

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

June 2021

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

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Benecalorie	Modular	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. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	<p>Complete assessment required. Requires State Agency approval.</p> <p>Limited to 2 cases per month (48 containers); maximum quantity allows issuance of this product and another formula. Can only be issued to women and children.</p>	Nestle
BetaQuik MCT	Modular	18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 1) Ketogenic diet 2) Malabsorption syndrome 3) Defective lymphatic transport of fat 4) Conditions with decreased pancreatic lipase and/or decreased bile salts 	<p>Complete assessment required. Requires State Agency approval.</p> <p>Limit issuance to children 3 or more years of age and adults. Can only be issued to women and children.</p>	Vitaflo
Boost	Increased Calorie Supplement	31 cal/oz, lactose-free and nutritionally complete; similar to Ensure. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding 	<p>Complete assessment required.</p> <p>Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.</p>	Nestle
Boost Breeze	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) Oral motor feeding issues/aversions 3) Increased calorie needs 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia 	<p>Complete assessment required.</p> <p>Can only be issued to women and children.</p>	Nestle
Boost High Protein	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free, nutritionally complete; similar to Ensure High Protein. Available in RTU.	<ol style="list-style-type: none"> 1) Increased protein needs 2) Cancer 3) Wounds 4) Surgery 	<p>Complete assessment required.</p> <p>Can only be issued to women and children.</p>	Nestle

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Boost Kid Essentials	Increased Calorie Supplement	30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials. Similar to Pediasure. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Complete assessment required. Can only be issued to women and children.</p>	Nestle
Boost Kid Essentials 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; contains MCT oil. Similar to Pediasure 1.5. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children.</p>	Nestle
Boost Kid Essentials 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container. Similar to Pediasure 1.5 w/ Fiber. Available in RTU.	<p>Increased fiber needs with one or more of the following:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.</p>	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Boost Plus	Increased Calorie Supplement	46 cal/oz, lactose-free, high-calorie; nutritionally complete; similar to Ensure Plus. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	<p>Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.</p>	Nestle
Boost Pudding	Increased Calorie Supplement	240 cal/5 oz, lactose-free; nutritionally complete; similar to Ensure Pudding. Available in RTU.	<ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	<p>Complete assessment required. Requires State Agency approval. Limit issuance to about 3 per day or 96 per month. Can only be issued to women and children.</p>	Nestle
Boost Very High Calorie	Increased Calorie Supplement	66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Oral motor feeding issues/aversions 	<p>Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.</p>	Nestle
Bright Beginnings Soy Pediatric Drink	Increased Calorie Supplement	30 cal/oz, lactose-free, soy-based, with DHA and prebiotics; nutritionally complete; for oral or tube feeding; contains 3 g fiber per 8 oz can. Available in RTU.	<ol style="list-style-type: none"> 1) Food allergies (cow's milk or intact protein)/FPIES 2) Increased calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Tube Feeding 6) Oral motor feeding issues/aversions 7) Galactosemia 	<p>Complete assessment required. Can only be issued to women and children.</p>	PBM Products

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Calcilo XD	Special Medical Conditions	20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Available in PWD.	1) Osteopetrosis 2) William's Syndrome 3) Hypercalcemia and hyperparathyroidism	Formula history required.	Abbott
Carb Zero	Modular	18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU.	1) Ketogenic diet 2) LCT (long chain triglycerides) needs	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Vitaflo
Compleat	Increased Calorie Supplement	32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber per 250 mL container. Available in RTU.	Increased calorie needs for tube feedings only	Formula history required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Compleat Pediatric	Increased Calorie Supplement	30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber per 250 mL container. Available in RTU.	Increased calorie needs for tube feedings only	Formula history required. Normally used for children. Can only be issued to women and children.	Nestle
Compleat Pediatric Organic Blends	Special Medical Conditions	36 cal/oz, blenderized, made from foods; dairy-free, lactose-free, gluten-free, organic; primarily designed for tube feedings; not for gravity feeding or feeding tubes <12FR in bolus or pump-assisted feedings; for use under medical supervision; Available in RTU.	1) Tube Feeding 2) FTT or malnutrition 3) Food allergies 4) Poor GI tolerance to other formulas	Formula history required. Normally used for children. Can only be issued to women and children.	Nestle
Compleat Pediatric Peptide 1.5	Special Medical Conditions	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; similar to Kate Farms Peptide 1.5; available in RTU	1) Tube Feeding 2) Increased calorie needs 3) Malabsorption syndrome 4) Food allergies (cow's milk, soy, corn) 5) GI Impairment 6) FTT or malnutrition	Formula history required. Normally used for children. Can only be issued to women and children.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Compleat Pediatric Reduced Calorie	Special Medical Conditions	17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only. Available in RTU.	Decreased calorie needs for tube feeding only: 1) Oral motor feeding issues/aversions 2) Developmental delays (sensory and motor) 3) Neurological conditions	Formula history required. Normally used for children. Can only be issued to women and children.	Nestle
Complex Essential MSD	Metabolic	Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD)	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Complex Junior MSD	Metabolic	Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd. Available in PWD.	Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Complex MSD Amino Acid Blend	Metabolic	Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age. Available in PWD.	Maple Syrup Urine Disease (MSUD)	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Cyclinex 1	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD.	1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Cyclinex 2	Metabolic	Non-essential amino acid and lactose-free; nutritionally incomplete; Available in PWD.	1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homecirtrullinuria) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott

