

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

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

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Benecalorie</u></b>		220 cal/oz; 330cal per 1.5oz container; lactose-free, gluten-free, Kosher, cholesterol-free; 7g of milk protein as calcium caseinate per 1.5oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage.	1) Medical condition that increases calorie needs* 2) Oral motor feeding problems, volume intolerance, and/or inadequate oral intake  <b>Approver note: Limited to 2 cases per month; maximum quantity allows issuance of this product and up to 1/2 package of another formula.</b>  <b>System will not allow this product to be issued &lt; 6 months of age.</b>  <b>Requires State Agency approval.</b>	RTU: 1.5oz container  24 containers/case
Manufacturer	Nestle			
Form	RTU			
Category	Modular			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Boost</u></b>		31cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free liquid supplement; similar to Ensure and Nutren.	1) Medical condition that increases calorie needs* 2) Oral motor feeding problems 3) Tube feeding  <b>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.</b>	RTU: 8oz container  24 containers/case  Vanilla  Chocolate  Strawberry
Manufacturer	Nestle			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Boost High Protein</u></b>		30cal/oz, nutritionally complete, Kosher, high-protein, low residue, gluten-free, lactose-free liquid supplement; similar to Ensure High Protein.	Medical conditions that increase protein requirements, such as those recovering from illness including cancers, wounds, and surgery  <b>Can only be issued to women and children.</b>	RTU: 8oz container  24 containers/case  Vanilla
Manufacturer	Nestle			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Boost Plus</u></b>		46cal/oz, nutritionally complete, high-calorie, Kosher, low-residue, gluten-free, lactose-free oral supplement; similar to Ensure Plus.	1) Medical condition that increases calorie needs and/or fluid restriction* 2) Oral motor feeding problems 3) Tube feeding  <b>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.</b>  <b>Can only be issued to women and children.</b>	RTU: 8oz container  24 containers/case  Vanilla  Chocolate  Strawberry
Manufacturer	Nestle			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Boost Pudding</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>240cal/5 oz</b>, nutritionally complete, Kosher, low-residue, gluten-free, lactose-free supplement in pudding form; similar to Ensure Pudding.</p>	<p>1) Chewing or swallowing problems (dysphagia)</p> <p>2) Medical condition that increases calorie needs*</p> <p>3) Fluid restrictions</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 5oz cup</p> <p>4 cups/carton</p> <p>Vanilla</p> <p>Chocolate</p> <p>Butterscotch</p>	
<p><b><u>Boost Very High Calorie</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>66.25 cal/oz</b>; nutritionally complete, Kosher, gluten-free, lactose-free supplement; suitable for celiac disease.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for Failure-to-Thrive)</p> <p>3) Failure-to-Thrive with wt/ht &lt;10th percentile and/or downward crossing of 2 major percentiles (weight falls more than 2 major percentiles)</p> <p>4) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>5) Prematurity</p> <p><b>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Vanilla</p>	
<p><b><u>Bright Beginnings Soy Pediatric Drink</u></b></p> <p>Manufacturer PBM Products</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, cow's milk protein-free supplement for oral or tube feeding; added DHA and prebiotics; contains 3g fiber/8oz can.</p>	<p>Cow's milk allergy and intolerance and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Galactosemia</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>Vanilla</p>	
<p><b><u>Calcilo XD</u></b></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Category Special Medical Conditions</p> <p><b>Level 4 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, low-calcium, vitamin D-free, infant formula; Kosher, gluten-free, lactose-free, nutritionally complete for all nutrients except calcium, phosphorus and vitamin D.</p>	<p>1) Osteopetrosis</p> <p>2) William's syndrome</p> <p>3) For all other reasons, contact State</p> <p><b>If for metabolic reason, requires State Agency approval and metabolic prescription form.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>PWD: 13.2oz can</p> <p>6 cans/case</p>	

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Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Compleat</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>32cal/oz</b>, blenderized, gluten-free, lactose-free, nutritionally balanced supplement made from natural foods; 1.5g fiber/250mL container.</p>	<p>Medical condition requiring tube feeding</p> <p><b>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.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container 24 containers/case</p>
<p style="text-align: center;"><b><u>Compleat Pediatric</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, blenderized, nutritionally balanced, gluten-free, lactose-free, formulated from natural foods with fiber; 1.7g fiber/250mL container.</p>	<p>Medical condition requiring tube feeding</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL container 24 containers/case</p>
<p style="text-align: center;"><b><u>Compleat Pediatric Reduced Calorie</u></b></p> <p>Manufacturer Nestle Form RTU Category Special Medical Conditions <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>17.75 cal/oz</b>; nutritionally complete, made from real food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; pediatric tube feeding supplement - not for oral consumption.</p>	<p>1) Medical condition requiring or resulting in decreased calorie needs 2) Tube feeding</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container 24 containers/case</p>
<p style="text-align: center;"><b><u>Complex Essential MSD</u></b></p> <p>Manufacturer Nutricia Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380cal, 3.9g fiber, and 25g protein equivalent per 100g powder; not for infants under 1 year of age.</p>	<p>Maple Syrup Urine Disease</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 1lb can 4 cans/case Vanilla</p>

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Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Complex Junior MSD</u></b>		Isoleucine, leucine, and valine-free; for oral and tube feeding; 496cal and 13g of protein equivalent per 100g pwd.	Maple Syrup Urine Disease  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 400g can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Complex MSD Amino Acid Blend</u></b>		Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 323cal and 81g protein equivalent per 100g of pwd; not for infants under 1 year of age.	Maple Syrup Urine Disease  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 1lb can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Cyclinex 1</u></b>		Non-essential amino acid-free medical food with iron; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.	1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homocitrullinemia) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina  <b>Note: For infants or children</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Cyclinex 2</u></b>		Non-essential amino acid-free medical food with iron; designed for children and adults; gluten-free and lactose-free.	1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homecitrullinuria) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>DiabetiSource AC</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 4 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>36cal/oz</b>, Kosher, gluten-free, lactose-free, nutritionally balanced supplement made from natural foods; does not contain sugar alcohols; 3.8g fiber/250mL container.</p>	<p>1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds</p> <p><b>Can only be issued to women and children.</b> <b>Requires State Agency Approval</b></p>	<p>RTU: 250mL container 24 containers/case</p>
<p style="text-align: center;"><b><u>Duocal</u></b></p> <p>Manufacturer Nutricia North America Form PWD Category Modular <b>Level 4 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>4.9cal/g</b>, 42cal/level Tbsp, high-calorie, carbohydrate and fat supplement; does not contain protein, gluten, sucrose, fructose or lactose; contains 35% MCT; not intended as a sole source of nutrition; suitable for oral and tube feedings. 1Tbsp = 8.5g, 1C = 117g, 1 scoop = 25cal, 1 scoop = 5g.</p>	<p>1) Protein, electrolyte, and/or fluid restriction 2) Medical conditions that increase calorie needs* 3) Disorders of protein and amino acid metabolism 4) Malabsorptive states</p> <p><b>Note: 80 scoops/can; 48 Tbsp/can</b> <b>Requires State Agency approval</b></p>	<p>PWD: 400g can 6 cans/case</p>
<p style="text-align: center;"><b><u>EleCare DHA/ARA</u></b></p> <p>Manufacturer Abbott Form PWD Category Elemental <b>Level 3 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>20cal/oz</b> for infants; 30cal/oz for children; nutritionally complete hypoallergenic amino acid-based formula with iron and DHA/ARA; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose, or gluten; contains 33% MCT oil; similar to Neocate DHA/ARA and PurAmino.</p>	<p>1) Severe malabsorption 2) GI impairment 3) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein * Note: A protein hydrolysate (Nutramigen, Alimentum, or Pregestimil) should be tried before issuing unless medically contraindicated. 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>PWD: 14.1oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>EleCare Jr</u></b></p> <p>Manufacturer Abbott Form PWD Category Elemental <b>Level 3 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30 cal/oz</b> is the standard dilution for children over 1 year of age; nutritionally complete hypoallergenic amino acid-based formula with iron; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose, or gluten; contains 33% MCT oil; similar to Neocate Jr.</p>	<p>1) Severe malabsorption 2) GI impairment 3) Severe food allergies, multiple protein intolerance 4) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 14.1oz can 6 cans/case Unflavored Vanilla</p>

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Level 4: State Approval Only

Revised 6/1/14

Texas WIC 6

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING									
<p style="text-align: center;"><b><u>EnfaCare</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD, RTU</p> <p>Category Premature/LBW</p> <p><b>Level 1 Exempt</b></p> <p>Maximum Length of Issuance See guidelines in next panel</p>		<p><b>22 cal/oz</b>, iron fortified, Kosher, high protein, vitamin, and mineral milk-based formula with added DHA/ARA designed for preterm and/or low birth weight infants; gluten-free; 20% of fat is MCT oil; similar to NeoSure and Good Start Nourish.</p>	<p>Premature or low birth weight infants meeting birth weight guidelines as indicated below. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.</p> <p>≥ 3lb 5oz (1500gm) to ≤ 5lb 8oz (&lt;2500gm) issue up to 9 months chronological age</p> <p>&lt; 3lb 5oz (&lt;1500gm) issue up to 12 months chronological age</p> <p><b>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.</b></p> <p><b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</b></p>	<p>PWD: 12.8oz can</p> <p>6 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>									
<p style="text-align: center;"><b><u>Enfamil 24</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form RTU</p> <p>Category Special Medical Conditions</p> <p><b>Level 4 Exempt</b></p> <p>Maximum Length of Issuance 1 month</p>		<p><b>24cal/oz</b>, iron-fortified, Kosher, milk-based, infant formula.</p>	<p>For infants who have exceptional calorie needs*, volume restriction, and/or oral motor feeding problems who cannot be accommodated by liquid concentrate or powder plus intolerance to contract formula.</p> <p><b>Requires State Agency approval</b></p>	<p>RTU: 2oz bottle</p> <p>48 bottles/case</p>									
<p style="text-align: center;"><b><u>Enfamil AR</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD, RTU</p> <p>Category Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 3 months</p>		<p><b>20 cal/oz</b>, iron-fortified, Kosher, gluten-free, 20:80 whey:casein ratio, milk based infant formula with rice starch, DHA/ARA; thickening occurs when it comes in contact with stomach acid; prebiotics added; similar to Similac for Spit-Up.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>Documented intolerance to contract formula (Similac Advance<sup>†</sup> and Similac for Spit Up) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol> <p><b>After 3 months retrial on a contract formula (Similac Spit-Up preferred) unless medically contraindicated.</b></p>	<p>PWD: 12.9oz can</p> <p>6 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>									
<p style="text-align: center;"><b><u>Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD, RTU</p> <p>Category Premature/LBW</p> <p><b>Level 4 Exempt</b></p> <p>Maximum Length of Issuance 1 month</p>		<p>Specifically designed to be used as a supplement to add to mother's milk collected after 2 weeks postpartum; kosher and gluten-free; contains milk and soy; similar to Similac HMF; not nutritionally complete; 70% MCT oil.</p>	<ol style="list-style-type: none"> <li>To fortify human breast milk for premature/low birth weight babies</li> <li>Contains milk and soy; to be used to enrich human breastmilk for premature LBW infants only</li> </ol> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Additional Calories Desired</th> <th style="text-align: left;">Preterm Human Milk</th> <th style="text-align: left;">HMF</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2 cal/ fl oz</td> <td style="text-align: center;">50 mL</td> <td style="text-align: center;">1 packet /vial</td> </tr> <tr> <td style="text-align: center;">4 cal/ fl oz</td> <td style="text-align: center;">25 mL</td> <td style="text-align: center;">1 packet /vial</td> </tr> </tbody> </table> <p><b>*Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL. Requires State Agency approval.</b></p>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 mL	1 packet /vial	4 cal/ fl oz	25 mL	1 packet /vial	<p>PWD: 0.71g packet</p> <p>100 packets/carton</p> <p>2 cartons/case</p> <p>RTU: 5mL vial</p> <p>100 vials/carton</p> <p>2 cartons/case</p>
Additional Calories Desired	Preterm Human Milk	HMF											
2 cal/ fl oz	50 mL	1 packet /vial											
4 cal/ fl oz	25 mL	1 packet /vial											

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Level 4: State Approval Only

