

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE  
OCTOBER 2018

| Formula Name    | Category            | Description  | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|-----------------|---------------------|--|--|--|--------------|
| Alfamino Infant | Elemental           | 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based elemental. 43% of fat is MCT oil; Similar to Elecare DHA/ARA, Neocate DHA/ARA and PurAmino. Available in PWD.  | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI impairment</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome , necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Formula history required.</b></p> <p>When requested for food allergy - a failed trial of a protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p> | Nestle       |
| Alfamino Junior | Elemental           | 30 cal/oz, hypoallergenic amino acid based elemental. 63% of fat is MCT oil; Similar to Elecare Jr, Neocate Jr and Puramino Toddler. Available in PWD.   | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI impairment</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol>  | <p><b>Formula history required.</b></p> <p>Can only be issued to women and children.</p>   | Nestle       |
| Alimentum       | Protein Hydrolysate | 20 cal/oz, casein hydrolysate, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives. Similar to Extensive HA, Pregestimil, and Nutramigen. Available in PWD and RTU. | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI impairment</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> </ol>  | <p><b>Formula history required.</b></p> <p>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</p> <p><b>Formula-certified WCS may approve.</b></p>                | Abbott       |
| BCAD 1          | Metabolic           | Isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder. Available in PWD.   | Maple syrup urine disease (MSUD) in infants or toddlers  | <b>No assessment required.</b> Requires State Agency approval and metabolic prescription form.   | Mead Johnson |
| BCAD 2          | Metabolic           | Isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents per 100 g powder. Available in PWD.  | Maple syrup urine disease (MSUD) in children or adults   | <b>No assessment required.</b> Requires State Agency approval and metabolic prescription form.<br>Can only be issued to women and children.  | Mead Johnson |

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| Benecalorie        | Modular                      | 220 cal/oz; 330 cal per 1.5 oz ctnr; lactose and cholesterol-free; 7 g of milk protein as calcium caseinate per 1.5 oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage. Available in RTU. | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Oral motor feeding issues/aversions</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> </ol>  | <p><b>Complete assessment required.</b> Requires State Agency approval.</p> <p>Limited to 2 cases per month (48 containers); maximum quantity allows issuance of this product and another formula. Can only be issued to women and children.</p> | Nestle       |
| BetaQuik MCT       | Modular                      | 18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU.  | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>1) Ketogenic diet</li> <li>2) Malabsorption syndrome</li> <li>3) Defective lymphatic transport of fat</li> <li>4) Conditions with decreased pancreatic lipase and/or decreased bile salts</li> </ol>  | <p><b>Complete assessment required.</b> Requires State Agency approval.</p> <p>Limit issuance to children 3 or more years of age and adults. Can only be issued to women and children.</p>   | VitaFlo      |
| Boost              | Increased Calorie Supplement | 31 cal/oz, lactose-free and nutritionally complete; similar to Ensure. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Oral motor feeding issues/aversions</li> <li>3) Tube feeding</li> </ol>  | <p><b>Complete assessment required.</b></p> <p>Normally used for adults. If prescribed for a child or for any other reason, consult with local agency RD or State Agency staff. Can only be issued to women and children.</p>                    | Nestle       |
| Boost Breeze       | Increased Calorie Supplement | 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container. Available in RTU.  | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) Oral motor feeding issues/aversions</li> <li>3) Increased calorie needs</li> <li>4) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>5) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia</li> </ol> | <p><b>Complete assessment required.</b></p> <p>Can only be issued to women and children.</p>   | Nestle       |
| Boost High Protein | Increased Calorie Supplement | 30 cal/oz, high-protein, lactose-free, nutritionally complete; similar to Ensure High Protein. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Increased protein needs</li> <li>2) Cancer</li> <li>3) Wounds</li> <li>4) Surgery</li> </ol>   | <p><b>Complete assessment required.</b></p> <p>Can only be issued to women and children.</p>   | Nestle       |

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

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|------------------------------------|------------------------------|--|---|--|--------------|
| Calcilo XD                         | Special Medical Conditions   | 20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Available in PWD.   | 1) Osteopetrosis<br>2) William's Syndrome<br>3) Hypercalcemia and hyperparathyroidism | <b>Formula history required.</b>   | Abbott       |
| Carb Zero                          | Modular                      | 18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU.  | 1) Ketogenic diet<br>2) LCT (long chain triglycerides) needs                          | <b>Formula history required.</b> Requires State Agency approval. Can only be issued to women and children.   | Vitaflo      |
| Compleat                           | Increased Calorie Supplement | 32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber per 250 mL container. Available in RTU.   | Increased calorie needs for tube feedings only  | <b>Formula history required.</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. Can only be issued to women and children. | Nestle       |
| Compleat Pediatric                 | Increased Calorie Supplement | 30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber per 250 mL container. Available in RTU.   | Increased calorie needs for tube feedings only  | <b>Formula history required.</b> Normally used for children. Can only be issued to women and children.   | Nestle       |
| Compleat Pediatric Reduced Calorie | Special Medical Conditions   | 17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only. Available in RTU.   | Decreased calorie needs for tube feeding only   | <b>Formula history required.</b> Normally used for children. Can only be issued to women and children.   | Nestle       |
| Complex Essential MSD              | Metabolic                    | Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age. Available in PWD. | Maple Syrup Urine Disease (MSUD)  | <b>No assessment required.</b> Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children.  | Nutricia     |
| Complex Junior MSD                 | Metabolic                    | Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd. Available in PWD.   | Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency                      | <b>No assessment required.</b> Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children.  | Nutricia     |