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DiabetiSource AC	Increased Calorie Supplement	36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container. Available in RTU.	<ol style="list-style-type: none"> 1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds 	Formula history required. Can only be issued to women and children.	Nestle
Duocal	Modular	4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. 80 scoops/can; 48 Tbsp/can. Available in PWD.	<ol style="list-style-type: none"> 1) Protein, electrolyte, and/or fluid restriction 2) Increased calorie needs 3) Protein or amino acid metabolism disorders 4) Malabsorption syndrome 5) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 	Complete assessment required. Requires State Agency approval.	Nutricia
Elecare DHA/ARA	Elemental	20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil; similar to Alfamino, Neocate DHA/ARA and PurAmino. Available in PWD.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. 	Formula history required. A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Abbott
EleCare Jr	Elemental	30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil; similar to Alfamino Jr., Neocate Jr. and Puramino Jr. Available in PWD.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. 	Formula history required. Can only be issued to women and children.	Abbott

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EnfaCare/Enfamil Neuropro Enfacare	Premature/LBW	22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil; similar to NeoSure. Available in PWD and RTU.	1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age 2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age	Complete assessment required. Staff will need to bring back infant at 6 months of age to determine readiness to eat solids. If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Mead Johnson
Enfagrow Premium Toddler	Special Medical Conditions	23 cal/oz, milk-based toddler formula with prebiotics. Similar to Good Start Grow and Similac Go & Grow. Available in PWD.	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Complete assessment required. For children older than 1 year. Formula-certified WCS may approve.	Mead Johnson
Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil. Available in PWD and RTU.	1) Prematurity (37 weeks) 2) Low or very low birth weight (LBW/VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk. *Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL.	Mead Johnson
Enfamil Premature 24 w/ Iron	Premature/LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; similar to Similac Special Care 24 w/ Iron. Available in RTU.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson

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Enfamil Premature High Protein 24 w/ Iron	Premature/ LBW	24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal. Available in RTU. Similar to Similac Special Care 24 High Protein.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson
Enfamil Premature 30	Premature/ LBW	30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil; similar to Similac Special Care 30 w/ Iron. Available in RTU.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.	Mead Johnson
Enfaport	Special Medical Conditions	30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants. Available in RTU.	1) Chylolthorax 2) Malabsorption syndrome 3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4) High MCT oil needs	Formula history required.	Mead Johnson
Ensure	Increased Calorie Supplement	31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container; similar to Boost. Available in RTU.	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Abbott

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Ensure Clear	Increased Calorie Supplement	31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 8 g whey protein/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) GI Impairment 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Increased calorie needs 5) Oral motor feeding issues/aversions 	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure High Calcium	Increased Calorie Supplement	28 cal/oz, lactose-free; 500mg calcium/8 oz container. Available in RTU.	<ol style="list-style-type: none"> 1) Increased risk of fractures 2) Increased calorie needs 3) Increased protein, calcium, vitamin D and other nutrients 	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure High Protein Therapeutic Nutrition	Special Medical Conditions	20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete; similar to Boost High Protein. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Increased protein needs 	Complete assessment required. Can only be issued to women and children.	Abbott
Ensure Plus	Increased Calorie Supplement	45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container; similar to Boost Plus. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Tube feeding 	Complete assessment required. Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Abbott
Ensure Pudding	Increased Calorie Supplement	170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS); similar to Boost Pudding. Available in RTU.	<ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	Complete assessment required. Requires State Agency approval. Limit issuance to about 3 per day or 96 per month. Can only be issued to women and children.	Abbott

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ENU Pro3+	Modular	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; Available in PWD.	1) Increased calorie needs 2) Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles	Complete assessment required. Requires State Agency approval. For 2 years of age or older. Can only be issued to women or children.	Ajinomoto Cambrooke Inc.
ENU Shake	Special Medical Conditions	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; similar to Ensure High Protein Therapeutic, Boost High Protein, Boost Plus; Available in RTU	GI Impairment with one or more of the following conditions: 1) Increased calorie needs 2) Increased protein needs 3) Fluid restriction 4) Tube Feeding 5) Cystic Fibrosis 6) Cancer	Complete assessment required. Normally used for adults. If prescribed for a child for any reason other than listed above, please consult with local agency RD or State Agency staff. Can only be issued to women and children.	Ajinomoto Cambrooke Inc.
Equacare Jr	Elemental	30 cal/oz standard dilution; hypoallergenic; nutritionally complete; 100% free amino acids; 33% of fat is MCT oil; for oral or tube feeding; similar to Elecare Jr, Neocate Jr, PurAmino Jr, Alfamino Jr; Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophogatis	Formula history required. For children. Can only be issued to women and children.	Ajinomoto Cambrooke Inc.
Essential Care Jr	Elemental	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; similar to Elecare Jr, Neocate Jr, PurAmino Jr, Alfamino Jr; Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) GER/GERD 4) Food allergies (cow's milk, soy, corn or intact protein)/FPIES 5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophagitis	Formula history required. For children. Can only be issued to women and children.	Ajinomoto Cambrooke Inc.