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Texas WIC 7

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Enfamil Premature 24 w/ Iron</u></b>		24cal/oz, Kosher, high-protein and mineral formula, whey protein (60:40) dominant iron-fortified infant formula with DHA/ARA added; 40% of fat is MCT oil; gluten-free; similar to Similac Special Care 24 w/ Iron.	For premature or very low birth weight infants  When more than 12oz (355mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500g (5.5lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  <b>Requires State Agency approval.</b>	RTU: 2oz bottle  6 bottles/carton  48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Category	Premature/LBW			
Level 4	<b>Exempt</b>			
Maximum Length of Issuance	1 month			
<b><u>Enfamil Premature High Protein 24 w/ Iron</u></b>		24cal/oz, Kosher, high-protein and mineral formula, whey protein (60:40) dominant iron-fortified infant formula with DHA/ARA added; 40% of fat is MCT oil; gluten-free; 3.5g protein per 100cal.	For premature or very low birth weight infants  When more than 12oz (355mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500g (5.5lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  <b>Requires State Agency approval.</b>	RTU: 2oz bottle  6 bottles/carton  48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Category	Premature/LBW			
Level 4	<b>Exempt</b>			
Maximum Length of Issuance	1 month			
<b><u>Enfamil Premature 30</u></b>		30cal/oz, high protein and mineral infant formula (3g protein/100cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; DHA/ARA added; 40% of fat is MCT oil; gluten-free; similar to Similac Special Care 30w/ Iron.	For premature or very low birth weight infants  When more than 12oz (355mL) of 30 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500g (5.5lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  <b>Requires State Agency approval.</b>	RTU: 2oz bottle  6 bottles/carton  48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Category	Premature/LBW			
Level 4	<b>Exempt</b>			
Maximum Length of Issuance	1 month			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Enfamil Infant</u></b></p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD, CON, RTU</p> <p>Category: Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance: 3 months</p>	<p><b>20 cal/oz</b>, iron-fortified, Kosher, 60:40 whey:casein ratio, milk-based, gluten-free infant formula with DHA/ARA added; contains prebiotic GOS and polydextrose; similar to Similac Advance.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>Documented intolerance to contract formula (Similac Advance<sup>†</sup> and Similac Sensitive or Similac Total Comfort) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol> <p><b>After 3 months retrial on a contract formula unless medically contraindicated.</b></p>	<p>PWD: 12.5oz can</p> <p>6 cans/case</p> <p>CON: 13oz can</p> <p>12 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>	
<p><b><u>Enfamil Newborn</u></b></p> <p>Manufacturer: Mead Johnson</p> <p>Form: PWD</p> <p>Category: Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance: 3 months</p>	<p><b>20 cal/oz</b>, nutritionally complete infant formula. 80:20 whey:casein ratio; Kosher, gluten-free; contains DHA/ARA, prebiotic GOS and polydextrose; contains 400 IU of Vit. D in 27 fl oz.</p>	<p>Documented intolerance to contract formula (Similac Advance<sup>†</sup> and Similac Sensitive or Similac Total Comfort) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol> <p><b>After 3 months retrial on a contract formula unless medically contraindicated.</b></p>	<p>PWD: 12.5oz can</p> <p>6 cans/case</p>	
<p><b><u>Enfaport DHA/ARA</u></b></p> <p>Manufacturer: Mead Johnson</p> <p>Form: RTU</p> <p>Category: Special Medical Conditions</p> <p><b>Level 3 Exempt</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, iron-fortified, milk-based infant formula; gluten-free, lactose-free with DHA/ARA; nutritionally complete, 84% of fat as MCT; sole source of nutrition up to 6 months, major source of nutrition through 12 months of age.</p>	<ol style="list-style-type: none"> <li>Chylothorax</li> <li>For infants who do not efficiently digest or absorb conventional fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD).</li> <li>Conditions requiring high MCT oil</li> </ol>	<p>RTU: 8oz container</p> <p>24 containers/case</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 9

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Ensure</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 2</b>        <b>Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>31cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding; contains prebiotic short-chain fructooligosaccharides (scFOS); 3g fiber/8oz container; similar to Boost.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Oral motor feeding problems</p> <p>3) Tube feeding</p> <p><b>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.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p> <p>Vanilla, Chocolate, Coffee Latte, Strawberry, Butter Pecan</p>
<p style="text-align: center;"><b><u>Ensure Enlive!</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 3</b>        <b>Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>31cal/oz</b>, clear liquid, fat-free, low-residue; lactose-free, gluten-free; contains milk ingredients; not intended as a sole source of nutrition; not for tube feeding; 9g whey protein/8.1oz container.</p>	<p>1) Fat malabsorption</p> <p>2) Fat-restricted diets</p> <p>3) For pre- and post-surgeries, bowel-prep</p> <p>4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia</p> <p>5) Alternative to creamy shake-like supplements</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 6.7oz container</p> <p>27 containers/case</p> <p>Apple</p> <p>Mixed Berry</p>
<p style="text-align: center;"><b><u>Ensure High Calcium</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 2</b>        <b>Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>28cal/oz</b>, nutritionally complete supplement, Kosher, gluten-free, lactose-free, low-residue; 500mg calcium/8oz container.</p>	<p>1) Persons who are at risk for fractures, need extra protein, calcium, vitamin D, and other nutrients</p> <p>2) Persons recovering from surgery</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p> <p>Vanilla</p> <p>Chocolate</p>
<p style="text-align: center;"><b><u>Ensure High Protein</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 2</b>        <b>Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>29cal/oz</b>, high-protein, Kosher, gluten-free, lactose-free, low-residue oral supplement; 21.3% calories are from protein; nutritionally complete; 12g soy protein/8oz container; similar to Boost High Protein.</p>	<p>1) Medical condition that restricts or precludes the use of conventional foods</p> <p>2) Good source of nutrition for persons who have or are at risk for pressure ulcers</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p> <p>Vanilla</p> <p>Chocolate</p> <p>Wild Berry</p>

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b>Ensure Plus</b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Category: Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, Kosher, high calorie, low-residue, gluten-free, lactose-free, oral supplement; contains prebiotic short-chain fructooligosaccharides (scFOS); 3g fiber/8oz container; similar to Boost Plus.</p>	<p>1) Medical condition that increases calorie needs and/or fluid restriction*</p> <p>2) Oral motor feeding problems</p> <p>3) Tube feeding</p> <p><b>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.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p> <p>Vanilla, Chocolate, Butter Pecan, Strawberries &amp; Cream, Coffee Latte</p> <p>RTU: 32oz container</p> <p>6 containers/case</p> <p>Vanilla, Chocolate</p>	
<p><b>Ensure Pudding</b></p> <p>Manufacturer: Abbott</p> <p>Form: RTU</p> <p>Category: Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>170cal/4 oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, supplement in pudding form; contains prebiotic short-chain fructooligosaccharides (scFOS); similar to Boost Pudding.</p>	<p>1) Chewing or swallowing problems</p> <p>2) Need for increased calories*</p> <p>3) Fluid restricted diets</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 4oz cup</p> <p>4 cups/carton</p> <p>Vanilla</p> <p>Milk Chocolate</p> <p>Butterscotch</p>	
<p><b>EO28 Splash</b></p> <p>Manufacturer: Nutricia</p> <p>Form: RTU</p> <p>Category: Elemental</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, lactose, gluten, whey, soy and milk protein-free elemental formula containing 100% free amino acids; for oral or tube feeding; 35% of fat is MCT oil; not intended for infants under 1 year of age.</p>	<p>1) Severe malabsorption (eosinophilic esophagitis, GERD, SBS)</p> <p>2) Severe food allergies, multiple protein intolerance</p> <p>3) GI impairment</p> <p>4) Medical condition requiring a hypoallergenic elemental formula</p> <p><b>Normally used for children over age 1.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Orange-Pineapple</p> <p>Tropical Fruit</p> <p>Grape</p>	
<p><b>FiberSource HN</b></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Category: Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>36cal/oz</b>, nutritionally complete, high-nitrogen, 100% soy protein supplement with fiber for oral or tube feeding; contains 20% MCT oil; 2.5g fiber/250mL container.</p>	<p>For persons with abnormal bowel function, extended inactivity, neurologic impairment, or developmental disability requiring additional protein</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 11

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>GA</b>		Lysine and tryptophan-free, iron-fortified formula; contains increased B-vitamins for cofactor production; sucrose added; gluten-free, lactose-free, galactose-free; 15.1g protein equivalents/100g powder.	Glutaric aciduria (acidemia) type I in infants or children  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Gentlease</b>		<b>20 cal/oz</b> , iron-fortified, Kosher, gluten-free, nutritionally complete infant formula with reduced lactose (20%), partially hydrolyzed 60:40 whey:casein ratio, nonfat cow milk protein, and whey protein concentrate with DHA/ARA.  <b>** Refer to RTU issuance guidelines on last page of formulary.</b>	Documented intolerance to contract formula (Similac Advance <sup>†</sup> and Similac Sensitive or Similac Total Comfort) <b>WITH:</b>  1. Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes  2. Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart  3. Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care  4. Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas  <b>After 3 months retrial on a contract formula (Similac Total Comfort preferred) unless medically contraindicated.</b>	PWD: 12.4oz can  6 cans/case  RTU: 32oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD, RTU			
Category	Milk-Based Standard			
Level 1	<b>Non-Exempt</b>			
Maximum Length of Issuance	3 months			
<b>GlutarAde Amino Acid Blend GA-1</b>		Low in tryptophan, no lysine, nutritionally incomplete; for oral or tube feeding; not for infants under one year old.	Glutaric aciduria (acidemia) Type I in children and adults  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 1lb can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>GlutarAde Jr GA-1 Drink Mix</b>		Low in tryptophan, no lysine, nutritionally incomplete; for oral or tube feeding.; not for infants under one year old.	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 400g can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 12

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Glutarex 1</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Metabolic <b>Level S/1        Exempt</b> Maximum Length of Issuance    1 Certification Period</p>		Amino acid modified medical food with iron; lysine and tryptophan-free; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.	Glutaric aciduria (acidemia) type I in infants or children  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case
<p style="text-align: center;"><b><u>Glutarex 2</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Metabolic <b>Level S/1        Medical Food</b> Maximum Length of Issuance    1 Certification Period</p>		Amino acid modified medical food with iron; lysine and tryptophan-free; nutrient profile designed for children and adults; gluten-free and lactose-free.	Glutaric aciduria (acidemia) type I in children and adults  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case
<p style="text-align: center;"><b><u>Glytrol</u></b></p> <p>Manufacturer    Nestle Form                RTU Category         Increased Calorie Supplement; Special Medical Conditions <b>Level 4            Medical Food</b> Maximum Length of Issuance    1 Certification Period</p>		<b>30cal/oz</b> , iron-fortified, Kosher, gluten-free, lactose-free, sucrose-free carbohydrate blend to support glycemic control.	Diabetes mellitus, abnormal glucose tolerance, or hyperglycemia  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval.</b>	RTU: 250mL container  24 containers/case  Vanilla
<p style="text-align: center;"><b><u>Good Start Gentle</u></b></p> <p>Manufacturer    Nestle Form                PWD, CON, RTU Category         Milk-Based Standard <b>Level 1            Non-Exempt</b> Maximum Length of Issuance    3 months</p>		<b>20 cal/oz</b> , nutritionally complete infant formula with partially hydrolyzed 100% whey protein; contains DHA/ARA and prebiotic GOS.  <b>** Refer to RTU issuance guidelines on last page of formulary.</b>	Documented intolerance to contract formula (Similac Advance <sup>†</sup> and Similac Sensitive or Similac Total Comfort) <b>WITH:</b> 1. Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes 2. Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart 3. Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care 4. Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas  <b>After 3 months retrial on a contract formula unless medically contraindicated.</b>	PWD: 12.7oz can  6 cans/case  Con: 12.1oz ctrn  12 containers/case  RTU: 33.8oz  4 - 4 packs/case

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Good Start Nourish</u></b>		22 cal/oz, iron-fortified, high protein, vitamin, and mineral milk-based formula with DHA/ARA for pre-term and low birth weight infants; contains 100% partially hydrolyzed, whey protein.	Premature or low birth weight infants meeting birth weight guidelines as indicated below. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.  ≥ 3lb 5oz (1500gm) to ≤ 5lb 8oz (<2500gm) issue up to 9 months chronological age  < 3lb 5oz (<1500gm) issue up to 12 months chronological age  <b>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.</b>  <b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</b>	PWD: 12.6 oz can  6 cans/case  RTU: 3 oz bottles 8 bottles/carton 48 bottles/case
Manufacturer	Nestle			
Form	PWD, RTU			
Category	Premature/LBW			
<b>Level 1</b>	<b>Exempt</b>			
Maximum Length of Issuance	See guidelines under reasons for issuance section			
<b><u>Good Start Premature 24</u></b>		24cal/oz, iron-fortified, nutritionally complete, high protein and mineral infant formula with partially hydrolyzed whey protein; casein-free; DHA/ARA added; similar to Enfamil Premature 24 and Similac Special Care 24.	For premature or low birth weight infants  At the present time, the manufacturer does not have weight or intake guidelines. Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours.  <b>Requires State Agency approval.</b>	RTU: 3oz bottle  8 bottles/case
Manufacturer	Nestle			
Form	RTU			
Category	Premature/LBW			
<b>Level 4</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 month			
<b><u>Good Start Premature High Protein 24</u></b>		24cal/oz, high protein and mineral infant formula with partially hydrolyzed whey protein; casein-free; carbohydrate blend: 50% maltodextrin, 50% lactose; DHA/ARA added; 3.6g protein/100cal similar to Enfamil Premature 24 and Similac Special Care 24.	For premature or low birth weight infants  At the present time, the manufacturer does not have weight or intake guidelines. Consult with Primary Healthcare Provider (PCP) when the infant reaches a weight of 8 pounds or consumes 16-24 oz in 24 hours.  <b>Requires State Agency approval.</b>	RTU: 3oz bottle  8 bottles/carton 48 bottles/case
Manufacturer	Nestle			
Form	RTU			
Category	Premature/LBW			
<b>Level 4</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 month			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 14

