD (400g can). | Phenylketonuria (PKU)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nutricia<br>6 cans/case<br><br>plain, orange, berry, vanilla |
| Periflex LQ PKU      | 497          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults.<br><br>Available in RTU (8.5oz ctrn).                        | Phenylketonuria (PKU), including maternal PKU                 | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nutricia<br>18 cttrs/case<br><br>berry, orange               |
| PFD 2                | 329          | <b>Metabolic:</b> Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete.<br><br>Available in PWD (16oz can).   | Inborn errors of amino acid metabolism in children and adults | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Mead Johnson<br>6 cans/case                                  |
| Phenex 1             | 352          | <b>Metabolic:</b> Phenylalanine and lactose-free; for infants and toddlers.<br><br>Available in PWD (14.1oz can).  | Phenylketonuria (PKU) or hyperphenylalaninemia                | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and toddlers.             | Abbott<br>6 cans/case  |

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| Formula Name           | Formula Code | Description   | Qualifying Conditions                          | Staff Guidance  | Manufacturer/<br>Packaging*                        |
|------------------------|--------------|---|--|---|--|
| Phenex 2               | 353          | <b>Metabolic:</b> Phenylalanine and lactose-free; nutritionally incomplete; for children and adults.<br><br>Available in PWD (14.1oz can).  | Phenylketonuria (PKU) or hyperphenylalaninemia | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children. | Abbott<br>6 cans/case<br>vanilla                   |
| Phenyl Free 1          | 311          | <b>Metabolic:</b> Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Phenylketonuria (PKU) or hyperphenylalaninemia | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and toddlers.                                      | Mead Johnson<br>6 cans/case                        |
| Phenyl Free 2          | 297          | <b>Metabolic:</b> Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Phenylketonuria (PKU) or hyperphenylalaninemia | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children. | Mead Johnson<br>6 cans/case                        |
| Phenyl Free 2HP        | 298          | <b>Metabolic:</b> Phenylalanine, lactose, galactose-free; higher in protein and most vitamins and minerals than Phenyl Free 2; nutritionally incomplete; 40 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can). | Phenylketonuria (PKU) or hyperphenylalaninemia | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children. | Mead Johnson<br>6 cans/case                        |
| PhenylAde 60 Drink Mix | 545          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete; for oral or tube feeding; 294 cal per 100 g powder; not for infants under 1 year of age.<br><br>Available in PWD (1lb can).   | Phenylketonuria (PKU)                          | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children. | Nutricia<br>4 cans/case<br><br>unflavored, vanilla |

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| Formula Name                   | Formula Code | Description   | Qualifying Conditions | Staff Guidance  | Manufacturer/<br>Packaging*  |
|--------------------------------|--------------|---|-----------------------|---|--|
| PhenylAde Drink Mix            | 338          | <b>Metabolic:</b> Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents.<br><br>Available in PWD (454g can).                            | Phenylketonuria (PKU) | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children.                   | Nutricia<br>4 cans/case<br><br>vanilla, strawberry, orange crème   |
| PhenylAde Essential            | 501          | <b>Metabolic:</b> Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age.<br><br>Available in PWD (454g can). | Phenylketonuria (PKU) | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children.                   | Nutricia<br>4 cans/case<br><br>vanilla, strawberry, orange crème, chocolate  |
| PhenylAde MTE Amino Acid Blend | 547          | <b>Metabolic:</b> Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder.<br><br>Available in PWD (1lb can).  | Phenylketonuria (PKU) | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children.                   | Nutricia<br>4 cans/case  |
| Phlexy - 10 Drink Mix          | 439          | <b>Metabolic:</b> Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete.<br><br>Available in PWD (20g pack).  | Phenylketonuria (PKU) | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 3 years and older and adults. Can only issue to women and children. | Nutricia<br>30 packs/case<br><br>black currant, apple, tropical sunrise  |
| PKU Air20                      | 617          | <b>Metabolic:</b> Phenylalanine-free* with docosahexaenoic acid (DHA); nutritionally incomplete; 20g protein equivalents/174 mL pouch. Contains tuna oil, and soy.<br><br>Available in RTU (5.88oz ctnr).     | Phenylketonuria (PKU) | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 3 years and older and adults. Can only issue to women and children. | Vitaflor<br>30 ctnrs/case<br><br>green - citrus twist, gold - coffee fusion, yellow - mango breeze<br><br>smallest available unit: must order in multiples of 30 |