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Extensive HA	Protein Hydrolysate	20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA. Similar to Alimentum, Nutramigen and Pregestimil. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Formula-certified WCS may approve.	Gerber
FiberSource HN	Increased Calorie Supplement	36 cal/oz, high-nitrogen, 100% soy protein with fiber for tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container. Available in RTU.	For tube feeding with 1) GI impairment 2) Neurological condition 3) Developmental delays (sensory & motor) 4) Increased calorie needs	Formula history required. Can only be issued to women and children.	Nestle
GA 1 Anamix Early Years	Metabolic	Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder. Available in PWD.	Glutaric aciduria type 1 in infants or children.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia
GA	Metabolic	Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children	No assessment required. Requires State Agency approval and metabolic prescription form.	Mead Johnson
GlutarAde Amino Acid Blend GA-1	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children and adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
GlutarAde Jr GA-1 Drink Mix	Metabolic	Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD.	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Glutarex 1	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in infants or children	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Glutarex 2	Metabolic	Lysine, tryptophan and lactose-free. Available in PWD.	Glutaric aciduria (acidemia) type I in children and adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Glycosade	Metabolic	Hydrothermally processed high amylopectin starch. Each 60g packet has an equivalent carbohydrate content of 55g of uncooked cornstarch. Available in PWD.	1) Glycogen Storage Disease (GSD) 2) Hypoglycemia 3) Tube Feeding	No assessment required. Requires State Agency Approval and metabolic prescription form. For children 5 years and up and adults. For WIC - only issue to women.	Vitaflo
Glytrol	Special Medical Conditions	30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU.	1) Diabetes Mellitus 2) Glucose intolerance 3) Hyperglycemia	Formula history required. Can only be issued to women and children.	Nestle
Good Start Grow (3)	Special Medical Conditions	19.3 cal/oz, milk-based toddler drink with probiotics. Similar to Enfagrow Toddler and Similac Go & Grow. Available in PWD.	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Complete assessment required. For children older than 1 year. Formula-certified WCS may approve.	Gerber
HCU Anamix Early	Metabolic	Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of protein equivalent per 100 g of powder. For oral or tube feeding. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia
HCU Anamix Next	Metabolic	Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD.	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia
HCY 1	Metabolic	Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in infants or children	No assessment required. Requires State Agency approval and metabolic prescription form.	Mead Johnson
HCY 2	Metabolic	Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD.	Homocystinuria in children or adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Mead Johnson
Hominex 1	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers.	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Hominex 2	Metabolic	Methionine and lactose-free. Available in PWD.	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults.	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
I Valex 1	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
I Valex 2	Metabolic	Leucine and lactose-free. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott
Impact	Special Medical Conditions	30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU.	1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill	Formula history required. Can only be issued to women and children.	Nestle
Isosource 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free, high-calorie, high-nitrogen; 2 g fiber per 250 mL container; for tube feedings. Available in RTU.	For tube feeding with: 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Formula history required. Can only be issued to women and children.	Nestle
Isosource HN	Increased Calorie Supplement	36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only. Available in RTU.	For tube feeding with: 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Formula history required. Can only be issued to women and children.	Nestle
IVA Anamix Early	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
IVA Anamix Next	Metabolic	Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD.	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Jevity 1 Cal	Special Medical Conditions	31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber per 8 oz serving. Available in RTU.	1) Tube feeding 2) Tube feeding with wound healing	Formula history required. Can only be issued to women and children.	Abbott
Kate Farms Pediatric Peptide 1.0	Special Medical Conditions	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. Available in RTU.	1) Malabsorption syndrome 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI impairment with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Formula history required. For children. Can only be issued to women or children.	Kate Farms
Kate Farms Pediatric Peptide 1.5	Special Medical Conditions	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. Available in RTU.	1) Malabsorption syndrome 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI impairment with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Formula history required. For children. Can only be issued to women or children.	Kate Farms

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Kate Farms Pediatric Standard 1.2	Increased Calorie Supplement	35 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; Intact organic pea protein. For oral or tube feeding. Available in RTU.	1) Poor GI tolerance to other formulas 2) FTT or malnutrition 3) Food allergies (cow's milk, soy, or corn) 4) Tube feeding	Complete Assessment Required. For children. Can only be issued to women or children.	Kate Farms
Kate Farms Peptide 1.5	Special Medical Conditions	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. Available in RTU.	1) Malabsorption syndrome 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI impairment with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Formula history required. For adults. For WIC - only issue to women.	Kate Farms
Kate Farms Standard 1.0	Increased Calorie Supplement	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. Available in RTU.	1) Poor GI tolerance to other formulas 2) FTT or malnutrition 3) Food allergies (cow's milk, soy, or corn) 4) Tube feeding	Complete Assessment Required. For adults. For WIC - only issue to women.	Kate Farms
Ketocal 3:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD.	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. For 1 year of age and older. Metabolic reasons require State Agency approval and metabolic prescription form.	
Ketocal 4:1	Special Medical Conditions	High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD, RTU.	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. Requires State Agency approval. For 1 year of age and older. Metabolic reasons also require a metabolic prescription form.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Ketonex 1	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers.	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Ketonex 2	Metabolic	Branched-chain amino acid and lactose-free. Available in PWD.	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults.	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott
KetoVie 3:1	Special Medical Conditions	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; similar to Ketocal 3:1; Available in RTU.	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. Requires State Agency approval. For 1 year of age and older. Metabolic reasons also require a metabolic prescription form.	Ajinomoto Cambrooke Inc.
KetoVie 4:1	Special Medical Conditions	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; similar to Ketocal 4:1; Available in RTU.	Non-metabolic reason: 1) intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. Requires State Agency approval. For 1 year of age and older. Metabolic reasons also require a metabolic prescription form.	Ajinomoto Cambrooke Inc.
KetoVie 4:1 Peptide	Special Medical Conditions	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; Available in RTU.	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. Requires State Agency approval. For 1 year of age and older. Metabolic reasons also require a metabolic prescription form.	Ajinomoto Cambrooke Inc.
KetoVie 4:1 Unflavored	Special Medical Conditions	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; Available in RTU.	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Formula history required. Requires State Agency approval. For 1 year of age and older. Metabolic reasons also require a metabolic prescription form.	Ajinomoto Cambrooke Inc.