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Good Start Soothe</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Category Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 3 months</p>	<p><b>20 cal/oz</b>, nutritionally complete infant formula with partially hydrolyzed 100% whey protein; 70% corn maltodextrin and 30% lactose; contains probiotic, L. reuteri.</p>	<p>Documented intolerance to contract formula (Similac Advance<sup>†</sup> and Similac Sensitive or Similac Total Comfort) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>1. Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>2. Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length ≤ 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>3. Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>4. Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol> <p><b>After 3 months retrial on a contract formula (Similac Total Comfort preferred) unless medically contraindicated.</b></p>	<p>PWD: 12.4oz can</p> <p>6 cans/case</p>	
<p><b><u>Good Start Soy</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD, CON, RTU</p> <p>Category Soy-Based Standard</p> <p><b>Contract Non-Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20 cal/oz</b>, iron-fortified, Kosher, nutritionally complete milk-free, lactose-free infant formula with partially hydrolyzed soy protein; DHA/ARA added.</p>	<p>Current contract standard soy-based formula</p> <ol style="list-style-type: none"> <li>1. Over age 1 with cow's milk allergy or intolerance</li> <li>2. Galactosemia</li> <li>3. Vegan diet</li> </ol> <p><b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age</b></p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>PWD: 12.9oz can</p> <p>6 cans/case</p> <p>CON: 12.1oz container</p> <p>12 containers/case</p> <p>RTU: 33.8oz container</p> <p>4 - 4 packs/case</p>	
<p><b><u>Graduates Gentle</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Category Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, nutritionally complete toddler formula; contains DHA/ARA, prebiotic galactooligosaccharides (GOS), partially hydrolyzed 100% whey protein with additional calcium and iron.</p>	<p>Over age 1 with medical need for 20 cal/oz formula.</p> <p>Possible reasons include: prematurity, developmental delay, oral-motor feeding problems.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 22oz container</p> <p>6 containers /case</p>	
<p><b><u>Graduates Protect</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Category Milk-Based Standard</p> <p><b>Level 1 Non-Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, nutritionally complete toddler formula; contains DHA/ARA, probiotic bifidus lactis (BL), partially hydrolyzed 100% whey protein with additional calcium and iron.</p>	<p>Over age 1 with medical need for 20 cal/oz formula:</p> <p>Possible reasons include: prematurity, developmental delay, oral-motor feeding problems.</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 22oz container</p> <p>6 containers/case</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>Graduates Soy</b> Manufacturer Nestle Form PWD Category Soy-Based Standard <b>Contract Non-Exempt</b> Maximum Length of Issuance 1 Certification Period	<b>20cal/oz</b> , soy-based toddler formula; Kosher; partially hydrolyzed soy protein and DHA/ARA added; contains more calcium, phosphorus, and iron per 100 cal than Good Start Soy.	Over age 1 year with medical need for 20 cal/oz soy-based toddler formula: 1) Possible reasons include: prematurity, developmental delay, oral-motor feeding problems, <b>AND/OR:</b> 2) Allergy or sensitivity to cow's milk, galactosemia, or vegan diet  Current contract toddler soy-based formula.  <b>Can only be issued to women and children.</b>	PWD: 24oz can  6 cans/case	
<b>Hepatic Aid II</b> Manufacturer Hormel Health Labs Form PWD Category Special Medical Conditions <b>Level 4 Exempt</b> Maximum Length of Issuance 1 Certification Period	<b>35cal/oz</b> , essential and non-essential amino acid supplement high in branched chain amino acids, carbohydrates and fats; contains no added phenylalanine or aspartic acid; for oral or tube feedings.	Chronic liver disease  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval.</b>	PWD: 3oz/packet  24 packets/case  Chocolate  Eggnog  Custard	
<b>HCY 1</b> Manufacturer Mead Johnson Form PWD Category Metabolic <b>Level S/1 Exempt; Medical Food</b> Maximum Length of Issuance 1 Certification Period	Methionine-free medical food with cysteine and iron; increased B vitamins for cofactor production; not intended as a sole source of nutrition; gluten-free, lactose-free, galactose-free; 16.2g protein equivalents/100g powder.	Homocystinuria in infants or children  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case	
<b>HCY 2</b> Manufacturer Mead Johnson Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period	Methionine-free medical food with iron; care must be taken to provide enough methionine from other foods to support growth. Not intended as a sole source of nutrition; gluten-free, lactose-free, galactose-free; 22g protein equivalents/100g powder.	Homocystinuria in children or adults  <b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case	

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Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>HOM 2</u></b></p> <p>Manufacturer Nutricia Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		L-amino acids free of methionine, enriched with vitamins and minerals; does not contain fat.	<p>Homocystinuria (vitamin B-6 non-responsive) due to cystathionine synthase deficiency</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 500g can</p> <p>2 cans/case</p>
<p style="text-align: center;"><b><u>Hominex 1</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified medical food with iron; methionine-free; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.	<p>Homocystinuria (vitamin B-6 non-responsive) in infants or toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Hominex 2</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified medical food with iron; methionine-free; nutrient profile designed for children and adults; gluten-free and lactose-free.	<p>Homocystinuria (vitamin B-6 non-responsive) in children or adults</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>I Valex 1</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified medical food with iron; leucine-free; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.	<p>Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>I Valex 2</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1      Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron; leucine-free; nutrient profile designed for children and adults; gluten-free and lactose-free.</p>	<p>Isovaleric acidemia or other disorders of leucine catabolism in children or adults</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>IMPACT</u></b></p> <p>Manufacturer    Nestle</p> <p>Form             RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>30cal/oz</b>, gluten-free, lactose-free, low-residue enteral formula for critically ill adults.</p>	<p>1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>
<p style="text-align: center;"><b><u>IMPACT w/Fiber</u></b></p> <p>Manufacturer    Nestle</p> <p>Form             RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>30 cal/oz</b>, gluten-free, lactose-free enteral formula w/fiber for critically ill adults; 2.5 g fiber/250mL container.</p>	<p>1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>
<p style="text-align: center;"><b><u>IMPACT 1.5</u></b></p> <p>Manufacturer    Nestle</p> <p>Form             RTU</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>45cal/oz</b>, nutritional complete, high-caloric, high-protein, low residue, gluten-free, lactose-free, low-residue elemental diet; not for galactosemia; 50% of fat is MCT oil; for critically ill adults.</p>	<p>1) Trauma, post-surgery, burns, wounds, mechanically ventilated, critically ill 2) Increased caloric needs 3) Volume restriction</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Isosource 1.5</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>45cal/oz</b>, Kosher, gluten-free, lactose-free, high-calorie, high-nitrogen, complete liquid formula; contains 2g fiber/250mL container; for oral or tube feedings.</p>	<p>1) Fluid restriction</p> <p>2) Higher caloric and protein needs</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Vanilla</p>	
<p><b><u>Isosource HN</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>36cal/oz</b>, Kosher, gluten-free, lactose-free, high-protein, high-nitrogen, complete liquid formula with fiber; 13.4g soy protein/250mL container; intended for tube feedings only.</p>	<p>1) Malnutrition</p> <p>2) Increased protein requirements</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>	
<p><b><u>Jevity 1 Cal</u></b></p> <p>Manufacturer Abbott</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>31cal/oz</b>, nutritionally complete, high-protein, gluten-free, lactose-free, isotonic nutritional supplement with fiber to support lean body mass; 3.4g fiber/8oz serving.</p>	<p>1) Tube feeding</p> <p>2) Wound healing</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p>	
<p><b><u>Ketocal 3:1</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Special Medical Conditions; Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete, high-fat, low-carbohydrate medical food; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio.</p>	<p><b>Non-metabolic reason:</b></p> <p>Intractable epilepsy in children over 1 year of age</p> <p>If requested for infants, approval is level 4</p> <p><b>Metabolic reasons are listed below. Requires State Agency approval and metabolic prescription form.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p>	<p>PWD: 300g can</p> <p>6 cans/case</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Ketocal 4:1</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Special Medical Conditions; Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete, high-fat, low-carbohydrate medical food; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio.</p>	<p><b>Non-metabolic reason:</b> Intractable epilepsy in children over 1 year of age</p> <p>If requested for infants, approval is level 4</p> <p><b>Metabolic reasons are listed below. Requires State Agency approval and metabolic prescription form.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p>	<p>PWD: 300g can</p> <p>6 cans/case</p>	
<p><b><u>Ketocal 4:1 Liquid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form RTU</p> <p>Category Special Medical Conditions; Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete, high-fat, low-carbohydrate medical food; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; contains 2.65g fiber per 8oz container; contains DHA/ARA; contains sucralose.</p>	<p><b>Non-metabolic reason:</b> Intractable epilepsy in children over 1 year of age</p> <p><b>Metabolic reasons are listed below. Requires State Agency approval and metabolic prescription form.</b></p> <p>1) Pyruvate dehydrogenase deficiency (PDH)</p> <p>2) Glucose transporter type-1 deficiency</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Vanilla</p>	
<p><b><u>Ketonex 1</u></b></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Branched-chain amino acid-free medical food with iron; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.</p>	<p>Branched-chain ketoaciduria (maple syrup urine disease) in infants or toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	
<p><b><u>Ketonex 2</u></b></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Branched-chain amino acid-free medical food with iron; nutrient profile designed for children and adults; gluten-free and lactose-free.</p>	<p>Branched-chain ketoaciduria (maple syrup urine disease) in children or adults</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>	

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Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Kid Essentials</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8.25oz container</p> <p>4 containers/case</p> <p>Vanilla</p> <p>Chocolate</p>	
<p><b><u>Kid Essentials 1.5</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding; contains MCT oil.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Vanilla</p> <p>Chocolate</p> <p>Strawberry</p>	
<p><b><u>Kid Essentials 1.5 w/Fiber</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free with fiber supplementation for oral or tube feeding; contains MCT oil; 2.1g fiber/8oz container.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Vanilla</p> <p>Chocolate</p> <p>Strawberry</p>	

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Lipistart</u></b></p> <p>Manufacturer Vitaflo</p> <p>Form PWD</p> <p>Category Special Medical Conditions</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Nutritionally complete; low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); contains DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop = 6g powder; standard dilution = 1 scoop to 30mL of water.</p>	<p>1) Fat malabsorption</p> <p>2) Long chain fatty acid oxidation disorders</p> <p>3) Disorders requiring high MCT, low LCT formula</p> <p>4) Hyperlipoproteinemia type 1</p> <p>5) Chylolothorax</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>PWD: 400g can</p>	
<p><b><u>LMD</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>A leucine-free, iron-fortified product; contains increased B-vitamins for cofactor production; sucrose added; gluten-free, lactose-free, galactose-free; 16.2g protein equivalents/100g powder.</p>	<p>Disorders of leucine metabolism (including isovaleric acidemia) in infants, children or adults</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>	
<p><b><u>Lophlex LQ 20</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free medical food; fat-free; not intended as a sole source of nutrition; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; 20g protein equivalents/125mL pouch.</p>	<p>Phenylketonuria in children older than 4 years</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>RTU: 125mL pouch</p> <p>30 pouches/case</p> <p>Berry</p> <p>Tropical</p>	
<p><b><u>MCT Oil</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Modular</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>8.3cal/g, 7.7cal/mL</b>, Kosher, gluten-free, lactose-free, 100% MCT oil.</p>	<p>1) Fat malabsorption</p> <p>2) Defective lymphatic transport of fat</p> <p>3) Conditions with decreased pancreatic lipase and/or decreased bile salts</p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 32oz bottle</p> <p>6 bottles/case</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 22

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Microlipid</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Modular</p> <p><b>Level 4</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>4.5cal/mL, Kosher, lactose-free, 100% of total calories from safflower oil; fat emulsion for use in oral or tube-feeding formulas; discard bottle 5 days after opening. 1Tbsp = 68cal.</p>	<p>1) Increased caloric requirements</p> <p>2) Anorexia</p> <p>3) Fluid or volume restriction</p> <p>4) Decreased carbohydrate tolerance</p> <p>5) Ketogenic diet</p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 3oz bottle</p> <p>48 bottles/case</p>	
<p><b><u>Monogen</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Special Medical Conditions</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Milk based nutritional supplement; can be mixed to <b>22cal/oz</b> or <b>30cal/oz</b> for oral or tube feeding; 90% of fat is MCT oil; long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1; similar to Portagen.</p>	<p>1) Chylothorax</p> <p>2) For children and adults who do not efficiently digest or absorb conventional fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD).</p> <p>3) Conditions requiring high MCT oil</p>	<p>PWD: 400g can</p> <p>6 cans/case</p>	
<p><b><u>MSUD Analog</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Isoleucine, leucine and valine-free infant formula; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals; not intended as the sole source of nutrition; 13g protein equivalents/100g powder.</p>	<p>Maple syrup urine disease (MSUD) in infants</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 400g can</p> <p>6 cans/case</p>	
<p><b><u>MSUD Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Isoleucine, leucine and valine-free formula; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals; not intended as the sole source of nutrition; not intended for infants under 1 year of age; 25g protein equivalents/100g powder.</p>	<p>Maple syrup urine disease (MSUD) in toddlers and young children</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>Orange</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