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| Formula Name  | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*   |
|---|--------------|---|---|---|---|
| PKU Maxamum<br><br>(discontinued name:<br>XPhe Maxamum) | 243          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder.<br><br>Available in PWD (454g can).      | Phenylketonuria (PKU), including maternal PKU                                       | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nutricia<br>6 cans/case<br><br>unflavored, orange   |
| PKU Periflex Early                                      | 581          | <b>Metabolic:</b> Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of protein equivalent per 100 g powder.<br><br>Available in PWD (400g can).             | Phenylketonuria (PKU)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and young children.  | Nutricia<br>6 cans/case   |
| PKU Sphere15  | 615          | <b>Metabolic:</b> Phenylalanine-free, nutritionally incomplete. 15g protein equivalents.<br>Contains tuna oil, soy, milk protein.<br><br>Available in PWD (27g ctnr). | Phenylketonuria (PKU)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 4 years and older and adults. Can only issue to women and children. | Vitafo<br>30 ctnrs/case<br><br>red berry, vanilla<br><br>smallest available unit:<br>must order in multiples<br>of 30               |
| PKU Sphere20  | 616          | <b>Metabolic:</b> Phenylalanine-free; nutritionally incomplete. 20g protein equivalents.<br>Contains tuna oil, soy, milk protein.<br><br>Available in PWD (35g ctnr). | Phenylketonuria (PKU)   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children 4 years and older and adults. Can only issue to women and children. | Vitafo<br>30 ctnrs/case<br><br>red berry, vanilla,<br>chocolate<br><br>smallest available unit:<br>must order in multiples<br>of 30 |
| Polycal   | 570          | <b>Modular:</b> Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5g or 20 cal.<br><br>Available in PWD (400g can).                                      | 1) Increased calorie needs with restricted fluids<br>2) Inborn errors of metabolism | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Issue no more than 3 cans/month.  | Nutricia<br>12 cans/case  |

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| Formula Name        | Formula Code | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|---------------------|--------------|--|--|---|--|
| Portagen            | 597          | <p><b>Special Medical Conditions:</b> 30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1.</p> <p>Similar to Monogen.</p> <p>Available in PWD (14.46oz can).</p>  | <p>1) Chylolthorax<br/>2) Condition that impairs digestion/absorption<br/>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)<br/>4) High MCT oil needs</p> | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Additional Information:</b><br/>Limited availability through October 2023</p> | Mead Johnson<br>6 cans/case  |
| Pregestimil 24      | 461          | <p><b>Protein Hydrolysate:</b> 24 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia.</p> <p>Available in RTU (2oz btl).</p>   | <p>Increased calorie needs with one of the following:<br/>1) Condition that impairs digestion/absorption<br/>2) GI Disorder<br/>3) GER/GERD<br/>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES<br/>5) Severe protein calorie malnutrition</p>  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - Formula-certified WCS</p>  | Mead Johnson<br>48 bottles/case<br><br>smallest available unit:<br>6 bottles |
| Pregestimil DHA/ARA | 036          | <p><b>Protein Hydrolysate:</b> 20cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Powder should be measured with packed, level scoop.</p> <p>Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate.</p> <p>Available in PWD (16oz can).</p> | <p>1) Condition that impairs digestion/absorption<br/>2) GI Disorder<br/>3) GER/GERD<br/>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES<br/>5) Severe protein calorie malnutrition</p>   | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - Formula-certified WCS</p> <p><b>Additional Information:</b><br/>Limited availability through Spring 2024</p> | Mead Johnson<br>6 cans/case  |