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Lipistart	Special Medical Conditions	Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx. Available in PWD.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) High MCT needs 3) Long chain fatty acid oxidation disorders 4) Hyperlipoproteinemia type 1 5) Chylothorax 	<p>Formula history required. Requires State Agency approval.</p> <p>Normally used for children.</p>	Vitaflo
Liquigen	Modular	45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete; Available RTU.	<ol style="list-style-type: none"> 1) Ketogenic Diet 2) Long-chain oxidation disorders 3) Malabsorption syndrome 4) Increased calorie needs 5) Conditions with decreased pancreatic lipase and/or decreased bile salts 6) Defective lymphatic transport of fat 	<p>Complete assessment required. Requires State Agency approval.</p>	Nutricia
LMD	Metabolic	Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD.	Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults	<p>No assessment required. Requires State Agency approval and metabolic prescription form.</p>	Mead Johnson
Lophlex LQ PKU	Metabolic	Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU.	Phenylketonuria in children older than 4 years	<p>No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.</p>	Nutricia
MCT Oil	Modular	8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) Defective lymphatic transport of fat 3) Conditions with decreased pancreatic lipase and/or decreased bile salts 4) Increased calorie needs 	<p>Complete assessment required. Requires State Agency approval.</p>	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
MCT Procal	Metabolic	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. Contains milk protein. Available in PWD.	1) Long chain fatty acid oxidation disorder 2) Fat malabsorption -Disorders requiring a high MCT or low long chain triglyceride (LCT) diet.	No assessment required. Requires State Agency approval and metabolic prescription form. For children 3 years and older and adults. Can only be issued to women and children.	
Microlipid	Modular	4.5 cal/mL, lactose-free, 100% of total calories from safflower oil; fat emulsion for use in oral or tube-feeding formulas; discard bottle 5 days after opening. 1 Tbsp = 68 cal. Available in RTU.	1) Increased calorie needs 2) Anorexia 3) Fluid restriction 4) Decreased carbohydrate tolerance 5) Ketogenic diet	Complete assessment required. Requires State Agency approval.	Nestle
MMA-PA Anamix Early	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder. Available in PWD.	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in infants or young children.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia
MMA-PA Anamix Next	Metabolic	Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD.	Vitamin B-12 non-reponsive methylmalonic acidemia in children 1 year of age and up.	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Monogen	Special Medical Conditions	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; similar to Portagen. Available in PWD.	1) Chylolthorax 2) Malabsorption syndrome 3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4) High MCT oil needs	Formula history required.	Nutricia
MSUD Anamix Early	Metabolic	Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding. Available in PWD.	Maple syrup urine disease (MSUD).	No assessment required. Requires State Agency approval and metabolic prescription form.	Nutricia
MSUD Maxamum	Metabolic	Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder. Available in PWD.	Maple syrup urine disease (MSUD) in older children and adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Neocate w/DHA/ARA	Elemental	20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Similar to Alfamino, PurAmino and Elecare. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Neocate Junior	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Similar to Alfamino Jr. and Elecare Jr. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g; Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. Can only be issued to women and children.	Nutricia
Neocate Junior with Prebiotics	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. 1 scoop = 1 Tbsp = 7.7 g (Unflavored), 7.5 g (Chocolate), 7.3 g (Vanilla, Strawberry, Tropical) Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. Can only be issued to women and children.	Nutricia
Neocate Nutra	Elemental	472 cal/ 100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food; not nutritionally complete; oral use only; not for bottle or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Requires State Agency approval. Note: For infants 6 months of age or older and typically issued with formula.	Nutricia
Neocate Splash	Elemental	30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. Can only be issued to women and children. Multiple flavors replacing E028 Splash.	Nutricia
Neocate Syneo	Elemental	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. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required. A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
NeoSure	Premature/ LBW	22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil; similar to EnfaCare. Available in PWD, RTU.	1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age 2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age	Complete assessment required. Staff will need to bring back infant at 6 months of age to determine readiness to eat solids. If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition. Formula-certified WCS may approve.	Abbott
Nepro	Special Medical Conditions	54 cal/oz, calorically dense and lactose-free; for oral or tube feeding. Available in RTU.	1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure	Formula history required. Can only be issued to women and children.	Abbott
NovaSource Renal	Special Medical Conditions	60 cal/oz, lactose-free, high-calories; with MCT oil. Available in RTU.	1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure	Formula history required.	Nestle
Nutramigen	Protein Hydrolysate	20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil. Available in CON & RTU.	1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD 4) GI impairment	Formula history required. Formula-certified WCS may approve.	Mead Johnson
Nutramigen Enflora LGG	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Some similarities to Extensive HA, Alimentum, and Pregestimil. Powder should be measured with packed, level scoops. Available in PWD.	1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD 4) GI impairment	Formula history required. Formula-certified WCS may approve.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Nutramigen Toddler	Protein Hydrolysate	20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops. Available in PWD.	Medical need for 20 cal/oz with: 1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Malabsorption syndrome 3) GER/GERD 4) GI impairment	Formula history required. For children over 1 year of age. Can only be issued children. Formula-certified WCS may approve.	Mead Johnson
Nutren 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil. Available in RTU.	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Complete assessment required. Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Nutren 1.0 w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Tube feeding 3) Oral motor feeding issues/aversions	Complete assessment required. Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.	Nestle
Nutren 2.0	Increased Calorie Supplement	60 cal/oz, high calorie, lactose-free, oral or tube feeding; 75% of fat is MCT oil. Available in RTU.	1) Fluid restriction 2) Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Nestle
Nutren Junior	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; contains 50% whey protein concentrate; 22% of fat is MCT oil. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Nutren Junior w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, oral or tube feeding; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5 g fiber/250 mL container. Available in RTU.	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Nestle
Nutren Pulmonary	Special Medical Conditions	45 cal/oz, high-calorie, high-protein, low-carbohydrate, lactose-free; nutritionally complete; 40% of fat is MCT oil. Available in RTU.	1) Pulmonary disease 2) Respiratory disorder 3) Ventilator dependency 4) Fluid restriction	Formula history required. Can only be issued to women and children.	Nestle
NutriHep	Special Medical Conditions	45 cal/oz, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, lactose-free; 70% of fat is MCT oil. Available in RTU.	1) Hepatic insufficiency 2) Liver disease	Formula history required. Can only be issued to women and children.	Nestle
OA 1	Metabolic	Isoleucine, methionine, threonine, valine, lactose and galactose-free; nutritionally incomplete; OA stands for organic acid; 15.7 g protein equivalents/100 g powder. Available in PWD.	Propionic acidemia or methylmalonic acidemia in infants or toddlers	No assessment required. Requires State Agency approval and metabolic prescription form.	Mead Johnson
OA 2	Metabolic	Isoleucine, methionine, threonine, valine, fat-free; nutritionally incomplete; OA stands for organic acid; 21 g protein equivalent/100 g powder. 60 calories per scoop (14.5 grams per scoop). Available in PWD.	Propionic acidemia or methylmalonic acidemia in children or adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Mead Johnson