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

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Neocate Junior with Prebiotics</u></b></p> <p>Manufacturer Nutricia Form PWD Category Elemental <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, milk-free, gluten-free, lactose-free, elemental diet for oral or tube feeding; contains 100% free amino acids; 35% of fat is MCT oil; contains prebiotic fiber; not intended for infants under 1 year of age. Unflavored: 1Tbsp = 7g; 1C = 100g.</p>	<p>1) Severe malabsorption 2) Severe food allergies, multiple protein intolerance 3) GI impairment 4) Medical condition requiring a hypoallergenic elemental formula</p> <p><b>Normally used for children over age 1.</b> <b>Can only be issued to women and children.</b></p>	<p>PWD: 400g can 4 cans/case Unflavored Vanilla</p>
<p style="text-align: center;"><b><u>Neocate Nutra</u></b></p> <p>Manufacturer Nutricia Form PWD Category Elemental <b>Level 4 Medical Food</b> Maximum Length of Issuance 6 months</p>		<p><b>472cal/ 100g</b>; 4.7g per scoop, approximately 22cal/scoop, (1tsp = 2g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food with essential vitamins and minerals; not nutritionally complete; oral use only; not for bottle or tube feeding.</p>	<p>1) Severe malabsorption, cow milk allergy 2) Severe food allergies, multiple protein intolerances 3) GI impairment such as eosinophilic esophagitis (EE) or gastroesophageal reflux (GERD) 4) Food protein-induced enterocolitis syndrome (FPIES)</p> <p><b>System will not issue for infants under 6 months of age. Note: For infants, typically issued with formula.</b> <b>Requires State Agency approval.</b></p>	<p>PWD: 400g can 3 cans/case</p>
<p style="text-align: center;"><b><u>NeoSure</u></b></p> <p>Manufacturer Abbott Form PWD, RTU Category Premature/LBW <b>Level 1 Exempt</b> Maximum Length of Issuance See guidelines in next panel</p>		<p><b>22cal/oz</b>, iron-fortified, high protein, vitamin, and mineral formula for preterm and/or low birth weight infants; Kosher and gluten-free; contains 25% fat from MCT oil; similar to EnfaCare and Good Start Nourish.</p>	<p>Premature or low birth weight infants meeting birth weight guidelines as indicated below. Premature infants weighing more than 5lbs 8oz at birth - may issue for 1 month with hospital prescription.</p> <p>≥ 3lb 5oz (1500gm) to ≤ 5lb 8oz (&lt;2500gm) issue up to 9 months chronological age &lt; 3lb 5oz (&lt;1500gm) issue up to 12 months chronological age</p> <p><b>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.</b> <b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</b></p>	<p>PWD: 13.1oz can 6 cans/case RTU: 32oz bottle 6 bottles/case</p>
<p style="text-align: center;"><b><u>Nepro</u></b></p> <p>Manufacturer Abbott Form RTU Category Increased Calorie Supplement; Special Medical Conditions <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>54cal/oz</b>, calorically dense, Kosher, gluten-free, lactose-free formula; for oral or tube feeding.</p>	<p>1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute/chronic renal failure</p> <p><b>Can only be issued to women and children.</b></p>	<p>8oz container 24 containers/case Vanilla Butter Pecan Mixed Berry</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>NovaSource Renal</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement; Special Medical Conditions <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>60cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, gluten-free, low-residue, high-calorie formula; contains MCT oil.</p>	<p>1) Acute/chronic renal failure 2) Electrolyte and/or fluid restriction</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container 27 containers/case</p>
<p style="text-align: center;"><b><u>Nutramigen</u></b></p> <p>Manufacturer Mead Johnson Form CON, RTU Category Protein Hydrolysate <b>Level 1 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>20cal/oz</b>, hypoallergenic casein hydrolysate, gluten-free, lactose-free, sucrose-free, galactose-free infant formula with iron; DHA/ARA added; does not contain MCT oil.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein 2) GERD 3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, or using reflux medications. 4) Food protein-induced enterocolitis syndrome (FPIES)</p> <p><b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</b></p>	<p>CON: 13oz can 12 cans/case RTU: 32oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>Nutramigen Enflora LGG</u></b></p> <p>Manufacturer Mead Johnson Form PWD Category Protein Hydrolysate <b>Level 1 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>20cal/oz</b>, hypoallergenic, gluten-free, lactose-free, sucrose-free, galactose-free formula with iron; DHA/ ARA added; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with <u>packed</u>, level scoops.</p>	<p>1) Intolerance, sensitivity or allergy to cow's milk, soy, and/or intact protein 2) GERD 3) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, or using reflux medications. 4) Food protein-induced enterocolitis syndrome (FPIES)</p>	<p>PWD: 12.6oz can 6 cans/case</p>
<p style="text-align: center;"><b><u>Nutramigen Toddler</u></b></p> <p>Manufacturer Mead Johnson Form PWD Category Protein Hydrolysate <b>Level 1 Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>20cal/oz</b>, hypoallergenic, gluten-free, lactose-free, sucrose-free, galactose-free toddler formula with iron; DHA/ARA added; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with <u>packed</u>, level scoops.</p>	<p>1) Over age 1 year with medical need for 20 cal/oz hypoallergenic toddler formula. 2) Intolerance, sensitivity, or allergy to cow's milk, soy, and/or intact protein 3) GERD 4) Gastroesophageal reflux (GER) with one or more of the following: aspiration or risk of aspiration, respiratory disease (bronchopulmonary dysplasia, reactive airway disease, chronic lung disease, asthma, or pneumonia), poor weight gain or weight loss, esophagitis, or using reflux medications. 5) Food protein-induced enterocolitis syndrome (FPIES)</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 12.6oz can 6 cans/case</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Nutren 1.0</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement; 25% of fat is MCT oil.</p>	<p>1) Medical conditions that increase calorie needs* 2) Oral motor feeding problems 3) Tube feeding</p> <p><b>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.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container 24 containers/case Vanilla</p>
<p style="text-align: center;"><b><u>Nutren 1.0 w/Fiber</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-osmolality, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5g fiber/250mL container.</p>	<p>1) Medical conditions that increase calorie needs* 2) Oral motor feeding problems 3) Tube feeding</p> <p><b>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.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container 24 containers/case Vanilla</p>
<p style="text-align: center;"><b><u>Nutren 2.0</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>60cal/oz</b>, high calorie, nutritionally complete, Kosher, low-residue, gluten-free, lactose-free, oral or tube feeding supplement; 75% of fat is MCT oil; similar to Resource 2.0.</p>	<p>1) Fluid restriction 2) Medical conditions that increase calorie needs*</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container 24 containers/case Vanilla</p>
<p style="text-align: center;"><b><u>Nutren Junior</u></b></p> <p>Manufacturer Nestle Form RTU Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement; contains 50% whey protein concentrate; 22% of fat is MCT oil.</p>	<p>1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL container 24 containers/case Vanilla</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Nutren Junior w/Fiber</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, low-osmolality, oral or tube feeding supplement; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5g fiber/250mL container.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Medical conditions that increase calorie needs*</li> <li>2) Inadequate growth (at risk for FTT)</li> <li>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</li> <li>6) Prematurity</li> </ol> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Vanilla</p>
<p style="text-align: center;"><b><u>Nutren Pulmonary</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Special Medical Conditions</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>45cal/oz</b>, nutritionally complete, Kosher, low-residue, high-calorie, high-protein, low-carbohydrate, gluten-free, lactose-free pulmonary formula; 40% of fat is MCT oil.</p>	<ol style="list-style-type: none"> <li>1) Pulmonary disease</li> <li>2) Respiratory disorder</li> <li>3) Ventilator dependency</li> <li>4) Fluid restriction</li> </ol> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Vanilla</p>
<p style="text-align: center;"><b><u>NutriHep</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Special Medical Conditions</p> <p><b>Level 4 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>45cal/oz</b>, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, low-residue, Kosher, gluten-free, lactose-free; 70% of fat is MCT oil.</p>	<ol style="list-style-type: none"> <li>1) Hepatic insufficiency</li> <li>2) Liver disease</li> </ol> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p>
<p style="text-align: center;"><b><u>OA1</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p>Isoleucine, methionine, threonine and valine-free, iron-fortified formula; not nutritionally complete; increased levels of B-vitamins for cofactor production; sucrose added; OA stands for organic acid; gluten-free, lactose-free, galactose-free; 15.7g protein equivalents/100g powder.</p>	<p>Propionic acidemia or methylmalonic acidemia in infants or toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>OA 2</u></b>		Isoleucine, methionine, threonine and valine-free, iron-fortified product; not nutritionally complete; increased levels of B-vit. for cofactor production; OA stands for organic acid; sucrose added; 21g protein equivalent/100g powder.	Propionic acidemia or methylmalonic acidemia in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>OS 2</u></b>		L-amino acids free of isoleucine, methionine, threonine & valine, enriched with vitamins and minerals; diets with OS 2 must contain adequate amounts of energy, essential fatty acids, isoleucine, methionine, threonine and valine to meet daily requirements; does not contain fat.	Propionic acidemia or methylmalonic aciduria in children and adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 500g can  2 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Osmolite 1.0</u></b>		<b>32cal/oz</b> , soy-based, nutritionally complete, isotonic, Kosher, gluten-free, lactose-free, low-residue, oral or tube feeding supplement; 20% of fat is MCT oil; 10.5g soy protein/8oz can.	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs < 2000cal/day  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval.</b>	RTU: 8oz can  24 cans/case
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
Level 4	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Osmolite 1.2</u></b>		<b>36cal/oz</b> , nutritionally complete, high-protein, isotonic, Kosher, gluten-free, lactose-free, low-residue supplement for oral or tube feeding; 20% of fat is MCT oil.	Increased energy or protein needs with intolerance to hyperosmolar feedings  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval.</b>	RTU: 8oz can  24 cans/case
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
Level 4	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 29

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Oxepa</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             RTU</p> <p>Category        Special Medical Conditions</p> <p><b>Level 4        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>45cal/oz, high-calorie, low-carbohydrate, gluten-free, lactose-free, low-residue tube feeding formula; 25% of fat is MCT oil.</p>	<p>Mechanical ventilation, e.g., acute respiratory distress syndrome</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p>
<p style="text-align: center;"><b><u>Pediasmart</u></b></p> <p>Manufacturer    Natures One</p> <p>Form             PWD</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 4        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Nutritionally complete organic supplement free of artificial colors and dyes; lactose and gluten-free, contains no DHA or ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, or added growth hormones.</p>	<p>1) Medical condition that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives <b>and/or</b></p> <p>2) Chronic illness, growth failure, eating disorders</p> <p><b>System will not allow formula to be issued to infants &lt; 9 months of age.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>PWD 12.7oz can</p> <p>6 cans/case</p> <p>Chocolate</p> <p>Vanilla</p>
<p style="text-align: center;"><b><u>Pediasmart Soy</u></b></p> <p>Manufacturer    Natures One</p> <p>Form             PWD</p> <p>Category        Increased Calorie Supplement</p> <p><b>Level 4        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Nutritionally complete organic soy-based supplement free of artificial colors and dyes; lactose and gluten-free, contains no DHA or ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, or added growth hormones.</p>	<p>Cow's milk allergy/intolerance and one or more of the following:</p> <p>1) Chronic illness, growth failure, eating disorders</p> <p>2) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives</p> <p><b>System will not allow formula to be issued to infants &lt; 9 months of age.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>PWD 12.7oz can</p> <p>6 cans/case</p>