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|------------------------------|------------------------------|---|---|---|--------------|
| Complex MSD Amino Acid Blend | Metabolic                    | Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age. Available in PWD.  | Maple Syrup Urine Disease (MSUD)  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| Cyclinex 1                   | Metabolic                    | Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD.  | 1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia)<br>2) Defects in urea cycle enzyme<br>3) Gyrate atrophy of the choroid and retina   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Abbott       |
| Cyclinex 2                   | Metabolic                    | Non-essential amino acid and lactose-free; nutritionally incomplete; Available in PWD.  | 1) HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homecirtrullinuria)<br>2) Defects in urea cycle enzyme<br>3) Gyrate atrophy of the choroid and retina  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Abbott       |
| DiabetiSource AC             | Increased Calorie Supplement | 36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container. Available in RTU.  | 1) Diabetes Mellitus<br>2) Glucose intolerance<br>3) Stress-induced hyperglycemia<br>4) Diabetes with wounds  | <b>Formula history required.</b> Can only be issued to women and children.  | Nestle       |
| Duocal                       | Modular                      | 4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. 80 scoops/can; 48 Tbsp/can. Available in PWD. | 1) Protein, electrolyte, and/or fluid restriction<br>2) Increased calorie needs<br>3) Protein or amino acid metabolism disorders<br>4) Malabsorption syndrome<br>5) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles | <b>Complete assessment required.</b> Requires State Agency approval.  | Nutricia     |

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|------------------------------|----------------------------|---|---|---|--------------|
| Elecare DHA/ARA              | Elemental                  | 20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil; similar to Alfamino, Neocate DHA/ARA and PurAmino. Available in PWD.   | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI impairment</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Formula history required.</b><br/>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>   | Abbott       |
| EleCare Jr                   | Elemental                  | 30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil; similar to Alfamino Jr., Neocate Jr. and Puramino Toddler. Available in PWD. | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI impairment</li> <li>3) GER/GERD</li> <li>4) Food allergies (cow's milk, soy or intact protein)/FPIES</li> <li>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</li> </ol> | <p><b>Formula history required.</b><br/>Can only be issued to women and children.</p>   | Abbott       |
| EnfaCare                     | Premature/<br>LBW          | 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil; similar to NeoSure. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks), regardless of birthweight, may issue up to 12 months chronological age</li> <li>2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age</li> </ol>   | <p><b>Complete assessment required.</b><br/>Staff will need to bring back infant at 6 months of age to determine readiness to eat solids.<br/>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.</p> <p>RTU may be issued for intolerance to powder, if the RTU form improves compliance, or better accommodates the infants condition.</p> <p><b>Formula-certified WCS may approve.</b></p> | Mead Johnson |
| Enfagrow Toddler Next Step 3 | Special Medical Conditions | 23 cal/oz, milk-based toddler formula with prebiotics. Similar to Good Start Grow and Similac Go & Grow. Available in PWD.  | <ol style="list-style-type: none"> <li>1) Prematurity (&lt;37 weeks)/LBW</li> <li>2) Developmental delays (sensory &amp; motor)</li> <li>3) Oral motor feeding issues/aversions</li> </ol>  | <p><b>Complete assessment required.</b> For children older than 1 year.</p> <p><b>Formula-certified WCS may approve.</b></p>  | Mead Johnson |

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|---|-------------------|---|--|---|--------------|
| Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF) | Premature/<br>LBW | Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil. Available in PWD and RTU.                        | 1) Prematurity (<37 weeks)<br>2) Low or very low birth weight (LBW/VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Can only be issued 1 month at a time.<br>Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk.<br>*Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL. | Mead Johnson |
| Enfamil Neuropro EnfaCare                                   | Premature/<br>LBW | 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil; similar to NeoSure. Available in PWD.                                     | 1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age<br>2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age | <b>Complete assessment required.</b><br>Staff will need to bring back infant at 6 months of age to determine readiness to eat solids.<br>If requested outside of these parameters or for other reasons, contact Local RD or the State Agency for approval.<br><br><b>Formula-certified WCS may approve.</b>   | Mead Johnson |
| Enfamil Premature 24 w/ Iron                                | Premature/<br>LBW | 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; similar to Similac Special Care 24 w/ Iron. Available in RTU.  | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Can only be issued 1 month at a time.<br>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  | Mead Johnson |
| Enfamil Premature High Protein 24 w/ Iron                   | Premature/<br>LBW | 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal. Available in RTU. Similar to Similac Special Care 24 High Protein.        | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Can only be issued 1 month at a time.<br>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  | Mead Johnson |
| Enfamil Premature 30  | Premature/<br>LBW | 30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil; similar to Similac Special Care 30 w/ Iron. Available in RTU. | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Can only be issued 1 month at a time.<br>When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.  | Mead Johnson |

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| Enfaport                                  | Special Medical Conditions   | 30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants. Available in RTU.  | <ol style="list-style-type: none"> <li>1) Chylothorax</li> <li>2) Malabsorption syndrome</li> <li>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)</li> <li>4) High MCT oil needs</li> </ol> | <b>Formula history required.</b>  | Mead Johnson |
| Ensure                                    | Increased Calorie Supplement | 31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container; similar to Boost. Available in RTU. | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Oral motor feeding issues/aversions</li> <li>3) Tube feeding</li> </ol>  | <b>Complete assessment required.</b><br>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children. | Abbott       |
| Ensure Clear                              | Increased Calorie Supplement | 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 8 g whey protein/8 oz container. Available in RTU.                | <ol style="list-style-type: none"> <li>1) Malabsorption syndrome</li> <li>2) GI Impairment</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Increased calorie needs</li> <li>5) Oral motor feeding issues/aversions</li> </ol>   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Abbott       |
| Ensure High Calcium                       | Increased Calorie Supplement | 28 cal/oz, lactose-free; 500mg calcium/8 oz container. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Increased risk of fractures</li> <li>2) Increased calorie needs</li> <li>3) Increased protein, calcium, vitamin D and other nutrients</li> </ol>   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Abbott       |
| Ensure High Protein Therapeutic Nutrition | Special Medical Conditions   | 20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete; similar to Boost High Protein. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Increased protein needs</li> </ol>   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Abbott       |