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Osmolite 1.0	Special Medical Conditions	32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein per 8 oz can. Available in RTU.	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day	Formula history required. Can only be issued to women and children.	Abbott
Osmolite 1.2	Special Medical Conditions	36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil. Available in RTU.	Increased calorie or protein needs with intolerance to hyperosmolar feedings	Formula history required. Can only be issued to women and children.	Abbott
Oxepa	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU.	Mechanical ventilation, e.g., acute respiratory distress syndrome	Formula history required. Can only be issued to women and children.	Abbott
Pediasmart	Increased Calorie Supplement	30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.	1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2) Increase calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Natures One
PediaSure	Increased Calorie Supplement	30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container. Similar to Kids Essentials. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PediaSure w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Abbott
PediaSure Enteral 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335. Available in RTU.	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Abbott
PediaSure Enteral w/Fiber 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructo-oligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar per 8 oz container; Osmolality: 345. Available in RTU.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Complete assessment required. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Pediasure Harvest	Increased Calorie Supplement	30 cal/oz, blenderized, made with food; plant-based; milk-free, lactose-free, gluten-free; primarily designed for tube feeding, suitable for bolus syringe, gravity syringe, and pump-assisted tube feeding; for use under medical supervision; Available in RTU.	<ol style="list-style-type: none"> 1) Tube Feeding 2) Increased calorie needs 3) Inadequate growth 4) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions 	Complete assessment required. For children over 1 year of age. Can only be issued to women and children.	Abbott
PediaSure 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370; similar to Kid Essentials 1.5. Available in RTU.	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children.	Abbott
PediaSure 1.5 w/Fiber	Increased Calorie Supplement	45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container; Osmolality: 390; similar to Kid Essentials 1.5 with Fiber. Available in RTU.	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	Complete assessment required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children.	Abbott
PediaSure Peptide 1.0	Increased Calorie Supplement	30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil. Available in RTU.	<ol style="list-style-type: none"> 1) Malabsorption syndrome 2) GI Impairment 	Formula history required. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PediaSure Peptide 1.5	Increased Calorie Supplement	45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment 3) Increased calorie needs	Formula history required. Can only be issued to women and children.	Abbott
PediaSure Reduced Calorie	Special Medical Conditions	18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure. Available in RTU.	1) Oral motor feeding issues/aversions 2) Neurological conditions	Complete assessment required. Can only be issued to women and children.	Abbott
Pediasure Sidekicks	Special Medical Conditions	22.5 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and 10 g milk protein. Available in RTU.	1) Oral motor feeding issues/aversions 2) Neurological conditions	Complete assessment required. Can only be issued to women and children.	Abbott
Peptamen	Special Medical Conditions	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; Available in RTU.	GI Impairment	Formula history required. Normally used for adults. Can only be issued to women and children.	Nestle
Peptamen 1.5	Special Medical Conditions	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; Available in RTU.	GI Impairment with increased calorie needs or fluid restriction	Formula history required. Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Normally used for adults. Can only be issued to women and children.	Nestle
Peptamen Junior	Special Medical Conditions	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; Available in RTU.	GI Impairment	Formula history required. For children. Can only be issued to women and children.	Nestle