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| Formula Name    | Formula Code | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*  |
|-----------------|--------------|---|---|--|--|
| Promote         | 213          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, very high-protein formula; nutritionally complete; for oral or tube feeding; 19% of fat is MCT oil; 14.8 g soy protein/8 oz can.<br><br>Available in RTU (8oz ctnr).                            | 1) Pressure ulcers<br>2) At risk for protein-energy malnutrition<br>3) Low caloric and/or wound healing needs<br>4) Increased calorie needs   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.      | Abbott<br>24 ctnrs/case<br>vanilla<br><br>smallest available unit:<br>6-pack |
| Promote w/Fiber | 214          | <b>Increased Calorie Supplement:</b> 30 cal/oz, lactose-free, very high-protein formula with fiber; nutritionally complete, for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8 g soy protein/8 oz can.<br><br>Available in RTU (8oz ctnr). | Increased fiber needs with one of the following:<br>1) Pressure ulcers<br>2) At risk for protein-energy malnutrition<br>3) Low caloric and/or wound healing needs<br>4) Increased calorie needs | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.      | Abbott<br>24 ctnrs/case<br>vanilla<br><br>smallest available unit:<br>6-pack |
| Pro-Phree       | 356          | <b>Special Medical Conditions:</b> Protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 C = 120 g.<br><br>Available in PWD (14.1oz can).                             | Medical condition with a need for reduced protein intake in infants or toddlers   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency  | Abbott<br>6 cans/case  |
| Propimex 1      | 354          | <b>Metabolic:</b> Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers.<br><br>Available in PWD (14.1oz can).   | Propionic or methylmalonic acidemia in infants or toddlers  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Abbott<br>24 cans/case   |
| Propimex 2      | 355          | <b>Metabolic:</b> Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults.<br><br>Available In PWD (14.1oz can).   | Propionic or methylmalonic acidemia   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Abbott<br>6 cans/case  |

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| Formula Name                 | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*  |
|------------------------------|--------------|--|--|--|--|
| Pulmocare                    | 219          | <b>Special Medical Conditions:</b> 45 cal/oz, high-calorie, low-carbohydrate, lactose-free formula; for oral or tube feedings; 20% of fat is MCT oil.<br><br>Available in RTU (8oz ctnr).  | Respiratory condition  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctnrs/case<br><br>vanilla, strawberry<br><br>smallest available unit:<br>6-pack |
| PurAmino                     | 460          | <b>Elemental:</b> 20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder. Formerly known as Nutramigen AA. Standard mixing is 1 unpacked level scoop of powder to 1 oz water.<br><br>Similar to Alfamino, Elecare, Neocate DHA/ARA<br><br>Available in PWD (14.1oz can). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Recommendations:</b><br>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. | Mead Johnson<br>4 cans/case  |
| PurAmino Jr                  | 599          | <b>Elemental:</b> 30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water.<br><br>Similar to Alfamino Jr., Elecare Jr, Equacare Jr., Essential Care Jr., Neocate Jr.<br><br>Available in PWD (14.1oz can).   | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation: RX and Formula history</b><br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Mead Johnson<br>4 cans/case<br><br>unflavored, vanilla                                       |
| RCF (Ross Carbohydrate Free) | 230          | <b>Special Medical Conditions:</b> 20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately.<br><br>Available in CON (13oz can).  | <b>Non-metabolic reason:</b><br>Seizure disorders requiring a ketogenic diet<br><b>Metabolic reason:</b><br>Carbohydrate intolerance.  | <b>Requirements for Non-Metabolic Reasons:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Requirements for Metabolic Reasons:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency                          | Abbott<br>12 cans/case   |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name     | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*   |
|------------------|--------------|--|--|--|---|
| Real Food Blends | 688          | <p><b>Special Medical Conditions:</b> 34-36 cal/oz, blenderized whole foods with 1 serving of fruits/vegetables; tree nut-free, soy-free, gluten-free and dairy-free; not a sole source of nutrition (nutritionally incomplete); primarily designed for tube feeding or enteral feeding with tube size &gt;14 Fr or larger G-tube; bolus feeding and gravity feeding require additional liquid; for use under medical supervision only.</p> <p>Similar to Compleat Pediatric Organic Blends and Nourish.</p> | <ol style="list-style-type: none"> <li>1) Tube Feeding</li> <li>2) FTT or malnutrition</li> <li>3) Food allergies</li> <li>4) Poor GI tolerance to other formulas</li> </ol> | <p><b>Requirements:</b><br/>Documentation: Rx and Formula history<br/>Approval Authority: State Agency</p> <p><b>Limitations:</b><br/>Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p>               | <p>Nutricia<br/>12 pouches/case<br/>-Chicken Carrots &amp; Brown Rice<br/>-Salmon Oats &amp; Squash<br/>-Quinoa Kale &amp; Hemp<br/>-Eggs Apple &amp; Oats<br/>-Turkey Sweet Potato &amp; Peaches</p> |
| Renalcal         | 222          | <p><b>Special Medical Conditions:</b> 60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil.</p> <p>Available in RTU (250mL ctnr).</p>   | Renal failure  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> Local Agency - Certifying Authority</p> <p><b>Limitations:</b><br/>Can only issue to women and children.</p>   | <p>Nestle<br/>24 ctnrs/case<br/>unflavored</p>  |
| Renastart        | 600          | <p><b>Special Medical Conditions:</b> 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A.</p> <p>Available in PWD (14.1oz can).</p>   | Renal disease  | <p><b>Requirements:</b><br/><b>Documentation:</b> Rx and Formula history<br/><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b><br/>For children over 1 year of age.</p> <p><b>Additional Information:</b><br/>Temporarily available to infants under 1 year of age.</p> | <p>Vitaflor<br/>unflavored</p> <p>smallest available unit:<br/>1 can</p>  |