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| Ensure Plus             | Increased Calorie Supplement | 45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container; similar to Boost Plus. Available in RTU.   | 1) Increased calorie needs<br>2) Fluid restriction<br>3) Oral motor feeding issues/aversions<br>4) Tube feeding   | <b>Complete assessment required.</b><br>Normally used for adults. If prescribed for a child or for any reason other than that listed above, consult with local agency RD or State Agency staff. Can only be issued to women and children. | Abbott       |
| Ensure Pudding          | Increased Calorie Supplement | 170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS); similar to Boost Pudding. Available in RTU.  | 1) Oral motor feeding issues/aversions<br>2) Dysphagia<br>3) Increased calorie needs<br>4) Fluid restrictions<br>5) Failure to Thrive (FTT) with weight/length or height df<10% and/or downward crossing of 2 major percentiles | <b>Complete assessment required.</b> Requires State Agency approval. Limit issuance to about 3 per day or 96 per month. Can only be issued to women and children.   | Abbott       |
| Extensive HA            | Protein Hydrolysate          | 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA. Similar to Alimentum, Nutramigen and Pregestimil. Available in PWD. | 1) Malabsorption syndrome<br>2) GI impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required. Formula-certified WCS may approve.</b>   | Gerber       |
| FiberSource HN          | Increased Calorie Supplement | 36 cal/oz, high-nitrogen, 100% soy protein with fiber for tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container. Available in RTU.  | For tube feeding with GI impairment<br>2) Neurologic condition<br>3) Developmental delays (sensory & motor)<br>4) Increased calorie need  | 1) <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| GA 1 Anamix Early Years | Metabolic                    | Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder. Available in PWD.   | Glutaric aciduria type 1 in infants or children.  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>  | Nutricia     |
| GA                      | Metabolic                    | Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD.   | Glutaric aciduria (acidemia) type I in infants or children  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>  | Mead Johnson |

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| Formula Name                               | Category                   | Description   | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|--|----------------------------|---|---|---|--------------|
| GlutarAde Amino Acid Blend GA-1            | Metabolic                  | Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD.   | Glutaric aciduria (acidemia) Type I in children and adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| GlutarAde Jr GA-1 Drink Mix                | Metabolic                  | Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD.  | Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| Glutarex 1                                 | Metabolic                  | Lysine, tryptophan and lactose-free. Available in PWD.  | Glutaric aciduria (acidemia) type I in infants or children  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Abbott       |
| Glutarex 2                                 | Metabolic                  | Lysine, tryptophan and lactose-free. Available in PWD.  | Glutaric aciduria (acidemia) type I in children and adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Abbott       |
| Glytrol                                    | Special Medical Conditions | 30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU.   | 1) Diabetes Mellitus<br>2) Glucose intolerance<br>3) Hyperglycemia  | <b>Formula history required.</b> Can only be issued to women and children.  | Nestle       |
| Good Start Grow 3 Nutritious Toddler Drink | Special Medical Conditions | 19.3 cal/oz, milk-based toddler drink with probiotics. Similar to Enfagrow Toddler and Similac Go & Grow. Available in PWD.   | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | <b>Complete assessment required.</b> For children older than 1 year.<br><b>Formula-certified WCS may approve.</b>                                   | Gerber       |
| HCU Anamix Early                           | Metabolic                  | Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of protein equivalent per 100 g of powder. For oral or tube feeding. Available in PWD. | Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.                        | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Nutricia     |
| HCU Anamix Next                            | Metabolic                  | Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD.  | Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.                     | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Nutricia     |

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| Formula Name  | Category                     | Description  | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|---------------|------------------------------|--|---|--|--------------|
| HCY 1         | Metabolic                    | Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD. | Homocystinuria in infants or children   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>   | Mead Johnson |
| HCY 2         | Metabolic                    | Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD.                           | Homocystinuria in children or adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Mead Johnson |
| Hominex 1     | Metabolic                    | Methionine and lactose-free. Available in PWD.   | Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers              | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>   | Abbott       |
| Hominex 2     | Metabolic                    | Methionine and lactose-free. Available in PWD.   | Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults               | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Abbott       |
| I Valex 1     | Metabolic                    | Leucine and lactose-free. Available in PWD.  | Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers                   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>   | Abbott       |
| I Valex 2     | Metabolic                    | Leucine and lactose-free. Available in PWD.  | Isovaleric acidemia or other disorders of leucine catabolism in children or adults                    | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Abbott       |
| Impact        | Special Medical Conditions   | 30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU.   | 1) Trauma<br>2) Post-surgery<br>3) Burns or wounds<br>4) Mechanically ventilated<br>5) Critically ill | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| Isosource 1.5 | Increased Calorie Supplement | 45 cal/oz, lactose-free, high-calorie, high-nitrogen; 2 g fiber per 250 mL container; for tube feedings. Available in RTU.                           | For tube feeding with<br>1) High calorie needs<br>2) Increased protein needs<br>3) Fluid restriction  | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |