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Peptamen Junior 1.5	Special Medical Conditions	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. Available in RTU.	GI Impairment with increased calorie needs or fluid restriction	Formula history required. Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children.	Nestle
Peptamen Junior Fiber	Special Medical Conditions	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. Available in RTU.	GI Impairment with increased fiber needs	Formula history required. For children. Can only be issued to women and children.	Nestle
Peptamen Junior HP 1.2	Special Medical Conditions	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; Available in RTU.	GI Impairment with one or more of the following conditions: 1) Increased calorie needs 2) Increased protein needs 3) Protein energy malnutrition 4) Failure to thrive (FTT) with weight/height or length <10% or downward crossing of 2 major percentiles	Complete assessment required. For children. Can only be issued to women and children.	Nestle
Peptamen Junior w/PreBio	Special Medical Conditions	30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete, for oral or tube feeding; enriched with prebiotics; 60% of fat is MCT oil; 1 g fiber per 250 mL container. Available in RTU.	GI Impairment with malabsorption or formula intolerance	Formula history required. Can only be issued to women and children.	Nestle
Perative	Special Medical Conditions	39 cal/oz, lactose-free, hydrolyzed peptide-based protein; with arginine; nutritionally complete; for tube feeding; 40% of fat is MCT oil. Available in RTU.	For tube feeding with one of more of the following : 1) Pressure ulcers, multiple fractures, wounds, burns, or surgery 2) Multiple fractures 3) Wounds, burns, or surgery 4) Conditions causing metabolic stress	Formula history required. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Periflex Advance	Metabolic	Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women). Available in PWD.	Phenylketonuria	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Periflex Junior Plus	Metabolic	Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents per 100 g PWD, Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Periflex LQ PKU	Metabolic	Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults. Available in RTU.	Phenylketonuria (PKU), including maternal PKU	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
PFD 2	Metabolic	Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete; Available in PWD.	Inborn errors of amino acid metabolism in children and adults	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Mead Johnson
Phenex 1	Metabolic	Phenylalanine and lactose-free; for infants and toddlers. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and toddlers.	Abbott
Phenex 2	Metabolic	Phenylalanine and lactose-free; nutritionally incomplete; for children and adults. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults. Can only be issued to women and children.	Abbott
Phenyl Free 1	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and toddlers.	Mead Johnson
Phenyl Free 2	Metabolic	Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and toddlers. Can only be issued to women and children.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Phenyl Free 2HP	Metabolic	Phenylalanine, lactose, galactose-free; higher in protein and most vitamins and minerals than Phenyl Free 2; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU) or hyperphenylalaninemia	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and toddlers. Can only be issued to women and children.	Mead Johnson
PhenylAde 60 Drink Mix	Metabolic	Phenylalanine-free; nutritionally incomplete; for oral or tube feeding; 294 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults. For children and adults. Can only be issued to women and children.	Nutricia
PhenylAde Drink Mix	Metabolic	Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults.	Nutricia
PhenylAde Essential	Metabolic	Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults. Can only be issued to women and children.	Nutricia
PhenylAde MTE Amino Acid Blend	Metabolic	Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder; not for children under 1 year of age. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults. Can only be issued to women and children.	Nutricia
Phlexy - 10 Drink Mix	Metabolic	Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete; not intended for infants under 1 year of age. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children 3 years and older and adults. Can only be issued to women and children.	Nutricia
PKU Air20	Metabolic	Phenylalanine-free* with docosahexaenoic acid (DHA); nutritionally incomplete; 20g protein equivalents/174 mL pouch. Contains tuna oil, and soy. Available in RTU.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children 3 years and older and adults. Can only be issued to women and children.	Vitaflo