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>PediaSure</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Increased Calorie Supplement</p> <p><b>Level 2            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free supplement; contains DHA; 15% MCT oil; contains prebiotic short-chain fructooligosaccharides (scFOS); Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1g fiber/8oz container; similar to Nutren Jr. and Kid Essentials.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p>	<p>RTU: 8oz container</p> <p>6 containers/carton</p> <p>24 containers/case</p> <p>Vanilla</p> <p>Chocolate</p> <p>Strawberry</p> <p>Banana Cream</p>	
<p><b><u>PediaSure w/Fiber</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Increased Calorie Supplement</p> <p><b>Level 2            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free supplement with fiber; contains DHA; 15% MCT oil; 3.2g fiber/8oz container; Osmolality: 480; similar to Nutren Jr. with Fiber.</p>	<p>Increased fiber needs and/or one or more of the following:</p> <p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p>	<p>RTU: 8oz container</p> <p>6 containers/carton</p> <p>24 containers/case</p> <p>Vanilla</p>	
<p><b><u>PediaSure Enteral</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Increased Calorie Supplement</p> <p><b>Level 2            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, isotonic, Kosher, gluten-free, lactose-free supplement; 15% MCT oil; oral or tube feeding; Osmolality: 335; similar to Nutren Jr.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Inadequate growth (at risk for FTT)</p> <p>3) FTT with wt/lth &lt;10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles)</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding problems, oral aversion, or inability to consume solid foods</p> <p>6) Prematurity</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>Vanilla</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>PediaSure Enteral w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, isotonic, Kosher, gluten-free, lactose-free supplement with fiber; 15% of fat is MCT oil; oral or tube feeding; contains prebiotic short-chain fructooligosaccharides (scFOS); 1.9g fiber/8oz container; Osmolality: 345; similar to Nutren Jr. with Fiber.	Increased fiber needs and/or one or more of the following: 1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with wt/lth <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b>	RTU: 8oz can 24 cans/case Vanilla
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PediaSure 1.5</u></b>		<b>45cal/oz</b> , nutritionally complete, Kosher, gluten-free, lactose-free supplement; contains DHA; 15% MCT oil; oral or tube feeding; Osmolality: 370; similar to Kid Essentials 1.5.	1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with wt/lth <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b>	RTU: 8oz container 6 containers/carton 24 containers/case Vanilla
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PediaSure 1.5 w/Fiber</u></b>		<b>45cal/oz</b> , nutritionally complete, Kosher, gluten-free, lactose-free supplement; oral or tube feeding; contains DHA; 15% MCT oil; contains prebiotic short-chain fructooligosaccharides (scFOS); 3g fiber /8oz container; Osmolality: 390; similar to Kid Essentials 1.5 with Fiber.	1) Medical conditions that increase calorie needs* 2) Inadequate growth (at risk for FTT) 3) FTT with wt/lth <10 and/or downward crossing of 2 major percentiles (wt falls more than 2 major percentiles) 4) Tube feeding 5) Oral motor feeding problems, oral aversion, or inability to consume solid foods 6) Prematurity  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b>	RTU: 8oz container 6 containers/carton 24 containers/case Vanilla
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 2</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>PediaSure Peptide 1.0</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Increased Calorie Supplement; Elemental</p> <p><b>Level 3            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p><b>30cal/oz</b>, Kosher, gluten-free, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil.</p>	<p>1) Malabsorption</p> <p>2) Maldigestion</p> <p>3) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p>	<p>RTU: 8oz bottle</p> <p>24 bottles/case</p> <p>Vanilla</p> <p>Strawberry</p> <p>Unflavored</p>
<p style="text-align: center;"><b><u>PediaSure Peptide 1.5</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Increased Calorie Supplement; Elemental</p> <p><b>Level 3            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p><b>45 cal/oz</b>, Kosher, gluten-free, lactose-free, nutritionally complete, semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding.</p>	<p>1) Malabsorption or maldigestion</p> <p>2) GI impairment in children requiring 100% hydrolyzed protein, or semi-elemental formula</p> <p>3) Medical condition that increase caloric needs*</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p>
<p style="text-align: center;"><b><u>PediaSure SideKicks Clear (Institutional)</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Special Medical Conditions</p> <p><b>Level 4            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p><b>17.6 cal/oz</b>, 120 cal/serving, nutritionally incomplete, Kosher, gluten-free, lactose-free supplement; for oral or tube feeding; for children under 3 years of age, give no more than 1 serving/day. Not for cow's milk allergy, contains milk protein.</p>	<p>1) Medical conditions that require a clear liquid diet</p> <p>2) Supplement for a child at nutritional risk with decreased calorie needs</p> <p>3) Intolerance/refusal of a milky textured/consistency nutritional supplement</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 6.8oz container</p> <p>32 containers/case</p> <p>Wild Berry</p> <p>Tropical Fruit</p>
<p style="text-align: center;"><b><u>PediaSure SideKicks (Institutional 0.63 cal)</u></b></p> <p>Manufacturer     Abbott</p> <p>Form                 RTU</p> <p>Category            Special Medical Conditions</p> <p><b>Level 4            Medical Food</b></p> <p>Maximum Length of Issuance     1 Certification Period</p>		<p><b>18.75 cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free supplement; for oral or tube feeding; contains 3g prebiotic fiber and milk protein with 40% less fat than PediaSure.</p>	<p>1) Medical conditions that require or result in decreased calorie needs, e.g., Down Syndrome, quadriplegia</p> <p>2) Oral or tube feeding for children requiring a lower calorie nutritionally complete product, e.g., neurological condition, oral-motor feeding problems</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 containers/case</p> <p>Vanilla</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Peptide Jr.</u></b></p> <p>Manufacturer: Nutricia</p> <p>Form: PWD</p> <p>Category: Elemental; Increased Calorie Supplement</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, milk-free, lactose-free, galactose-free, semi-elemental formula; 35% of fat is MCT oil; similar to Peptamen Junior; not intended for infants under 1 year of age.</p>	<p>1) Malabsorption</p> <p>2) Severe food allergies, whole protein intolerance</p> <p>3) GI impairment, short bowel syndrome</p> <p>4) Medical condition requiring a hypoallergenic semi-elemental formula.</p> <p><b>Normally used for children over age 1.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 51g packet</p> <p>15 packets/case</p> <p>Unflavored</p> <p>Banana</p>	
<p><b><u>Peptamen</u></b></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Category: Elemental; Increased Calorie Supplement</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, isotonic, low-residue, gluten-free, lactose-free elemental liquid formula; 70% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk.</p>	<p>GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Unflavored</p> <p>Vanilla</p>	
<p><b><u>Peptamen 1.5</u></b></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Category: Elemental; Increased Calorie Supplement</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>45cal/oz</b>, nutritionally complete, isotonic, gluten-free, lactose-free, low-residue, peptide based, elemental formula; 70% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk.</p>	<p>GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis, and increased calorie needs or fluid restriction</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Unflavored</p> <p>Vanilla</p>	
<p><b><u>Peptamen Junior</u></b></p> <p>Manufacturer: Nestle</p> <p>Form: RTU</p> <p>Category: Elemental; Increased Calorie Supplement</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding; 60% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk; similar to Peptide Junior.</p>	<p>GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis</p> <p><b>Normally used for children over age 1.</b></p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Unflavored</p> <p>Vanilla</p> <p>Chocolate</p> <p>Strawberry</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Peptamen Junior w/Fiber</u></b>		<b>30cal/oz</b> , nutritionally complete, gluten-free, lactose-free elemental diet for oral or tube feeding; 60% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk; 1.8g fiber/250mL container.	GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis, and need for added fiber  <b>Normally used for children over age 1.</b>  <b>System will not allow formula to be issued &lt;9 months of age.</b>	RTU: 250mL container  24 containers/case  Vanilla
Manufacturer	Nestle			
Form	RTU			
Category	Elemental; Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Peptamen Junior w/PreBio</u></b>		<b>30cal/oz</b> , nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding; contains prebiotics; 60% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk; 0.9g fiber/250mL container.	GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis, and need for added fiber  <b>Normally used for children over age 1.</b>  <b>Can only be issued to women and children.</b>	RTU: 250mL container  24 containers/case  Vanilla
Manufacturer	Nestle			
Form	RTU			
Category	Elemental; Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Peptamen Junior 1.5</u></b>		<b>45cal/oz</b> , nutritionally complete, low-residue, gluten-free, lactose-free, elemental diet for oral or tube feeding; 60% of fat is MCT oil; contains 100% whey protein, enzymatically hydrolyzed from cow's milk; 1.35g fiber/250mL container.	GI impairment such as: short bowel syndrome, inflammatory bowel disease, pancreatitis, cystic fibrosis, and need for additional calories  <b>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b>  <b>System will not allow formula to be issued &lt;9 months of age.</b>	RTU: 250mL container  24 containers/case
Manufacturer	Nestle			
Form	RTU			
Category	Elemental; Increased Calorie Supplement			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Perative</u></b>		<b>39cal/oz</b> , nutritionally complete, Kosher, gluten-free, lactose-free, low-residue partially hydrolyzed protein tube feeding formula; 40% of fat is MCT oil.	1) Pressure ulcers, multiple fractures, wounds, burns, or surgery 2) Multiple fractures 3) Wounds, burns, or surgery 4) Conditions causing metabolic stress  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval.</b>	RTU: 8oz can  24 cans/case
Manufacturer	Abbott			
Form	RTU			
Category	Elemental; Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Periflex Advance</u></b>		Phenylalanine-free medical food; not intended as a sole source of nutrition; intended for older children and adults (including pregnant women).	Phenylketonuria (PKU) in children older than 1 year  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  6 cans/case  Unflavored  Orange  Chocolate
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Periflex Infant</u></b>		Phenylalanine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, fats, vitamins and minerals; not intended as the sole source of nutrition; intended for infants; 13g protein equivalents/100g powder.	Phenylketonuria (PKU) in infants  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 400g can  6 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Periflex Junior</u></b>		Phenylalanine-free medical food; not intended as a sole source of nutrition; not intended for infants under 1 year of age; 25g protein equivalents/100g powder.	Phenylketonuria (PKU) in children older than 1 year  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  6 cans/case  Unflavored  Orange  Chocolate
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PFD 1</u></b>		Amino acid and protein-free formula; amino acids or protein must be supplied to support growth; increased levels of B vitamins added for cofactor production; not intended as a sole source of nutrition; sucrose added; gluten-free, lactose-free, galactose-free.	Inborn errors of amino acid metabolism in infants or toddlers  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 36

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>PFD 2</u></b></p> <p>Manufacturer Mead Johnson Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid and protein-free formula; amino acids or protein must be supplied to support growth; not intended as a sole source of nutrition; sucrose added; gluten-free, lactose-free, galactose-free.	Inborn errors of amino acid metabolism in children and adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
<p style="text-align: center;"><b><u>Phenex 1</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified, phenylalanine-free medical food with iron; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.	Phenylketonuria (PKU) or hyperphenylalaninemia in infants or toddlers  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case
<p style="text-align: center;"><b><u>Phenex 2</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified, phenylalanine-free medical food with iron; nutrient profile designed for children and adults; gluten-free and lactose-free.	Phenylketonuria (PKU) or hyperphenylalaninemia in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 14.1oz can  6 cans/case  Unflavored  Vanilla
<p style="text-align: center;"><b><u>PhenylAde Drink Mix</u></b></p> <p>Manufacturer Nutricia Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		Amino acid modified, phenylalanine free, medical food; not for children under one year of age; 40g/scoop = 10g protein equivalents.	Phenylketonuria (PKU) in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  4 cans/case  Vanilla  Strawberry  Orange Crème

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 37

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>PhenylAde 60 Drink Mix</u></b>		Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; fortified with essential and non-essential amino acids; high in protein, low in fat and calories; 294cal per 100g powder; not for infants under 1 year of age.	Phenylketonuria (PKU)  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 1lb can  4 cans/case  Unflavored  Vanilla
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PhenylAde Amino Acid Blend</u></b>		Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 323cal per 100g powder; not for infants under 1 year of age.	Phenylketonuria (PKU)  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 1lb can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PhenylAde Essential</u></b>		Amino acid modified, phenylalanine free, medical food; contains flax and soluble fiber; 40g/scoop = 10g protein equivalents; not for children under 1 year of age.	Phenylketonuria (PKU) in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form</b>	PWD: 454g can  4 cans/case  Vanilla  Strawberry  Orange Crème  Chocolate
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>PhenylAde MTE Amino Acid Blend</u></b>		Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; fortified with minerals and trace elements; 313cal per 100g powder; not for infants under 1 year of age.	Phenylketonuria (PKU)  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 1 lb can  4 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Phenyl Free 1</u></b>		Phenylalanine-free food with iron; increased levels of B vitamins for cofactor production; not intended as a sole source of nutrition; sucrose added; gluten-free, lactose-free, galactose-free; 16.2g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in infants or toddlers  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phenyl Free 2</u></b>		Phenylalanine-free food with iron; not intended as a sole source of nutritional sucrose added; gluten-free, lactose-free, galactose-free; 22g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phenyl Free 2HP</u></b>		Phenylalanine-free food with iron; higher in protein and most vitamins and minerals than Phenyl Free 2; not intended as a sole source of nutrition; sucrose added; gluten-free, lactose-free, galactose-free; 40g protein equivalents/100g powder.	Hyperphenylalaninemia, including PKU in children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Phlexy - 10 Drink Mix</u></b>		Phenylalanine-free, vitamin and mineral free, fat-free medical food; fat must be included in the diet; not intended as a sole source of nutrition; not intended for infants under 1 year of age.	Phenylketonuria (PKU) in children over age 1 and adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 20g packet  30 packets/case  Black Currant/Apple  Tropical Surprise
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b>PKU 2</b>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in toddlers and children  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 500g can  2 cans/case
Manufacturer	Nutricia			PWD: 45g packet  30 packets/case  Tomato
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>PKU 3</b>		L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Hyperphenylalaninemia, including PKU in older children or adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 500g can  2 cans/case
Manufacturer	Nutricia			PWD: 45g packet  30 packets/case  Tomato
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Portagen</b>		<b>30cal/oz.</b> , milk-based, Kosher, not nutritionally complete; gluten-free, lactose-free, low-residue nutritional supplement; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Enfaport may be an appropriate alternative; similar to Monogen.	1) Chylolthorax  2) Conditions which involve inefficient digestion or absorption of conventional fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD).  3) Conditions requiring high MCT oil	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			PWD: 16oz can  6 cans/case
Form	PWD			
Category	Special Medical Conditions			
<b>Level 3</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b>Pregestimil DHA/ARA</b>		<b>20cal/oz.</b> , hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron; 55% of fat is MCT oil; contains DHA/ARA; appropriate for infants with galactosemia. Powder should be measured with <u>packed</u> , level scoop.	Malabsorption and/or one of the following: 1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, bile acid deficiency, intractable diarrhea, etc. 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food protein-induced enterocolitis syndrome (FPIES)  <b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</b>	PWD: 16oz can  6 cans/case
Manufacturer	Mead Johnson			RTU: 2oz bottle  48 bottles/case
Form	PWD, RTU			
Category	Protein Hydrolysate			
<b>Level 1</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 40