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| Formula Name     | Category                     | Description  | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|------------------|------------------------------|--|--|--|--------------|
| Isosource HN     | Increased Calorie Supplement | 36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only. Available in RTU. | For tube feeding with<br>1) High calorie needs<br>2) Increased protein needs<br>3) Fluid restriction   | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| IVA Anamix Early | Metabolic                    | Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding. Available in PWD.  | Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>   | Nutricia     |
| IVA Anamix Next  | Metabolic                    | Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD.  | Isovaleric acidemia or other disorders of leucine catabolism in children or adults   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children.                       | Nutricia     |
| Jevity 1 Cal     | Special Medical Conditions   | 31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber per 8 oz serving. Available in RTU.  | 1) Tube feeding<br>2) Tube feeding with wound healing  | <b>Formula history required.</b> Can only be issued to women and children.   | Abbott       |
| Ketocal 3:1      | Special Medical Conditions   | High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD.                                      | Non-metabolic reason: Intractable epilepsy in children over 1 year of age<br>Metabolic reason:<br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency | <b>Formula history required.</b> State Agency approval required for infants.<br>Metabolic reasons requires State Agency approval and <b>metabolic prescription form.</b> | Nutricia     |
| Ketocal 4:1      | Special Medical Conditions   | High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD, RTU.                                 | Non-metabolic reason: Intractable epilepsy in children over 1 year of age<br>Metabolic reason:<br>1) Pyruvate dehydrogenase deficiency (PDH)<br>2) Glucose transporter type-1 deficiency | <b>Formula history required.</b> State Agency approval required for infants.<br>Metabolic reasons requires State Agency approval and <b>metabolic prescription form.</b> | Nutricia     |
| Ketonex 1        | Metabolic                    | Branched-chain amino acid and lactose-free. Available in PWD.  | Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers   | <b>No assessment required.</b><br>Request requires State Agency approval and <b>metabolic prescription form.</b>   | Abbott       |

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| Formula Name       | Category                     | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|--------------------|------------------------------|---|--|--|--------------|
| Ketonex 2          | Metabolic                    | Branched-chain amino acid and lactose-free. Available in PWD.   | Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children.                              | Abbott       |
| Kid Essentials     | Increased Calorie Supplement | 30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials. Similar to Pediasure. Available in RTU. | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Developmental delays (sensory &amp; motor)</li> <li>7) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <b>Complete assessment required.</b><br>Can only be issued to women and children.  | Nestle       |
| Kid Essentials 1.5 | Increased Calorie Supplement | 45 cal/oz, lactose-free; nutritionally complete; contains MCT oil. Similar to Pediasure 1.5. Available in RTU.  | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Developmental delays (sensory &amp; motor)</li> <li>7) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <b>Complete assessment required.</b><br>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children. | Nestle       |

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| Formula Name               | Category                     | Description  | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|----------------------------|------------------------------|--|--|---|--------------|
| Kid Essentials 1.5 w/Fiber | Increased Calorie Supplement | 45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container. Similar to Pediasure 1.5 w/Fiber. Available in RTU.   | Increased fiber needs with one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/aversions<br>6) Developmental delays (sensory & motor)<br>7) Prematurity (<37 weeks)/LBW | <b>Complete assessment required.</b><br>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children. | Nestle       |
| Lipistart                  | Special Medical Conditions   | Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx. Available in PWD. | 1) Malabsorption syndrome<br>2) High MCT needs<br>3) Long chain fatty acid oxidation disorders<br>4) Hyperlipoproteinemia type 1<br>5) Chylothorax   | <b>Formula history required.</b> Requires State Agency approval.<br>Normally used for children.   | Vitaflo      |
| Liquigen                   | Modular                      | 45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete; Available RTU.  | 1) Ketogenic Diet<br>2) Long-chain oxidation disorders<br>3) Malabsorption syndrome<br>4) Increased calorie needs<br>5) Conditions with decreased pancreatic lipase and/or decreased bile salts<br>6) Defective lymphatic transport of fat   | <b>Complete assessment required.</b> Requires State Agency approval.  | Nutricia     |
| LMD                        | Metabolic                    | Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD.  | Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>  | Mead Johnson |

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| Formula Name        | Category                   | Description   | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|---------------------|----------------------------|---|---|---|--------------|
| Lophlex LQ PKU      | Metabolic                  | Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU.  | Phenylketonuria in children older than 4 years  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| MCT Oil             | Modular                    | 8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU.  | 1) Malabsorption syndrome<br>2) Defective lymphatic transport of fat<br>3) Conditions with decreased pancreatic lipase and/or decreased bile salts<br>4) Increased calorie needs  | <b>Complete assessment required.</b> Requires State Agency approval.  | Nestle       |
| Microlipid          | Modular                    | 4.5 cal/mL, lactose-free, 100% of total calories from safflower oil; fat emulsion for use in oral or tube-feeding formulas; discard bottle 5 days after opening. 1 Tbsp = 68 cal. Available in RTU.   | 1) Increased calorie needs<br>2) Anorexia<br>3) Fluid restriction<br>4) Decreased carbohydrate tolerance<br>5) Ketogenic diet   | <b>Complete assessment required.</b> Requires State Agency approval.  | Nestle       |
| MMA-PA Anamix Early | Metabolic                  | Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder. Available in PWD.  | Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in infants or young children.   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Nutricia     |
| MMA-PA Anamix Next  | Metabolic                  | Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD.   | Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up.   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Nutricia     |
| Monogen             | Special Medical Conditions | Milk-based; 90% of fat is MCT oil. Nutritional complete, formula low in long chain triglycerides (LCT) and high in medium chain triglycerides (MCT) containing linoleic acid (LA) and alpha-linolenic acid (ALA); supplemented with DHA/ARA; and updated micronutrient profile; not recommended for infants under 1; similar to Portagen. Available in PWD. | 1) Chylolthorax<br>2) Malabsorption syndrome<br>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)<br>4) High MCT oil needs | <b>Formula history required.</b>  | Nutricia     |

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| Formula Name      | Category  | Description  | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|-------------------|-----------|--|---|---|--------------|
| MSUD Anamix Early | Metabolic | Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding. Available in PWD.  | Maple syrup urine disease (MSUD).   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b>  | Nutricia     |
| MSUD Maxamum      | Metabolic | Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder. Available in PWD.  | Maple syrup urine disease (MSUD) in older children and adults   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children.                              | Nutricia     |
| Neocate w/DHA/ARA | Elemental | 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Similar to Alfamino, PurAmino and Elecare. Available in PWD.   | 1) Malabsorption syndrome<br>2) GI impairment<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Formula history required.</b><br>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. | Nutricia     |
| Neocate Junior    | Elemental | 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Similar to Alfamino Jr. and Elecare Jr. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g; Tropical Fruit and Chocolate; 1 Tbsp = 7 g, 1 C = 108 g Available in PWD. | 1) Malabsorption syndrome<br>2) GI impairment<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Formula history required.</b> Can only be issued to women and children.  | Nutricia     |