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
PKU Periflex Early	Metabolic	Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of protein equivalent per 100 g powder. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and young children.	Nutricia
PKU Sphere15	Metabolic	Phenylalanine -free, nutritionally incomplete. 15g protein equivalents. Contains tuna oil, soy, milk protein. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children 4 years and older and adults. Can only be issued to women and children.	Vitaflo
PKU Sphere20	Metabolic	Phenylalanine-free; nutritionally incomplete. 20g protein equivalents. Contains tuna oil, soy, milk protein. Available in PWD.	Phenylketonuria (PKU)	No assessment required. Requires State Agency approval and metabolic prescription form. For children 4 years and older and adults. Can only be issued to women and children.	Vitaflo
Polycal	Modular	Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5g or 20 cal. Available in PWD.	1) Increased calorie needs with restricted fluids 2) Inborn errors of metabolism	Complete assessment required. Requires State Agency approval. Limit issuance to no more than 3 cans/month.	Nutricia
Portagen	Special Medical Conditions	30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Similar to Monogen. Available in PWD.	1) Chylolthorax 2) Malabsorption syndrome 3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4) High MCT oil needs	Formula history required.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Pregestimil 24	Protein Hydrolysate	24 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Available in RTU.	Increased calorie needs with one of the following: 1) GI Impairment 2) Malabsorption syndrome 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition	Formula history required.	Mead Johnson
Pregestimil DHA/ARA	Protein Hydrolysate	20cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Some similarities to Extensive HA, Alimentum and Nutramigen. Powder should be measured with packed, level scoop. Available in PWD, RTU.	1) GI Impairment 2) Malabsorption syndrome 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition	Formula history required. RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the condition. Formula-certified WCS may approve.	Mead Johnson
Promote	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula; nutritionally complete; for oral or tube feeding; 19% of fat is MCT oil; 14.8 g soy protein/8 oz can. Available in RTU.	1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Increased calorie needs	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Promote w/Fiber	Increased Calorie Supplement	30 cal/oz, lactose-free, very high-protein formula with fiber; nutritionally complete, for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8 g soy protein/8 oz can. Available in RTU.	Increased fiber needs with one of the following: 1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Increased calorie needs	Formula history required. Requires State Agency approval. Can only be issued to women and children.	Abbott
Pro-Phree	Special Medical Conditions	Protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 C = 120 g. Available in PWD.	Medical condition with a need for reduced protein intake in infants or toddlers	Formula history required. Requires State Agency approval.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Propimex 1	Metabolic	Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers. Available in PWD.	Propionic or methylmalonic acidemia in infants or toddlers	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Propimex 2	Metabolic	Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults. Available In PWD.	Propionic or methylmalonic acidemia	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott
Pulmocare	Special Medical Conditions	45 cal/oz, high-calorie, low-carbohydrate, lactose-free formula; for oral or tube feedings; 20% of fat is MCT oil. Available in RTU.	Respiratory condition	Formula history required. Can only be issued to women and children.	Abbott
PurAmino	Elemental	20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder. Formerly known as Nutramigen AA. Standard mixing is 1 unpacked level scoop of powder to 1 oz water. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. Note: A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) should be tried before issuing unless medically contraindicated.	Mead Johnson
PurAmino Jr	Elemental	30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water. Similar to Elecare Jr, Neocate Jr and Alphamino Jr. Available in PWD.	1) Malabsorption syndrome 2) GI impairment 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Formula history required. For children older than 1 year.	Mead Johnson
RCF (Ross Carbohydrate Free)	Special Medical Conditions	20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately. Available in CON.	Non-metabolic reason: Seizure disorders requiring a ketogenic diet Metabolic reason: Carbohydrate intolerance.	Formula history required. Requires State Agency approval. Metabolic request requires metabolic prescription form.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Renalcal	Special Medical Conditions	60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU.	Renal failure	Formula history required. Can only be issued to women and children.	Nestle
Renastart	Special Medical Conditions	30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD.	Renal disease	Formula history required. Can only be issued to women and children.	Vitaflo
Replete w/Fiber	Increased Calorie Supplement	30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU.	Increased protein needs with one of the following: 1) Pressure ulcers 2) Burns 3) Surgical wounds 4) Fiber needs for bowel function	Formula history required. Can only be issued to women and children.	Nestle
Resource 2.0	Increased Calorie Supplement	60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN. Available in RTU.	1) Increase calorie needs 2) Increased protein needs 3) Fluid restriction	Complete assessment required. Can only be issued to women and children.	Nestle
Scandishake	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis
Scandishake w/Aspartame	Increased Calorie Supplement	75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis
Scandishake Lactose Free	Increased Calorie Supplement	65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete. Available in PWD.	Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Aptalis

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac Advance	Milk-Based Infant Formula	20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides); similar to Enfamil Infant. Available in PWD, CON, RTU.	Current contract standard milk-based infant formula. Over age 1 with medical need for a milk-based product with one or more of the following: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral-motor feeding issues/aversions	Formula history and medical request required when over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA for medically fragile infants. All WCS may approve.	Abbott
Similac for Diarrhea	Special Medical Conditions	20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water. Available in RTU.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Should only be used for a short duration - no longer than 10 days. Can be issued 1 month at a time.	Abbott
Similac Go & Grow Toddler	Special Medical Conditions	Milk-based with prebiotic GOS (Galactooligosaccharides); similar to Enfagrow Toddler and Good Start Grow. Available in PWD.	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Complete assessment required. For children older than 1 year. Formula-certified WCS may approve.	Abbott
Similac Human Milk Fortifier (SHMF)	Premature/LBW	Supplement for mother's milk collected after 2 weeks postpartum; similar to Enfamil HMF; nutritionally incomplete. Available in PWD.	1) Prematurity (<37 weeks) 2) Low or very low birth weight (LBW/VLBW)	Complete assessment required. Requires State Agency approval. Can only be issued 1 month at a time. Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight. 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
Similac PM 60/40	Special Medical Conditions	20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources. Available in PWD.	1) Hypocalcemia 2) Hyperphosphatemia 3) Renal disease/low mineral condition	Formula history required.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac Sensitive	Milk-Based Infant Formula	20 cal/oz effective 2/1/2021. Low-lactose, milk-based with prebiotic GOS (Galacto-oligosaccharides); not intended for infants or children with galactosemia. Available in PWD, RTU.	Current contract low lactose, milk-based formula. Intolerance to Similac Advance. Spitting up and/or reflux or other intolerance symptoms. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Formula history and medical request required when over 1 year of age. All WCS may assign for infants - if infant is experiencing intolerance symptoms please discuss with CA prior to issuance. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder. Contact SA for medically fragile infants.	Abbott
Similac Soy Isomil	Soy-Based Infant Formula	20 cal/oz, lactose-free, soy-based. Available in PWD, CON, RTU.	Current contract standard soy-based infant formula. Over age 1 with medical need for a soy-based product with one or more of the following: 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan/Vegeterian Diet	Formula history and medical request required when over 1 year of age. RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA for medically fragile infants.	Abbott
Similac for Spit-Up	Milk-Based Infant Formula	20 cal/oz effective 2/1/2021. Low-lactose, milk-based with rice starch; not intended for infants or children with galactosemia; should not be mixed higher than 24 kcal/oz; similar to Enfamil AR. Available in PWD.	Current contract added rice starch, milk-based formula. Intolerance to Similac Advance. Spitting up and/or reflux. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Formula history and medical request required when over 1 year of age. All WCS may assign for infants - if infant is experiencing intolerance symptoms please discuss with CA prior to issuance.	Abbott
Similac Special Care 20 w/Iron	Premature/LBW	20 cal/oz, preterm; 50% of fat is MCT oil. Available in RTU.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. 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