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| Formula Name    | Formula Code | Description   | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*  |
|-----------------|--------------|---|---|---|--|
| Renastep        | 640          | <b>Special Medical Conditions:</b> 60 cal/oz, high calorie, low in potassium, chloride, phosphorous, calcium and vitamin A; enriched with DHA; 128 mOsm/L renal solute load, 700 mOsm/kg; for oral or tube feeding under medical supervision only; not intended as a sole source of nutrition.<br><br>Similar to Suplena.<br><br>Available in RTU (15-6.76oz ctnr). | 1) Chronic Kidney Disease<br>2) Kidney transplant complication, rejection or failure.   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children over 1 year of age.<br><br><b>Additional Information:</b><br>Temporarily available to infants under 1 year of age. | Vitaflor<br>15 ctnrs/case<br>vanilla<br><br>smallest available unit:<br>1 case                             |
| Replete w/Fiber | 224          | <b>Increased Calorie Supplement:</b> 30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container.<br><br>Available in RTU (250mL ctnr).   | Increased protein needs with one of the following:<br>1) Pressure ulcers<br>2) Burns<br>3) Surgical wounds<br>4) Fiber needs for bowel function | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br>vanilla   |
| Resource 2.0    | 177          | <b>Increased Calorie Supplement:</b> 60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN.<br><br>Available in RTU (8oz ctnr).  | 1) Increase calorie needs<br>2) Increased protein needs<br>3) Fluid restriction   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Nestle<br>24 ctnrs/case<br>vanilla<br><br>27 ctnrs/case<br>vanilla   |
| Scandishake     | 233          | <b>Increased Calorie Supplement:</b> 75 cal/oz when mixed with whole milk; nutritionally incomplete.<br><br>Available in PWD (12oz packet).   | Increased calorie needs   | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Aptalis<br>4 packets/box; 6 boxes per case<br><br>chocolate, strawberry, vanilla<br><br>Issued by box only |