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| Formula Name                   | Category  | Description   | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|--------------------------------|-----------|---|---|--|--------------|
| Neocate Junior with Prebiotics | Elemental | 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. Unflavored: 1 Tbsp = 7 g; C = 100 g. Available in PWD.                               | 1) Malabsorption syndrome<br>2) GI impairment<br>3) GER/GERD<br>4) Food allergies (cow's milk, soy or intact protein)/FPIES<br>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc. | <b>Formula history required.</b> Can only be issued to women and children.   | Nutricia     |
| Neocate Nutra                  | Elemental | 472 cal/ 100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food; not nutritionally complete; oral use only; not for bottle or tube feeding. Available in PWD. | 1) Malabsorption syndrome<br>2) GI Impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required.</b> Requires State Agency approval. Note: For infants 6 months of age or older and typically issued with formula.                               | Nutricia     |
| Neocate Splash                 | Elemental | 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Available in RTU.   | 1) Malabsorption syndrome<br>2) GI Impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required.</b> Can only be issued to women and children. Multiple flavors replacing E028 Splash.   | Nutricia     |
| Neocate Syneo                  | Elemental | 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil; contains a blend of prebiotics and probiotics. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Available in PWD.                | 1) Malabsorption syndrome<br>2) GI Impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required.</b> A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated. | Nutricia     |

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

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

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

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| Formula Name | Category                     | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated       | Manufacturer |
|--------------|------------------------------|---|--|---|--------------|
| Osmolite 1.0 | Special Medical Conditions   | 32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein per 8 oz can. Available in RTU.   | Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day  | <b>Formula history required.</b> Can only be issued to women and children.        | Abbott       |
| Osmolite 1.2 | Special Medical Conditions   | 36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil. Available in RTU.   | Increased calorie or protein needs with intolerance to hyperosmolar feedings   | <b>Formula history required.</b> Can only be issued to women and children.        | Abbott       |
| Oxepa        | Special Medical Conditions   | 45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU.   | Mechanical ventilation, e.g., acute respiratory distress syndrome  | <b>Formula history required.</b> Can only be issued to women and children.        | Abbott       |
| Pediasmart   | Increased Calorie Supplement | 30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD. | <ol style="list-style-type: none"> <li>1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or</li> <li>2) Increase calorie needs</li> <li>3) Inadequate growth</li> <li>4) Failure to Thrive (FTT) with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <b>Complete assessment required.</b><br>Can only be issued to women and children. | Natures One  |

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| Formula Name      | Category                     | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated               | Manufacturer |
|-------------------|------------------------------|---|--|---|--------------|
| Pediasmart Soy    | Increased Calorie Supplement | 30 cal/oz, lactose-free, organic soy-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD.              | <ol style="list-style-type: none"> <li>1) Food allergies (cow's milk or intact protein)/FPIES</li> <li>2) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives</li> <li>3) Increased calorie needs</li> <li>4) Inadequate growth</li> <li>5) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>6) Oral motor feeding issues/aversions</li> <li>7) Prematurity (&lt;37 weeks)/LBW</li> </ol> | <p><b>Complete assessment required.</b><br/>Can only be issued to women and children.</p> | Natures One  |
| PediaSure         | Increased Calorie Supplement | 30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container. Similar to Kids Essentials. Available in RTU. | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Complete assessment required.</b><br/>Can only be issued to women and children.</p> | Abbott       |
| PediaSure w/Fiber | Increased Calorie Supplement | 30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480. Available in RTU.  | <p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Complete assessment required.</b><br/>Can only be issued to women and children.</p> | Abbott       |

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| Formula Name                  | Category                     | Description  | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|-------------------------------|------------------------------|--|--|--|--------------|
| PediaSure Enteral 1.0         | Increased Calorie Supplement | 30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335. Available in RTU.  | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Complete assessment required.</b><br/>Can only be issued to women and children.</p>  | Abbott       |
| PediaSure Enteral w/Fiber 1.0 | Increased Calorie Supplement | 30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructo-oligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar per 8 oz container; Osmolality: 345. Available in RTU. | <p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity/LBW</li> </ol> | <p><b>Complete assessment required.</b><br/>Can only be issued to women and children.</p>  | Abbott       |
| PediaSure 1.5                 | Increased Calorie Supplement | 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370; similar to Kid Essentials 1.5. Available in RTU.   | <ol style="list-style-type: none"> <li>1) Increased calorie needs</li> <li>2) Inadequate growth</li> <li>3) FTT with weight/length or height &lt;10% and/or downward crossing of 2 major percentiles</li> <li>4) Tube feeding</li> <li>5) Oral motor feeding issues/aversions</li> <li>6) Prematurity (&lt;37 weeks)/LBW</li> </ol>  | <p><b>Complete assessment required.</b><br/>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children.</p> | Abbott       |