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Similac Special Care 24 w/Iron	Premature/ LBW	24 cal/oz, preterm; 50% of fat is MCT oil. Similar to Enfamil Premature 24 w/ iron. Available in RTU.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. 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
Similac Special Care 24 High Protein w/Iron	Premature/ LBW	24 cal/oz, preterm; 3.3 g of protein /100 cal. Similar to Enfamil Premature High Protein 24. Available in RTU.	1) Prematurity (<37 weeks) with increased protein needs 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. 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
Similac Special Care 30	Premature/ LBW	30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender; Similar to Enfamil Premature 30. Available in RTU.	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Complete assessment required. Requires State Agency approval. 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
Similac Total Comfort	Milk-Based Infant Formula	20 cal/oz effective 2/1/2021. Milk-based with prebiotic Galacto-oligosaccharides (GOS); 2% lactose; partially hydrolyzed 100% whey; similar to Gentlease and Good Start Soothe. Current contract partially hydrolyzed milk-based formula. Available in PWD.	Intolerance to Similac Advance Digestive issues and/or colic Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Formula history and medical request required when over 1 year of age. All WCS may assign for infants - if infant is experiencing intolerance symptoms please discuss with CA prior to issuance.	Abbott
SOD Anamix Early	Metabolic	Methionine, cysteine-free with prebiotic fiber. Available in PWD.	Sulfite oxydase deficiency	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and young children.	Nutricia
Suplena	Special Medical Conditions	54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding. Available in RTU.	1) Renal disease/low mineral condition 2) Fluid restriction 3) Protein restriction	Formula history required. Can only be issued to women and children.	Abbott

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
Tolerex	Elemental	30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Formula history required.	Nestle
TwoCal HN	Increased Calorie Supplement	60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding; similar to Resource 2.0. Available in PWD.	Fluid restriction with: 1) Increased protein needs 2) Increased calorie needs	Complete assessment required. Can only be issued to women and children.	Abbott
TYR Anamix Early	Metabolic	Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g. Available in PWD.	Tyrosinemia	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and young children.	Nutricia
TYR Anamix Next	Metabolic	34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend 29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete. Available in PWD.	Tyrosinemia	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Tyrex 1	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III	No assessment required. Requires State Agency approval and metabolic prescription form.	Abbott
Tyrex 2	Metabolic	Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD.	Tyrosinemia type I, II, or III	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Abbott
TYROS 1	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism	No assessment required. Requires State Agency approval and metabolic prescription form.	Mead Johnson

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Formula Name	Category	Description	Qualifying Conditions	Staff Instructions - May issue for 1 cert period unless otherwise indicated	Manufacturer
TYROS 2	Metabolic	Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults. Available in PWD.	Tyrosinemia or other inborn errors of tyrosine metabolism	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Mead Johnson
UCD Anamix Jr.	Metabolic	0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete; not for infants under 1 year of age. Available in PWD.	Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
Vital HN	Special Medical Conditions	30 cal/oz, high-nitrogen, low-fat, partially hydrolyzed protein; nutritionally complete; for oral or tube feeding; <0.25 g lactose per packet. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Can only be issued to women and children.	Abbott
Vivonex Pediatric	Elemental	24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment	Formula history required. Can only be issued to women and children.	Nestle
Vivonex Plus	Elemental	30 cal/oz, lactose-free, high-nitrogen, low-fat, elemental, 100% free amino acids; nutritionally complete; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Surgery or trauma	Formula history required. Can only be issued to women and children.	Nestle
Vivonex T.E.N.	Elemental	30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding. Available in PWD.	1) Malabsorption syndrome 2) GI Impairment 3) Surgery or trauma	Formula history required. Can only be issued to women and children.	Nestle
WND 1	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders	No assessment required. Requires State Agency approval and metabolic prescription form. For infants and toddlers.	Mead Johnson

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WND 2	Metabolic	Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD.	Urea cycle disorders	No assessment required. Requires State Agency approval and metabolic prescription form. For children and adults. Can only be issued to women and children.	Mead Johnson
XLeu Maxamum	Metabolic	Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.	Isovaleric acidemia and other disorders of leucine metabolism	No assessment required. Requires State Agency approval and metabolic prescription form. For older children and adults. Can only be issued to women and children.	Nutricia
XLys, XTrp Maxamum	Metabolic	Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD.	Glutaric acidemia type I	No assessment required. Requires State Agency approval and metabolic prescription form. For older children and adults. Can only be issued to women and children.	Nutricia
XMet Maxamum	Metabolic	Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women (including pregnant) and children.	Nutricia
XMTVI Maxamum	Metabolic	Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults. Available in PWD.	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia
XPhe Maxamum	Metabolic	Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder. Available in PWD.	Phenylketonuria (PKU), including maternal PKU	No assessment required. Requires State Agency approval and metabolic prescription form. Can only be issued to women and children.	Nutricia