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| Formula Name             | Formula Code | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|--------------------------|--------------|--|--|---|--|
| Scandishake w/Aspartame  | 234          | <b>Increased Calorie Supplement:</b> 75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame.<br><br>Available in PWD (12oz packet).  | Increased calorie needs  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Aptalis<br>6 cans/case<br><br>vanilla, chocolate   |
| Scandishake Lactose Free | 232          | <b>Increased Calorie Supplement:</b> 65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete.<br><br>Available in PWD (12oz packet).  | Increased calorie needs  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Aptalis<br>4 packets/box; 6 boxes per case<br><br>vanilla, chocolate<br><br>Issued by box only |
| Similac for Diarrhea     | 019          | <b>Special Medical Conditions:</b> 20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water.<br><br>Available in RTU (32oz can). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue 1 month at a time.<br><br><b>Recommendations:</b><br>Should only be used for a short duration - no longer than 10 days. | Abbott<br>6 cans/case  |

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| Formula Name                                     | Formula Code   | Description   | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*                                   |
|--|--|---|---|--|---|
| Similac Go & Grow Toddler                        | 602: (Blue Can)<br><br>626: Non-GMO 2'-FL HMO (Silver Can) | <b>602 Special Medical Conditions:</b> 17.5 calories/oz, milk-based with prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E.<br><br><b>626 Special Medical Conditions:</b> 17.5 calories/oz, non-GMO, milk-based with 2'FL HMO prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E.<br><br>Similar to Enfagrow Toddler and Good Start GentlePro Toddler.<br><br>Available in PWD (24oz/1lb can). | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Formula-certified WCS<br><br><b>Limitations:</b><br>For children older than 1 year.<br><br><b>Additional Information:</b><br>Healthcare provider can prescribe either can depending on availability.   | Abbott<br>Code 602: 6 cans/case<br>Code 626: 6 cans/case      |
| Similac Human Milk Fortifier Concentrated Liquid | 644  | <b>Premature/LBW:</b> Supplement for mother's milk collected after 2 weeks postpartum; milk-based concentrated liquid, low in iron, enriched with MCT, nutritionally incomplete, Halal and Kosher.<br><br>Similar to Enfamil Human Milk Fortifier<br><br>Available in RTU (5 mL packet)   | 1) Prematurity (<37 weeks)<br>2) Low or very low birth weight (LBW/VLBW)  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue 1 month at a time.<br>Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight.<br><br><b>Recommendations:</b><br>For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet to every 25 ml of preterm human milk. | Abbott<br>5mL/packet,<br>24 packets/carton,<br>6 cartons/case |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name  | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*   |
|---|--------------|--|--|--|---|
| Similac Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid | 645          | <p><b>Premature/LBW:</b> Supplement for mother's milk collected after 2 weeks postpartum; non-acidified, extensively hydrolyzed casein protein, enriched with lutein, DHA and MCT; gluten-free, low-iron, nutritionally incomplete.</p> <p>Similar to Enfamil HMF Acidified Liquid</p> <p>Available in RTU (24-5mL packet)</p> | <p>1) Prematurity (&lt;37 weeks)</p> <p>2) Low or very low birth weight (LBW/VLBW)</p>               | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Can only issue 1 month at a time. Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight.</p> <p><b>Recommendations:</b></p> <p>For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet to every 25 ml of preterm human milk.</p> | <p>Abbott</p> <p>5mL/packet, 24 packets/carton, 6 cartons/case</p> <p>smallest available unit: 24 packets</p> |
| Similac PM 60/40  | 042          | <p><b>Special Medical Conditions:</b> 20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources.</p> <p>Available in PWD (14.1oz can).</p>  | <p>1) Hypocalcemia</p> <p>2) Hyperphosphatemia</p> <p>3) Renal disease/low mineral condition</p>     | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Formula history</p> <p><b>Approval Authority:</b> Local Agency - Certifying Authority</p>  | <p>Abbott</p> <p>6 cans/case</p>  |