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| Formula Name                                    | Category                     | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|---|------------------------------|---|--|--|--------------|
| PediaSure 1.5 w/Fiber                           | Increased Calorie Supplement | 45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container; Osmolality: 390; similar to Kid Essentials 1.5 with Fiber. Available in RTU. | Increased fiber needs and/or one or more of the following:<br>1) Increased calorie needs<br>2) Inadequate growth<br>3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles<br>4) Tube feeding<br>5) Oral motor feeding issues/averssions<br>6) Prematurity (<37 weeks)/LBW | <b>Complete assessment required.</b><br>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children. | Abbott       |
| PediaSure Peptide 1.0                           | Increased Calorie Supplement | 30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil. Available in RTU.   | 1) Malabsorption syndome<br>2) GI Impairment   | <b>Formula history required.</b><br>Can only be issued to women and children.  | Abbott       |
| PediaSure Peptide 1.5                           | Increased Calorie Supplement | 45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Available in RTU.   | 1) Malabsorption syndrome<br>2) GI Impairment<br>3) Increased calorie needs  | <b>Formula history required.</b> Can only be issued to women and children.   | Abbott       |
| Pediasure Sidekicks (Retail reformulation 2018) | Special Medical Conditions   | 22.5 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and 10 g milk protein. Available in RTU.  | Decreased calorie needs  | <b>Complete assessment required.</b> Can only be issued to women and children.   | Abbott       |
| PediaSure SideKicks (Institutional)             | Special Medical Conditions   | 18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure. Available in RTU.   | Decreased calorie needs  | <b>Complete assessment required.</b> Can only be issued to women and children.   | Abbott       |
| Pepdite Jr.                                     | Special Medical Conditions   | 30 cal/oz, lactose and galactose-free, semi-elemental formula; 35% of fat is MCT oil; similar to Peptamen Junior; not intended for infants under 1 year of age. Available in RTU.   | 1) Malabsorption<br>2) GI Impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required.</b> Can only be issued to women and children.   | Nutricia     |



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| Formula Name            | Category  | Description   | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|-------------------------|-----------|---|---|--|--------------|
| Peptamen                | Elemental | 30 cal/oz, lactose-free, elemental; nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.  | GI Impairment   | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| Peptamen 1.5            | Elemental | 45 cal/oz, lactose-free, peptide-based, elemental, nutritionally complete; 70% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk. Available in RTU.   | GI Impairment with increased calorie needs or fluid restriction | <b>Formula history required.</b> Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products. Can only be issued to women and children. | Nestle       |
| Peptamen Junior         | Elemental | 30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; similar to Pepdite Junior. Available in RTU.         | GI Impairment   | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| Peptamen Junior 1.5     | Elemental | 45 cal/oz, lactose-free, elemental; nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.35 g fiber per 250 mL container. Available in RTU. | GI Impairment with increased calorie needs or fluid restriction | <b>Formula history required.</b> Typically used when calorie needs are higher than what can be achieved with 30cal/oz products. Can only be issued to women and children.  | Nestle       |
| Peptamen Junior w/Fiber | Elemental | 30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 1.8 g fiber per 250 mL container. Available in RTU.  | GI Impairment with increased fiber needs                        | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |

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| Formula Name             | Category                   | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|--------------------------|----------------------------|---|--|--|--------------|
| Peptamen Junior w/PreBio | Elemental                  | 30 cal/oz, lactose-free, elemental, nutritionally complete, for oral or tube feeding; with prebiotics; 60% of fat is MCT oil; 100% hydrolyzed whey protein from cow's milk; 0.9 g fiber per 250 mL container. Available in RTU. | GI Impairment with increased fiber needs   | <b>Formula history required.</b> Can only be issued to women and children.   | Nestle       |
| Perative                 | Special Medical Conditions | 39 cal/oz, lactose-free, hydrolyzed peptide-based protein; with arginine; nutritionally complete; for tube feeding; 40% of fat is MCT oil. Available in RTU.  | For tube feeding with one of more of the following :<br>1) Pressure ulcers, multiple fractures, wounds, burns, or surgery<br>2) Multiple fractures<br>3) Wounds, burns, or surgery<br>4) Conditions causing metabolic stress | <b>Formula history required.</b> Can only be issued to women and children.   | Abbott       |
| Periflex Advance         | Metabolic                  | Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women). Available in PWD.  | Phenylketonuria  | <b>No assessment required.</b><br><b>Requires State Agency approval and metabolic prescription form.</b> Can only be issued to women and children. | Nutricia     |
| Periflex Junior Plus     | Metabolic                  | Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents per 100 g PWD, Available in PWD.                                | Phenylketonuria  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Nutricia     |
| Periflex LQ PKU          | Metabolic                  | Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults. Available in RTU.   | Phenylketonuria, including maternal PKU  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Nutricia     |
| PFD 2                    | Metabolic                  | Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete; Available in PWD.  | Inborn errors of amino acid metabolism in children and adults  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Mead Johnson |

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

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| Formula Name                   | Category                   | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|--------------------------------|----------------------------|---|--|--|--------------|
| PhenylAde Essential            | Metabolic                  | Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age. Available in PWD.   | Phenylketonuria  | <b>No assessment required.</b><br>For children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| PhenylAde MTE Amino Acid Blend | Metabolic                  | Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder; not for infants under 1 year of age. Available in PWD.  | Phenylketonuria  | <b>No assessment required.</b><br>For children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| Phlexy - 10 Drink Mix          | Metabolic                  | Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete; not intended for infants under 1 year of age. Available in PWD.  | Phenylketonuria  | <b>No assessment required.</b><br>For children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| PKU Periflex Early             | Metabolic                  | Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of pretein equivalent per 100 g powder. Available in PWD.   | Phenylketonuria (PKU)  | <b>No assessment required.</b><br>For infants and young children. Requires State Agency approval and <b>metabolic prescription form</b> .                                    | Nutricia     |
| Polycal                        | Modular                    | Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5 g or 20 cal. Available in PWD.   | 1) Increased calorie needs with restricted fluids<br>2) Inborn errors of metabolism  | <b>Complete assessment required.</b> Requires State Agency approval. Limit issuance to no more than 3 cans/month.  | Nutricia     |
| Portagen                       | Special Medical Conditions | 30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Similar to Monogen. Available in PWD. | 1) Chylothorax<br>2) Malabsorption syndrome<br>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)<br>4) High MCT oil needs | <b>Formula history required.</b>   | Mead Johnson |