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>Pregestimil 24</u></b>		24cal/oz, hypoallergenic, nutritionally complete, gluten-free, lactose-free, sucrose-free, galactose-free, casein hydrolysate infant formula with iron; 55% of fat is MCT oil; contains DHA/ARA; appropriate for infants with galactosemia.	Increased calorie needs* and malabsorption and/or one of the following: 1) Gastrointestinal disorders such as cystic fibrosis, short bowel syndrome, bile acid deficiency, intractable diarrhea, etc. 2) Allergy or sensitivity to milk and/or soy protein or to intact protein 3) Food protein-induced enterocolitis syndrome (FPIES)  <b>Requires State Agency approval.</b>	RTU: 2oz bottle  48 bottles/case
Manufacturer	Mead Johnson			
Form	RTU			
Category	Protein Hydrolysate			
<b>Level 4</b>	<b>Exempt</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Promote</u></b>		30cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, very high-protein formula; for oral or tube feeding; 19% of fat is MCT oil; 14.8g soy protein/8oz can.	1) Pressure ulcers 2) At risk for protein-energy malnutrition 3) Low caloric and/or wound healing needs 4) Other chronic illnesses that may require increased protein needs relative to their estimated calorie requirements  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval.</b>	RTU: 8oz can  24 cans/case  Vanilla
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Promote w/Fiber</u></b>		30cal/oz, nutritionally complete, Kosher, gluten-free, lactose-free, very high-protein formula with fiber; for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8g soy protein/8oz can.	1) Pressure ulcers and/or need for additional fiber 2) At risk for protein-energy malnutrition and/or need for additional fiber 3) Low caloric and/or wound healing needs and/or need for additional fiber 4) Other chronic illnesses that may require increased protein needs relative to their estimated calorie requirements  <b>Requires State Agency approval.</b>  <b>Can only be issued to women and children.</b>	RTU: 8oz can  24 cans/case  Vanilla
Manufacturer	Abbott			
Form	RTU			
Category	Increased Calorie Supplement			
<b>Level 4</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>Pro-Phree</u></b>		Protein-free energy module with iron, vitamins and minerals; gluten-free and lactose-free; provides 49% of energy as fat; supplemented with L-carnitine and taurine; not intended as sole source of nutrition. 1Tbsp = 8g, 1C = 120g.	Need for reduced protein intake, specific mixtures of L-amino acids or increased energy, minerals, and vitamins in infants or toddlers  <b>Requires State Agency approval.</b>	PWD: 14.1oz can  6 cans/case
Manufacturer	Abbott			
Form	PWD			
Category	Special Medical Conditions			
<b>Level 4</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 41

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Propimex 1</u></b></p> <p>Manufacturer    Abbott</p> <p>Form              PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1      Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron; methionine and valine-free; low in isoleucine and threonine; nutrient profile designed for infants and toddlers; gluten-free and lactose-free.</p>	<p>Propionic or methylmalonic acidemia in infants or toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Propimex 2</u></b></p> <p>Manufacturer    Abbott</p> <p>Form              PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1      Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron; methionine and valine-free; low in isoleucine and threonine; nutrient profile designed for children and adults; gluten-free and lactose-free.</p>	<p>Propionic or methylmalonic acidemia</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>ProSobee</u></b></p> <p>Manufacturer    Mead Johnson</p> <p>Form              PWD, CON, RTU</p> <p>Category        Soy-Based Standard</p> <p><b>Level 1         Non-Exempt</b></p> <p>Maximum Length of Issuance    3 months</p>		<p><b>20 cal/oz</b>, milk-free, Kosher, gluten-free, lactose-free, sucrose-free, galactose-free and iron-fortified infant formula; soy protein and DHA/ARA added; similar to Similac Soy Isomil and Good Start Soy.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>Documented intolerance to contract formula (Gerber Good Start Soy) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>1. Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>2. Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length <math>\leq</math> 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>3. Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>4. Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol>	<p>PWD: 12.9oz can</p> <p>6 cans/case</p> <p>CON: 13oz can</p> <p>12 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Pulmocare</u></b></p> <p>Manufacturer    Abbott</p> <p>Form              RTU</p> <p>Category        Increased Calorie Supplement; Special Medical Conditions</p> <p><b>Level 4         Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>45cal/oz</b>, nutritionally complete, Kosher, high-calorie, low-carbohydrate, gluten-free, lactose-free, low-residue formula; for oral or tube feedings; 20% of fat is MCT oil.</p>	<p>Respiratory problems such as COPD, cystic fibrosis, acute respiratory failure, or ventilator-dependency</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency Approval.</b></p>	<p>RTU: 8oz can</p> <p>24 cans/case</p> <p>Vanilla</p> <p>Strawberry</p>

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 42

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>PurAmino</u></b></p> <p>Manufacturer Mead Johnson</p> <p>Form PWD</p> <p>Category Elemental</p> <p><b>Level 3 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, hypoallergenic formula, nutritionally complete, lactose, sucrose, soy, gluten-free and galactose-free; 100% free amino acids; 14.3g protein equivalents/100g powder; contains DHA/ARA. <b>Standard mixing is 1 unpacked level scoop of powder to 1oz water.</b></p>	<p>1) Severe malabsorption, GI impairment or medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p> <p>2) Food allergies, e.g., allergy to cow's milk, soy, and/or intact protein. Note: A protein hydrolysate (Nutramigen, Alimentum, or Pregestimil) should be tried before issuing unless medically contraindicated.</p>	<p>PWD: 14.1oz can</p> <p>4 cans/case</p>	
<p style="text-align: center;"><b><u>RCF (Ross Carbohydrate Free)</u></b></p> <p>Manufacturer Abbott</p> <p>Form CON</p> <p>Category Special Medical Conditions; Metabolic</p> <p><b>Level 4 Exempt</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>20cal/oz</b>, carbohydrate-free, soy protein formula base, with iron; Kosher, gluten-free, lactose free; carbohydrate source must be added separately.</p>	<p><b>Non-metabolic reason:</b> Seizure disorders requiring a ketogenic diet</p> <p><b>Metabolic reasons require state approval and metabolic prescription form.</b></p> <p>For infants and children unable to tolerate the type or amount of carbohydrate in milk or infant formulas</p> <p><b>Requires State Agency Approval.</b></p>	<p>CON: 13oz can</p> <p>12 cans/case</p>	
<p style="text-align: center;"><b><u>Renalcal</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>60cal/oz</b>, high calorie, low-electrolyte, Kosher, gluten-free, lactose-free, low-residue supplement; 70% of fat is MCT oil; not nutritionally complete.</p>	<p>Renal failure</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Unflavored</p>	
<p style="text-align: center;"><b><u>Renastart</u></b></p> <p>Manufacturer Vitaflo</p> <p>Form PWD</p> <p>Category Increased Calorie Supplement; Special Medical Conditions</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30 cal/oz</b>, nutritionally complete with low levels of protein, calcium, potassium, phosphorus and vitamin A; contains whole protein, amino acids, carbohydrates, fat, vitamins, minerals, trace elements, LCPs-ARA, DHA; contains milk protein and soy products.</p>	<p>Pediatric renal disease</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 100g sachet</p> <p>10 sachets/box</p> <p>Issued by the box only</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 43

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Replete w/Fiber</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 4</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>30cal/oz</b>, nutritionally complete, high-protein, isotonic, Kosher, gluten-free, lactose-free supplement with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5g fiber/250mL container.</p>	<p>1) Conditions requiring high protein for wound healing, pressure ulcers, burns, and surgical wounds</p> <p>2) Conditions requiring fiber for bowel function</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 250mL container</p> <p>24 containers/case</p> <p>Vanilla</p>	
<p><b><u>Resource 2.0</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 4</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>60 cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, calorically dense, high-nitrogen, balanced formula with reduced sodium; similar to TwoCal HN, and Nutren 2.0.</p>	<p>1) Fluid restriction</p> <p>2) Increased protein and caloric needs</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 8oz box</p> <p>27 boxes/case</p> <p>Vanilla Crème</p> <p>RTU: 32oz bottle</p> <p>12 bottles/case</p> <p>Vanilla Crème</p>	
<p><b><u>Resource Breeze</u></b></p> <p>Manufacturer Nestle</p> <p>Form RTU</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 3</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>31cal/oz</b>, fat-free, clear liquid, Kosher, gluten-free, lactose-free, low-residue; not intended as a sole source of nutrition; 9g whey protein/8oz container.</p>	<p>1) Fat malabsorption</p> <p>2) Anorexia</p> <p>3) Cachexia</p> <p>4) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>RTU: 8oz container</p> <p>27 containers/case</p> <p>Orange</p> <p>Peach</p> <p>Wild Berry</p> <p>Variety Case</p>	
<p><b><u>Scandishake</u></b></p> <p>Manufacturer Aptalis</p> <p>Form PWD</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 2</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p><b>75cal/oz</b> when mixed with whole milk; nutritionally incomplete, high-calorie, Kosher, gluten-free supplement.</p>	<p>1) Medical conditions that increase calorie needs*</p> <p>2) Medical conditions with need to gain weight or maintain weight</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 3oz packet</p> <p>4 packets/box</p> <p>Issued by the 12oz box</p> <p>Chocolate</p> <p>Strawberry</p> <p>Vanilla</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

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Texas WIC 44

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Scandishake w/Aspartame</u></b></p> <p>Manufacturer Aptalis Form PWD Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>75cal/oz when mixed with whole milk; nutritionally incomplete, high-calorie, Kosher, gluten-free supplement sweetened with aspartame.</p>	<p>1) Medical conditions that increase calorie needs* 2) Medical conditions with need to gain weight or maintain weight</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 18oz can 6 cans/case Vanilla Chocolate</p>
<p style="text-align: center;"><b><u>Scandishake Lactose Free</u></b></p> <p>Manufacturer Aptalis Form PWD Category Increased Calorie Supplement <b>Level 2 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>65cal/oz when mixed with soy beverage; nutritionally incomplete, high-calorie, Kosher, gluten-free, lactose-free supplement.</p>	<p>1) Medical conditions that increase calorie needs* 2) Medical conditions with need to gain weight or maintain weight</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 3oz packet 4 packets/box Issued by the 12oz box Vanilla Chocolate</p>
<p style="text-align: center;"><b><u>Similac Advance</u></b></p> <p>Manufacturer Abbott Form PWD, CON, RTU Category Milk-Based Standard <b>Contract Non-Exempt</b> Maximum Length of Issuance 1 Certification Period</p>		<p>20 cal/oz, Kosher, gluten-free, iron-fortified, milk-based infant formula with DHA/ARA added; contains prebiotic GOS; similar to Enfamil Premium Infant.</p>	<p>Current contract standard milk-based formula. Refer to Policy FD:13.0. Over age 1 with medical need for 20 cal/oz formula possible reasons include: prematurity, developmental delay, or oral motor feeding problems</p> <p><b>No RX when &lt;1 year of age. Level 1 when &gt;1 year of age.</b> <b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>PWD: 12.4oz can 6 cans/case CON: 13oz can 12 cans/case RTU: 32oz container 12 containers/case</p>
<p style="text-align: center;"><b><u>Similac Expert Care for Diarrhea (Isomil DF)</u></b></p> <p>Manufacturer Abbott Form RTU Category Special Medical Conditions <b>Level 1 Exempt</b> Maximum Length of Issuance Do not exceed 8 cans per month (7-10 day supply)</p>		<p>20cal/oz, milk-free, Kosher, gluten-free, lactose-free, iron-fortified soy protein formula with fiber for infants; contains sucrose and corn syrup solids; added dietary soy fiber (6g/L) for the management of diarrhea; low osmolality: 240 mOsm/kg water.</p>	<p>Short-term diarrhea Similac (Expert Care) for Diarrhea is to be used for a short duration - no longer than 10 days.</p>	<p>RTU: 32oz container 6 cans/case</p>