| Similac Special Care 20 w/Iron                                      | 595          | <p><b>Premature/LBW:</b> 20 cal/oz, preterm; 50% of fat is MCT oil.</p> <p>Available in RTU (2oz btl).</p>   | <p>1) Prematurity (&lt;37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.</p>   | <p>Abbott</p> <p>48 bottles/case</p>  |
| Similac Special Care 24 w/Iron                                      | 441          | <p><b>Premature/LBW:</b> 24 cal/oz, preterm; 50% of fat is MCT oil.</p> <p>Similar to Enfamil Premature 24 w/iron.</p> <p>Available in RTU (2oz btl).</p>  | <p>1) Prematurity (&lt;37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p> | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Rx and Complete assessment</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.</p>   | <p>Abbott</p> <p>48 bottles/case</p>  |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name                         | Formula Code | Description  | Qualifying Conditions   | Staff Guidance  | Manufacturer/<br>Packaging*        |
|--------------------------------------|--------------|--|---|---|------------------------------------|
| Similac Special Care 24 High Protein | 596          | <b>Premature/LBW:</b> 24 cal/oz, preterm; 3.3 g of protein /100 cal.<br><br>Similar to Enfamil Premature High Protein 24.<br><br>Available in RTU (2oz btl).   | 1) Prematurity (<37 weeks) with increased protein needs<br>2) Low birth weight or very low birth weight (LBW, VLBW) | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time. | Abbott<br>48 bottles/case          |
| Similac Special Care 30              | 503          | <b>Premature/LBW:</b> 30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender.<br><br>Similar to Enfamil Premature 30.<br><br>Available in RTU (2oz btl).  | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)                              | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time. | Abbott<br>48 bottles/case          |
| SOD Anamix Early                     | 578          | <b>Metabolic:</b> Methionine, cysteine-free with prebiotic fiber.<br><br>Available in PWD (400g can).  | Sulfite oxydase deficiency  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and young children.  | Nutricia<br>6 cans/case            |
| Suplena                              | 239          | <b>Special Medical Conditions:</b> 54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding.<br><br>Available in RTU (8oz ctrn). | 1) Renal disease/low mineral condition<br>2) Fluid restriction<br>3) Protein restriction                            | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.  | Abbott<br>24 ctnrs/case<br>vanilla |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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| Formula Name     | Formula Code | Description  | Qualifying Conditions  | Staff Guidance   | Manufacturer/<br>Packaging*                          |
|------------------|--------------|--|--|--|--|
| Tolerex          | 240          | <b>Elemental:</b> 30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete.<br><br>Available in PWD (2.82oz packet).   | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>For ages 3 and older. Can only issue to women and children. | Nestle<br>60 packets/case                            |
| TwoCal HN        | 245          | <b>Increased Calorie Supplement:</b> 60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding.<br><br>Similar to Resource 2.0.<br><br>Available in RTU (8oz ctnr).             | Fluid restriction with:<br>1) Increased protein needs<br>2) Increased calorie needs  | <b>Requirements:</b><br><b>Documentation:</b> Rx and Complete assessment<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.                   | Abbott<br>24 ctnrs/case<br><br>vanilla, butter pecan |
| TYR Anamix Early | 582          | <b>Metabolic:</b> Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g.<br><br>Available in PWD (400g can).  | Tyrosinemia  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and young children.   | Nutricia<br>6 cans/case                              |
| TYR Anamix Next  | 568          | <b>Metabolic:</b> 34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend (29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete.<br><br>Available in PWD (400g can). | Tyrosinemia  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children.   | Nutricia<br>6 cans/case                              |