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

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

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| Formula Name             | Category                     | Description  | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|--------------------------|------------------------------|--|---|---|--------------|
| Renalcal                 | Special Medical Conditions   | 60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU.                           | Renal failure   | <b>Formula history required.</b> Can only be issued to women and children.  | Nestle       |
| Renastart                | Special Medical Conditions   | 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD.   | Renal disease   | <b>Formula history required.</b> Can only be issued to women and children.  | Vitaflo      |
| Replete w/Fiber          | Increased Calorie Supplement | 30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU. | Increased protein needs with one of the following:<br>1) Pressure ulcers<br>2) Burns<br>3) Surgical wounds<br>4) Fiber needs for bowel function   | <b>Formula history required.</b> Can only be issued to women and children.  | Nestle       |
| Resource 2.0             | Increased Calorie Supplement | 60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN. Available in RTU.                              | 1) Increase calorie needs<br>2) Increased protein needs<br>3) Fluid restriction   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Nestle       |
| Scandishake              | Increased Calorie Supplement | 75 cal/oz when mixed with whole milk; nutritionally incomplete. Available in PWD.  | Increased calorie needs   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Aptalis      |
| Scandishake w/Aspartame  | Increased Calorie Supplement | 75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame. Available in PWD.  | Increased calorie needs   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Aptalis      |
| Scandishake Lactose Free | Increased Calorie Supplement | 65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete. Available in PWD.  | Increased calorie needs   | <b>Complete assessment required.</b> Can only be issued to women and children.  | Aptalis      |
| Similac Advance          | Milk-Based Infant Formula    | 20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides); similar to Enfamil Infant. Available in PWD, CON, RTU.                          | Current contract standard milk-based infant formula.<br>Over age 1 with medical need for a milk-based product with one or more of the following:<br>1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral-motor feeding issues/aversions | <b>Formula history and medical request required when over 1 year of age.</b><br>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.<br><b>All WCS may approve.</b> | Abbott       |

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| Formula Name                        | Category                   | Description   | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated   | Manufacturer |
|-------------------------------------|----------------------------|---|--|---|--------------|
| Similac for Diarrhea                | Special Medical Conditions | 20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water. Available in RTU.   | 1) Malabsorption syndrome<br>2) GI Impairment  | <b>Formula history required.</b><br>Should only be used for a short duration - no longer than 10 days. Can be issued 1 month at a time.   | Abbott       |
| Similac Go & Grow Toddler Drink     | Special Medical Conditions | Milk-based with prebiotic GOS (Galactooligosaccharides); similar to Enfagrow Toddler and Good Start Grow. Available in PWD.                                       | 1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions  | <b>Complete assessment required.</b> For children older than 1 year.<br><br><b>Formula-certified WCS may approve.</b>   | Abbott       |
| Similac Human Milk Fortifier (SHMF) | Premature/LBW              | Supplement for mother's milk collected after 2 weeks postpartum; similar to Enfamil HMF; nutritionally incomplete. Available in PWD.                              | 1) Prematurity (<37 weeks)<br>2) Low or very low birth weight (LBW/VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Can only be issued 1 month at a time.<br>Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight. For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet to every 25 ml of preterm human milk. | Abbott       |
| Similac PM 60/40                    | Special Medical Conditions | 20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources. Available in PWD. | 1) Hypocalcemia<br>2) Hyperphosphatemia<br>3) Renal disease/low mineral condition  | <b>Formula history required.</b>  | Abbott       |
| Similac Sensitive                   | Milk-Based Infant Formula  | 19 cal/oz, low-lactose, milk-based with prebiotic GOS (Galactooligosaccharides); not intended for infants or children with galactosemia. Available in PWD, RTU.   | Current contract low lactose, milk-based formula. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms.<br>Over age 1 with medical need for a milk-based product. Possible reasons include:<br>1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | <b>REQUIRES A MEDICAL REQUEST. Formula history required when over 1 year of age.</b><br>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.<br><b>All WCS may approve.</b>   | Abbott       |



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| Formula Name                                | Category                  | Description  | Qualifying Conditions  | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|---|---------------------------|--|--|--|--------------|
| Similac Soy Isomil                          | Soy-Based Infant Formula  | 20 cal/oz, lactose-free, soy-based. Available in PWD, CON, RTU.  | Current contract standard soy-based infant formula.<br>Over age 1 with medical need for a soy-based product with one or more of the following:<br>1) Cow's milk allergy or intolerance<br>2) Galactosemia<br>3) Vegan/Vegeterian Diet  | <b>Formula history and medical request required when over 1 year of age.</b><br>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.<br><b>All WCS may approve.</b>        | Abbott       |
| Similac for Spit-Up                         | Milk-Based Infant Formula | 19 cal/oz, low-lactose, milk-based with rice starch; not intended for infants or children with galactosemia; should not be mixed higher than 24 kcal/oz; similar to Enfamil AR. Available in PWD, RTU. | Current contract added rice starch, milk-based formula. Documented intolerance to Similac Advance with spitting up and/or reflux or other intolerance symptoms.<br>Over age 1 with medical need for a milk-based product. Possible reasons include:<br>1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | <b>REQUIRES A MEDICAL REQUEST. Formula history required for over 1 year of age.</b><br>RTU only allowed for unsafe or unsanitary water supply or inability to correctly dilute powder or concentrate. Contact SA pager for medically fragile infants.<br><b>All WCS may approve.</b> | Abbott       |
| Similac Special Care 20 w/Iron              | Premature/LBW             | 20 cal/oz, preterm; 50% of fat is MCT oil. Available in RTU.   | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.   | Abbott       |
| Similac Special Care 24 w/Iron              | Premature/LBW             | 24 cal/oz, preterm; 50% of fat is MCT oil. Similar to Enfamil Premature 24 w/ iron. Available in RTU.  | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.   | Abbott       |
| Similac Special Care 24 High Protein w/Iron | Premature/LBW             | 24 cal/oz, preterm; 3.3 g of protein /100 cal. Similar to Enfamil Premature High Protein 24. Available in RTU.   | 1) Prematurity (<37 weeks) with increased protein needs<br>2) Low birth weight or very low birth weight (LBW, VLBW)  | <b>Complete assessment required.</b> Requires State Agency approval. Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.   | Abbott       |
| Similac Special Care 30                     | Premature/LBW             | 30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender; Available in RTU. Similar to Enfamil Premature 30.  | 1) Prematurity (<37 weeks)<br>2) Low birth weight or very low birth weight (LBW, VLBW)   | <b>Complete assessment required.</b> Requires State Agency approval. Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.   | Abbott       |