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 45

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING									
<p style="text-align: center;"><b><u>Similac Go &amp; Grow Milk</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Medical Food <b>Level 1           Exempt</b> Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, iron-fortified, milk-based infant formula with added calcium, phosphorus, and DHA/ARA; Kosher and gluten-free.</p>	<p>Over age 1 with medical need for 20 cal/oz formula. Possible reasons include: prematurity, developmental delay, oral-motor feeding problems.  <b>Can only be issued to women and children.</b></p>	<p>PWD: 1.38LBS can  6 cans/case</p>									
<p style="text-align: center;"><b><u>Similac Go &amp; Grow Soy</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Soy-Based Standard <b>Level 1           Exempt</b> Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, iron-fortified, milk-free, Kosher, gluten-free, lactose-free soy formula with DHA/ARA added.</p>	<p>Over age 1 year with medical need for 20 cal/oz soy-based toddler formula: 1) Possible reasons include: prematurity, developmental delay, oral-motor feeding problems, <b>AND/OR:</b> 2) Allergy or sensitivity to cow's milk, galactosemia, or vegan diet.  <b>Can only be issued to women and children.</b></p>	<p>PWD: 1.38LBS can  6 cans/case</p>									
<p style="text-align: center;"><b><u>Similac Human Milk Fortifier (SHMF)</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Premature/LBW <b>Level 4           Exempt</b> Maximum Length of Issuance    1 month</p>		<p>Intended for premature and low birth weight infants as a nutritional supplement to add to breastmilk; Kosher and gluten-free; similar to Enfamil HMF; not nutritionally complete; not intended for use after infant reaches 8lbs (3600g) in weight.</p>	<p>To fortify human breast milk for premature/low birth weight babies</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Additional Calories Desired</td> <td style="text-align: center;">Preterm Human Milk</td> <td style="text-align: center;">HMF</td> </tr> <tr> <td style="text-align: center;">2 cal/ fl oz</td> <td style="text-align: center;">50 mL</td> <td style="text-align: center;">1 packet</td> </tr> <tr> <td style="text-align: center;">4 cal/ fl oz</td> <td style="text-align: center;">25 mL</td> <td style="text-align: center;">1 packet</td> </tr> </table> <p><b>Requires State Agency approval.</b></p>	Additional Calories Desired	Preterm Human Milk	HMF	2 cal/ fl oz	50 mL	1 packet	4 cal/ fl oz	25 mL	1 packet	<p>PWD: 0.90g packet  50 packets/carton  3 cartons/case</p>
Additional Calories Desired	Preterm Human Milk	HMF											
2 cal/ fl oz	50 mL	1 packet											
4 cal/ fl oz	25 mL	1 packet											
<p style="text-align: center;"><b><u>Similac PM 60/40</u></b></p> <p>Manufacturer    Abbott Form                PWD Category         Special Medical Conditions <b>Level 3           Exempt</b> Maximum Length of Issuance    1 Certification Period</p>		<p><b>20 cal/oz</b>, (60:40) whey:casein ratio protein dominant, low-iron infant formula; Kosher, gluten-free; lower in minerals and electrolytes; additional iron should be supplied from other sources.</p>	<p>1) Hypocalcemia due to hyperphosphatemia 2) Renal condition requiring lowered mineral level</p>	<p>PWD: 14.1oz can  6 cans/case</p>									

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>Similac Sensitive</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: PWD, RTU</p> <p>Category: Milk-Based Standard</p> <p><b>Contract: Non-Exempt</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>19cal/oz, iron-fortified, Kosher, gluten-free, low-lactose, milk-based nutritionally complete infant formula with DHA/ARA; not intended for infants or children with galactosemia; contains prebiotic galactooligosaccharides (GOS).</p> <p><b>After April 1, 2014 - 12oz can is 19cal/oz</b></p>	<p><b>REQUIRES A MEDICAL REQUEST.</b> Documented intolerance to Similac Advance<sup>†</sup> with lactose sensitivity and/or colic or other intolerance symptoms.</p> <p>A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required.</p> <p>Over age 1 with medical need for 19 cal/oz formula; possible reasons include: prematurity, developmental delay, or oral motor feeding problems</p> <p>Current contract low lactose, milk-based formula. Refer to Policy FD: 13.0.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>PWD: 12.6/12oz can</p> <p>6 cans/case</p> <p>RTU: 32oz container</p> <p>6 containers/case</p>	
<p><b><u>Similac for Spit-Up</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: PWD, RTU</p> <p>Category: Milk-Based Standard</p> <p><b>Contract: Non-Exempt</b></p> <p>Maximum Length of Issuance: 1 Certification Period</p>	<p>20cal/oz, iron-fortified, Kosher, gluten-free, low-lactose, milk-based infant formula with rice starch, DHA/ARA; not intended for infants or children with galactosemia; similar to Enfamil AR.</p> <p><b>After June 1, 2014 - 12oz can is 19cal/oz</b></p>	<p><b>REQUIRES A MEDICAL REQUEST.</b> Documented intolerance to Similac Advance<sup>†</sup> with spitting up and/or reflux or other intolerance symptoms.</p> <p>A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required.</p> <p>Over age 1 with medical need for 20 cal/oz formula; possible reasons include: prematurity, developmental delay, or oral motor feeding problems</p> <p>Current contract rice starch-added, milk-based formula. Refer to Policy FD: 13.0.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>PWD: 12.3/12oz can</p> <p>6 cans/case</p> <p>RTU: 32oz can</p> <p>6 cans/case</p>	
<p><b><u>Similac Soy Isomil</u></b></p> <p>Manufacturer: Abbott</p> <p>Form: PWD, CON, RTU</p> <p>Category: Soy-Based Standard</p> <p><b>Level 1: Non-Exempt</b></p> <p>Maximum Length of Issuance: 3 months</p>	<p>20 cal/oz, milk-free, nutritionally complete, Kosher, gluten-free, lactose-free, iron-fortified soy protein infant formula with DHA/ARA added; contains sucrose and corn syrup solids; similar to ProSobee and Good Start Soy.</p> <p><b>** Refer to RTU issuance guidelines on last page of formulary.</b></p>	<p>Documented intolerance to contract formula (Gerber Good Start Soy) <b>WITH:</b></p> <ol style="list-style-type: none"> <li>1. Chronic or acute medical diagnosis/condition such as: neurological, heart/cardiovascular, respiratory, intestinal disorder (other than allergy or malabsorption), GERD, and syndromes</li> <li>2. Weight loss, failure to gain weight, or Failure to Thrive that is evidenced by growth chart information (weight/length <math>\leq</math> 10th percentile), drop in 2 major percentiles on the growth chart</li> <li>3. Recent hospitalization, recent recovery from or current serious illness (flu, RSV, pneumonia, etc.), recent or pending surgery, and/or recent placement in foster care</li> <li>4. Severe intolerance symptoms such as vomiting, diarrhea, and blood in the stool that persists after trying available contract formulas</li> </ol> <p><b>After 3 months retri al on a contract formula (GS Soy preferred) unless medically contraindicated.</b></p>	<p>PWD: 12.4oz can</p> <p>6 cans/case</p> <p>CON: 13oz can</p> <p>12 cans/case</p> <p>RTU: 32oz container</p> <p>6 containers/case</p>	

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 47

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Similac Special Care 24 w/Iron</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category          Premature/LBW</p> <p><b>Level 4          Exempt</b></p> <p>Maximum Length of Issuance    1 month</p>		<p><b>24cal/oz</b>, iron-fortified, preterm infant formula; Kosher, gluten-free; contains DHA/ARA; 50% of fat is MCT oil; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.</p>	<p>Prematurity and low birth weight</p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 2oz bottle</p> <p>48 bottles/case</p>
<p style="text-align: center;"><b><u>Similac Special Care 30</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category          Premature/LBW</p> <p><b>Level 4          Exempt</b></p> <p>Maximum Length of Issuance    1 month</p>		<p><b>30cal/oz</b>, iron-fortified, preterm infant formula; Kosher, gluten-free; contains DHA/ARA; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender; not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours.</p>	<p>Prematurity and low birth weight</p> <p><b>Requires State Agency approval.</b></p>	<p>RTU: 2oz bottle</p> <p>48 bottles/case</p>
<p style="text-align: center;"><b><u>Similac Total Comfort</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                PWD</p> <p>Category          Milk-Based Standard</p> <p><b>Contract        Non-Exempt</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>20cal/oz</b>, Kosher, gluten-free, iron-fortified, milk-based infant formula with DHA/ARA added; contains prebiotic galactooligosaccharides (GOS); 2% lactose; partially hydrolyzed 100% whey; similar to Enfamil Gentlease and Good Start Soothe.</p> <p><b>After June 1, 2014 - 12oz can is 19cal/oz</b></p>	<p><b>REQUIRES A MEDICAL REQUEST.</b> Documented intolerance to Similac Advance<sup>†</sup> with digestive issues and/or colic or other intolerance symptoms.</p> <p>A waiver for the Similac Advance trial is permitted for participants with serious medical contraindications such as: a chronic or acute medical condition, recent hospitalization or surgery, weight loss, failure to gain weight or failure to thrive. Documentation is required.</p> <p>Over age 1 with medical need for 20 cal/oz formula; possible reasons include: prematurity, developmental delay, or oral motor feeding problems</p> <p>Current contract partially hydrolyzed, milk-based formula. Refer to Policy FD: 13.0.</p>	<p>PWD: 12.6/12oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>Suplena</u></b></p> <p>Manufacturer    Abbott</p> <p>Form                RTU</p> <p>Category          Increased Calorie Supplement; Special Medical Conditions</p> <p><b>Level 3          Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p><b>54cal/oz</b>, nutritionally complete, low-protein, high-calorie, Kosher, gluten-free, lactose-free diet; for oral or tube feeding.</p>	<p>1) Chronic or acute renal failure <b>not</b> undergoing dialysis</p> <p>2) Medical condition requiring a diet restricted in protein, electrolytes, and fluids</p> <p><b>Can only be issued to women and children.</b></p>	<p>RTU: 8oz container</p> <p>24 cans/case</p> <p>Vanilla</p>

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Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Tolerex</u></b></p> <p>Manufacturer Nestle Form PWD Category Elemental <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, Kosher, gluten-free, lactose-free, low-residue, elemental diet containing 100% free amino acids.</p>	<p>1) Impaired digestion and absorption, e.g., severe protein and/or fat malabsorption 2) Specialized nutrient needs such as food allergies</p> <p><b>Normally used for children. If prescribed for an infant or for any reason other than that listed above, consult with local agency RD or State Agency staff.</b></p>	<p>PWD: 2.82oz packet 60 packets/case</p>
<p style="text-align: center;"><b><u>TwoCal HN</u></b></p> <p>Manufacturer Abbott Form RTU Category Increased Calorie Supplement <b>Level 4 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p><b>60cal/oz</b>, nutritionally complete, high-calorie, high-nitrogen, Kosher, gluten-free, lactose-free low-residue liquid for oral or tube feeding; for supplemental or sole-source nutrition; similar to Nutren 2.0.</p>	<p>Elevated protein and calorie needs requiring low-volume feedings</p> <p><b>Can only be issued to women and children.</b> <b>Requires State Agency approval.</b></p>	<p>RTU: 8oz can 24 cans/case Vanilla Butter Pecan</p>
<p style="text-align: center;"><b><u>TYR 2</u></b></p> <p>Manufacturer Nutricia Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals; not intended as a sole source of nutrition; intended for children and adults.</p>	<p>1) Tyrosinemia type I, inherited 2) Tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome)</p> <p><b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 500g can 2 cans/case</p>
<p style="text-align: center;"><b><u>Tyrex 1</u></b></p> <p>Manufacturer Abbott Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Amino acid modified medical food with iron; phenylalanine and tyrosine-free; nutrient profile designed for infants and toddlers; gluten-free and lactose-free; not intended as a sole source of nutrition; 15g protein equivalents/100g powder.</p>	<p>Tyrosinemia type I, II, or III</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can 6 cans/case</p>