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| Formula Name   | Formula Code | Description  | Qualifying Conditions   | Staff Guidance   | Manufacturer/<br>Packaging*                        |
|----------------|--------------|--|---|--|--|
| Tyrex 1        | 357          | <b>Metabolic:</b> Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder.<br><br>Available in PWD (14.1oz can).   | Tyrosinemia type I, II, or III  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Abbott<br>6 cans/case                              |
| Tyrex 2        | 358          | <b>Metabolic:</b> Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder.<br><br>Available in PWD (14.1oz can).  | Tyrosinemia type I, II, or III  | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Abbott<br>6 cans/case                              |
| TYROS 1        | 467          | <b>Metabolic:</b> Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers.<br><br>Available in PWD (16oz can).   | Tyrosinemia or other inborn errors of tyrosine metabolism   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency   | Mead Johnson<br>6 cans/case                        |
| TYROS 2        | 330          | <b>Metabolic:</b> Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults.<br><br>Available in PWD (16oz can).  | Tyrosinemia or other inborn errors of tyrosine metabolism   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Mead Johnson<br>6 cans/case                        |
| UCD Anamix Jr. | 548          | <b>Metabolic:</b> 0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete.<br><br>Available in PWD (400g can). | Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>Can only issue to women and children. | Nutricia<br>6 cans/case<br><br>unflavored, vanilla |

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| Formula Name      | Formula Code | Description  | Qualifying Conditions  | Staff Guidance  | Manufacturer/<br>Packaging*  |
|-------------------|--------------|--|--|---|--|
| Vital HN          | 249          | <b>Special Medical Conditions:</b> 30 cal/oz, high-nitrogen, low-fat, partially hydrolyzed protein; nutritionally complete; for oral or tube feeding; <0.25 g lactose per packet.<br><br>Available in PWD (2.79oz packet). | 1) Condition that impairs digestion/absorption<br>2) GI Disorder                         | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.        | Abbott<br>6 packets/carton, 4 cartons/case<br><br>vanilla<br><br>smallest available unit:<br>6 packets |
| Vivonex Pediatric | 250          | <b>Elemental:</b> 24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding.<br><br>Available in PWD (1.7oz packet).                           | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Surgery or trauma | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.        | Nestle<br>36 packets/case  |
| Vivonex Plus      | 251          | <b>Elemental:</b> 30 cal/oz, lactose-free, high-nitrogen, low-fat, elemental, 100% free amino acids; nutritionally complete; for oral or tube feeding.<br><br>Available in PWD (2.8oz packet).                             | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Surgery or trauma | <b>Requirements:</b><br><b>Documentation:</b> Rx and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.        | Nestle<br>36 packets/case  |
| Vivonex T.E.N.    | 252          | <b>Elemental:</b> 30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding.<br><br>Available in PWD (2.84oz packet).  | 1) Condition that impairs digestion/absorption<br>2) GI Disorder<br>3) Surgery or trauma | <b>Requirements:</b><br><b>Documentation:</b> RX and Formula history<br><b>Approval Authority:</b> Local Agency - Certifying Authority<br><br><b>Limitations:</b><br>Can only issue to women and children.        | Nestle<br>60 packets/case  |
| WND 1             | 468          | <b>Metabolic:</b> Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Urea cycle disorders   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For infants and toddlers.                                      | Mead Johnson<br>6 cans/case  |
| WND 2             | 331          | <b>Metabolic:</b> Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder.<br><br>Available in PWD (16oz can).   | Urea cycle disorders   | <b>Requirements:</b><br><b>Documentation:</b> Metabolic prescription form<br><b>Approval Authority:</b> State Agency<br><br><b>Limitations:</b><br>For children and adults. Can only issue to women and children. | Mead Johnson<br>6 cans/case  |

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE  
August 2023

| Formula Name          | Formula Code | Description  | Qualifying Conditions    | Staff Guidance   | Manufacturer/<br>Packaging*       |
|-----------------------|--------------|--|--------------------------|--|-----------------------------------|
| XLys, XTrp<br>Maxamum | 258          | <p><b>Metabolic:</b> Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder.</p> <p>Available in PWD (454g can).</p> | Glutaric acidemia type I | <p><b>Requirements:</b></p> <p><b>Documentation:</b> Metabolic prescription form</p> <p><b>Approval Authority:</b> State Agency</p> <p><b>Limitations:</b></p> <p>For older children and adults. Can only issue to women and children.</p> | Nutricia<br>6 cans/case<br>orange |