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| Formula Name          | Category                     | Description  | Qualifying Conditions   | Staff Instructions - May issue for 1 cert period unless otherwise indicated  | Manufacturer |
|-----------------------|------------------------------|--|---|--|--------------|
| Similac Total Comfort | Milk-Based Infant Formula    | 19 cal/oz, milk-based with prebiotic Galacto-oligosaccharides (GOS); 2% lactose; partially hydrolyzed 100% whey; similar to Gentlease and Good Start Soothe. Available in PWD. Current contract partially hydrolyzed milk-based formula. | Documented intolerance to Similac Advance with digestive issues and/or colic or other intolerance symptoms. Over age 1 with medical need for a milk-based product. Possible reasons include:<br>1) Prematurity (<37 weeks)/LBW<br>2) Developmental delays (sensory & motor)<br>3) Oral motor feeding issues/aversions | REQUIRES A MEDICAL REQUEST. <b>Formula history required for over 1 year of age.</b><br><b>All WCS may approve.</b>                                 | Abbott       |
| SOD Anamix Early      | Metabolic                    | Methionine, cysteine-free with prebiotic fiber. Available in PWD.  | Sulfite oxydase deficiency  | <b>No assessment required.</b><br>For infants and young children. Requires State Agency approval and <b>metabolic prescription form.</b>           | Nutricia     |
| Suplena               | Special Medical Conditions   | 54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding. Available in RTU.  | 1) Renal disease/low mineral condition<br>2) Fluid restriction<br>3) Protein restriction  | <b>Formula history required.</b> Can only be issued to women and children.   | Abbott       |
| Tolerex               | Elemental                    | 30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete. Available in PWD.  | 1) Malabsorption syndrome<br>2) GI Impairment<br>3) Food allergies (cow's milk, soy or intact protein)/FPIES  | <b>Formula history required.</b>   | Nestle       |
| TwoCal HN             | Increased Calorie Supplement | 60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding; similar to Resource 2.0. Available in PWD.   | Fluid restriction with:<br>1) Increased protein needs<br>2) Increased calorie needs   | <b>Complete assessment required.</b> Can only be issued to women and children.   | Abbott       |
| TYR 2                 | Metabolic                    | Mixture of L-amino acids; phenylalanine and tyrosine-free; nutritionally incomplete; intended for children and adults. Available in PWD.   | 1) Tyrosinemia type I, inherited<br>2) Tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome)   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form.</b> Can only be issued to women and children. | Nutricia     |
| TYR Anamix Early      | Metabolic                    | Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g. Available in PWD.  | Tyrosinemia   | <b>No assessment required.</b><br>For infants and young children. Requires State Agency approval and <b>metabolic prescription form.</b>           | Nutricia     |

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|-----------------|-----------|--|---|---|--------------|
| TYR Anamix Next | Metabolic | 34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend (29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete. Available in PWD. | Tyrosinemia   | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| Tyrex 1         | Metabolic | Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD.   | Tyrosinemia type I, II, or III                            | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Abbott       |
| Tyrex 2         | Metabolic | Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD.  | Tyrosinemia type I, II, or III                            | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Abbott       |
| TYROS 1         | Metabolic | Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers. Available in PWD.                           | Tyrosinemia or other inborn errors of tyrosine metabolism | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> .   | Mead Johnson |
| TYROS 2         | Metabolic | Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults. Available in PWD.                      | Tyrosinemia or other inborn errors of tyrosine metabolism | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Mead Johnson |

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

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|--------------------|-----------|--|--|--|--------------|
| WND 2              | Metabolic | Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD.   | Urea cycle disorders   | <b>No assessment required.</b><br>For children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children.       | Mead Johnson |
| XLeu Maxamum       | Metabolic | Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD.   | Isovaleric acidemia and other disorders of leucine metabolism                    | <b>No assessment required.</b><br>For older children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| XLys, XTrp Maxamum | Metabolic | Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD.  | Glutaric acidemia type I   | <b>No assessment required.</b><br>For older children and adults. Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children. | Nutricia     |
| XMet Maxamum       | Metabolic | Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD.                                      | 1) Homocystinuria (vitamin B-6 non-responsive)<br>2) Hyper-methioninemia         | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women (including pregnant) and children.           | Nutricia     |
| XMTVI Maxamum      | Metabolic | Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults. Available in PWD. | 1) Methylmalonic acidemia (vitamin B-12 non-responsive)<br>2) Propionic acidemia | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children.                                | Nutricia     |
| XPhe Maxamaid      | Metabolic | Phenylalanine and fat-free; nutritionally incomplete; 25 g protein equivalents/100 g powder; intended for toddlers and young children. Available in PWD.                               | Phenylketonuria (PKU)  | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children.                                | Nutricia     |
| XPhe Maxamum       | Metabolic | Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder. Available in PWD.   | Phenylketonuria (PKU), including maternal PKU                                    | <b>No assessment required.</b><br>Requires State Agency approval and <b>metabolic prescription form</b> . Can only be issued to women and children.                                | Nutricia     |