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Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Tyrex 2</u></b></p> <p>Manufacturer    Abbott</p> <p>Form             PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Amino acid modified medical food with iron; phenylalanine and tyrosine-free; nutrient profile designed for children and adults; gluten-free and lactose-free; not intended as a sole source of nutrition; 30g protein equivalents/100g powder.</p>	<p>Tyrosinemia type I, II, or III</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 14.1oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>TYROS 1</u></b></p> <p>Manufacturer    Mead Johnson</p> <p>Form             PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1        Exempt/Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Phenylalanine and tyrosine-free formula; increased levels of B-vitamins for cofactor production; contains sucrose; not intended as a sole source of nutrition; gluten-free, lactose-free, galactose-free; 16.7g protein equivalents/100g powder; intended for infants and toddlers.</p>	<p>Tyrosinemia or other inborn errors of tyrosine metabolism</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>TYROS 2</u></b></p> <p>Manufacturer    Mead Johnson</p> <p>Form             PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Phenylalanine and tyrosine-free formula; not intended as a sole source of nutrition; sucrose added; gluten-free, lactose-free, galactose-free; 22g protein equivalents/100g powder; intended for children and adults.</p>	<p>Tyrosinemia or other inborn errors of tyrosine metabolism</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can</p> <p>6 cans/case</p>
<p style="text-align: center;"><b><u>UCD 2</u></b></p> <p>Manufacturer    Nutricia</p> <p>Form             PWD</p> <p>Category        Metabolic</p> <p><b>Level S/1        Medical Food</b></p> <p>Maximum Length of Issuance    1 Certification Period</p>		<p>Mixture of all essential L-amino acids, enriched with vitamins and minerals; not intended as a sole source of nutrition; intended for children and adults.</p>	<p>1) Carbamylphosphate synthetase deficiency</p> <p>2) Ornithine transcarbamylase deficiency</p> <p>3) Citrullinemia or argininosuccinic acid synthetase deficiency</p> <p>4) Argininosuccinic acid lyase deficiency, arginase deficiency</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 500g can</p> <p>2 cans/case</p>

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Level 4: State Approval Only

Revised 6/1/14

Texas WIC 50

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>UCD Anamix Jr</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p>0.6g protein (19.2 calories) in 5g powder; contains essential amino acids, branched chain amino acids to maintain positive nitrogen balance, sufficient non-protein calories, calcium, vitamin D, iron, and zinc; not for infants under 1 year of age.</p>	<p>Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 400g can</p> <p>6 cans/case</p> <p>Unflavored</p> <p>Vanilla</p>
<p><b><u>Vital HN</u></b></p> <p>Manufacturer Abbott</p> <p>Form PWD</p> <p>Category Increased Calorie Supplement</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, high-nitrogen, Kosher, gluten-free, low-residue, low-fat, partially hydrolyzed diet for oral or tube feeding; &lt;0.25g lactose per packet.</p>	<p>Chronically impaired gastrointestinal function, such as maldigestion or malabsorption</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 2.79oz packet</p> <p>6 packets/carton</p> <p>Vanilla</p>
<p><b><u>Vivonex Pediatric</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Category Elemental</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>24cal/oz</b>, Kosher, gluten-free, lactose-free, low-residue nutritionally-complete elemental formula; contains 100% free amino acids; contains 68% MCT oil; can be used for oral or tube feeding.</p>	<p>GI impairment in infants or children, e.g., Crohn's disease, short bowel disease, malabsorption, or intractable diarrhea</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p>	<p>PWD: 1.7oz packet</p> <p>36 packets/case</p>
<p><b><u>Vivonex Plus</u></b></p> <p>Manufacturer Nestle</p> <p>Form PWD</p> <p>Category Elemental</p> <p><b>Level 3 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>		<p><b>30cal/oz</b>, nutritionally complete, elemental diet powder, Kosher, gluten-free, lactose-free, low-residue, high-nitrogen, low-fat; 100% free amino acids; can be used for oral or tube feeding.</p>	<p>1) Gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery</p> <p>2) Surgery or select trauma</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 2.8oz packet</p> <p>36 packets/carton</p>

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Level 4: State Approval Only

Revised 6/1/14

Texas WIC 51

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p style="text-align: center;"><b><u>Vivonex T.E.N.</u></b></p> <p>Manufacturer Nestle Form PWD Category Elemental <b>Level 3 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>30cal/oz, Kosher, gluten-free, lactose-free, low-residue, high-nitrogen, elemental diet; contains 100% free amino acids; enriched with glutamine; can be used for oral or tube feeding; similar to L-Elemental.</p>	<p>1) Gastrointestinal-impairment including pancreatic disorders, malabsorption, and post bowel resection surgery 2) Surgery or select trauma 3) Intestinal failure</p> <p><b>Can only be issued to women and children.</b></p>	<p>PWD: 2.84oz packet  60 packets/case</p>
<p style="text-align: center;"><b><u>WND 1</u></b></p> <p>Manufacturer Mead Johnson Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Non-essential amino acid-free iron-fortified product; increased levels of B-vitamins for cofactor production; provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals; not intended as a sole source of nutrition; gluten-free, lactose-free, galactose-free; sucrose added; 5 protein equivalents/100g powder.</p>	<p>Urea cycle disorders in infants and toddlers</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can  6 cans/case</p>
<p style="text-align: center;"><b><u>WND 2</u></b></p> <p>Manufacturer Mead Johnson Form PWD Category Metabolic <b>Level S/1 Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Non-essential amino acid-free iron-fortified formula; provides essential amino acids, carbohydrate, fat, essential fatty acids, vitamins, and minerals; sucrose added; gluten-free, lactose-free, galactose-free; not intended as a sole source of nutrition; 8.2g protein equivalents/100g powder.</p>	<p>Urea cycle disorders in children and adults</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 16oz can  6 cans/case</p>
<p style="text-align: center;"><b><u>XLeu Analog</u></b></p> <p>Manufacturer Nutricia Form PWD Category Metabolic <b>Level S/1 Exempt/Medical Food</b> Maximum Length of Issuance 1 Certification Period</p>		<p>Leucine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; not intended as a sole source of nutrition; 13g protein equivalents/100g powder.</p>	<p>Isovaleric acidemia and other disorders of leucine metabolism in infants</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 400g can  6 cans/case</p>

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## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XLeu Maxamaid</u></b>		Leucine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; does not contain fat; not intended as a sole source of nutrition; 25g protein equivalents/100g powder.	Isovaleric acidemia and other disorders of leucine metabolism in toddlers and children  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  6 cans/case  Orange
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLeu Maxamum</u></b>		Leucine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; does not contain fat; not intended as a sole source of nutrition; 40g protein equivalents/100g powder.	Isovaleric acidemia and other disorders of leucine metabolism in older children and adults  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  6 cans/case  Orange
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLys, XTrp Analog</u></b>		Lysine and tryptophan-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; 13g protein equivalents/100g powder.	Glutaric aciduria type I in infants  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 400g can  6 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XLys, XTrp Maxamaid</u></b>		Lysine and tryptophan-free. Contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; does not contain fat; 25g protein equivalents/100g powder.	Glutaric aciduria type I in toddlers and children  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can  6 cans/case  Orange
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

Revised 6/1/14

Texas WIC 53

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XLys, XTrp Maxamum</u></b>		Lysine and tryptophan-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; does not contain fat; 40g protein equivalents/100g powder.	Glutaric aciduria type I in older children and adults	PWD: 454g can 6 cans/case Orange
Manufacturer	Nutricia		<b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XMet Analog</u></b>		Methionine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; 13g protein equivalents/100g powder; intended for infants.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia	PWD: 400g can 6 cans/case
Manufacturer	Nutricia		<b>Requires State Agency approval and metabolic prescription form.</b>	
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XMet Maxamaid</u></b>		Methionine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; does not contain fat; 25g protein equivalents/100g powder; intended for toddlers and young children.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hypermethioninemia	PWD: 454g can 6 cans/case Orange
Manufacturer	Nutricia		<b>System will not allow formula to be issued &lt;9 months of age.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XMet Maxamum</u></b>		Methionine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, vitamins, minerals and trace elements; not intended as a sole source of nutrition; does not contain fat; 40g protein equivalents/100g powder; intended for older children and adults.	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hypermethioninemia	PWD: 454g can 6 cans/case Orange
Manufacturer	Nutricia		<b>Can only be issued to women and children.</b> <b>Requires State Agency approval and metabolic prescription form.</b>	
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<p><b><u>XMTVI Analog</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Exempt/Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine; contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; not intended as a sole source of nutrition; 13g protein equivalents/100g powder; intended for infants.</p>	<p>1) Methylmalonic acidemia (vitamin B-12 non-responsive)</p> <p>2) Propionic acidemia</p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 400g can</p> <p>6 cans/case</p>	
<p><b><u>XMTVI Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine; contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; not intended as a sole source of nutrition; does not contain fat; 25g protein equivalents/100g powder; intended for toddlers and young children.</p>	<p>1) Methylmalonic acidemia (vitamin B-12 non-responsive)</p> <p>2) Propionic acidemia</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>Orange</p>	
<p><b><u>XMTVI Maxamum</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Methionine, threonine, valine-free, low isoleucine; contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, vitamins, minerals, trace elements; not intended as a sole source of nutrition; does not contain fat; 40g protein equivalents/100g powder; intended for older children and adults.</p>	<p>1) Methylmalonic acidemia (vitamin B-12 non-responsive)</p> <p>2) Propionic acidemia</p> <p><b>Can only be issued to women and children.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>Orange</p>	
<p><b><u>XPhe Maxamaid</u></b></p> <p>Manufacturer Nutricia</p> <p>Form PWD</p> <p>Category Metabolic</p> <p><b>Level S/1 Medical Food</b></p> <p>Maximum Length of Issuance 1 Certification Period</p>	<p>Phenylalanine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals; not intended as the sole source of nutrition; does not contain fat; 25g protein equivalents/100g powder; intended for toddlers and young children.</p>	<p>Phenylketonuria (PKU)</p> <p><b>System will not allow formula to be issued &lt;9 months of age.</b></p> <p><b>Requires State Agency approval and metabolic prescription form.</b></p>	<p>PWD: 454g can</p> <p>6 cans/case</p> <p>Unflavored</p> <p>Orange</p> <p>Strawberry</p>	

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XPhe Maxamum</u></b>		Phenylalanine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrates, vitamins and minerals; not intended as the sole source of nutrition; powder is fat-free and contains 40g protein equivalents/100g powder; RTU contains 5g fat and 15g protein equivalents/250mL can; intended for older children and adults.	Phenylketonuria (PKU), including maternal PKU  <b>Can only be issued to women and children.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>  <b>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the participant's condition.</b>	PWD: 454g can 6 cans/case Unflavored, Orange  RTU: 250mL can 18 cans/case Orange, Berry
Manufacturer	Nutricia			
Form	PWD, RTU			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XPhe, XTyr Analog</u></b>		Phenylalanine and tyrosine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements; not intended as a sole source of nutrition; 13g protein equivalents/100g powder; intended for infants.	Tyrosinemia type I & II  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 400g can 6 cans/case
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			
<b><u>XPhe, XTyr Maxamaid</u></b>		Phenylalanine and tyrosine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements; not intended as a sole source of nutrition; does not contain fat; 25g protein equivalents/100g powder; intended for toddlers and young children.	Tyrosinemia type I & II  <b>System will not allow formula to be issued &lt;9 months of age.</b>  <b>Requires State Agency approval and metabolic prescription form.</b>	PWD: 454g can 6 cans/case  Orange
Manufacturer	Nutricia			
Form	PWD			
Category	Metabolic			
Level S/1	<b>Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only

## Texas WIC Formulary and Medical Reasons for Issuance - JUNE 2014

PRODUCTS		DESCRIPTION	REASONS FOR ISSUANCE	PACKAGING
<b><u>XPTM Analog</u></b>		Phenylalanine, tyrosine and methionine-free; contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements; not intended as the sole source of nutrition; 13g protein equivalents/100g powder; intended for infants.	Tyrosinemia type I	PWD: 400g can  6 cans/case
Manufacturer	Nutricia		<b>Requires State Agency approval and metabolic prescription form.</b>	
Form	PWD			
Category	Metabolic			
<b>Level S/1</b>	<b>Exempt/Medical Food</b>			
Maximum Length of Issuance	1 Certification Period			

**\*\*Policy FD: 15.0 for approval reasons for issuing RTU formula (specifically ALL standard infant formulas):**

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

**You may NOT issue RTU for standard formulas for any other reasons than listed above. If there is a more complex case, contact the State Agency.**

\* Examples of medical conditions include but are not limited to FTT†, feeding aversion, cardiac conditions, burns/trauma, malnutrition, cachexia, anorexia, reduced appetite, cancer, cystic fibrosis.

† A trial of Good Start Soy may be accepted in place of a trial of Similac Advance.

GOS - galactooligosaccharides; DHA/ARA - docosahexaenoic acid and arachidonic acid

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

**Exempt Formula/Medical Food:** Therapeutic formula intended and labeled for use by individuals with specific medical and/or dietary conditions.

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

Level 1-3: Any CA can approve when request matches formulary.

Level S/1: Initial issuance is state approval. Renewals are level 1.

Level 4: State Approval Only