Texas WIC Formulary and Medical Reasons for Issuance October 2026

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Enfamil Infant	663 (PWD) 664 (CON) 672 (RTU)	**Milk-based Infant Formula:** 20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Advance. Available in PWD (12.5oz), CON (13oz), and Enfamil Neuropro Infant RTU (32oz).	**Current contract standard milk-based infant formula.** Over age 1 with medical need for a milk-based product with one or more of the following: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral-motor feeding issues/aversions	**Requirements for Ages 1 and Under:** Approval Authority: Local Agency - All WCS **Requirements for Ages Over 1 year:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency – All WCS **Limitations** Staff may only issue Enfamil Neuropro Infant RTU when it meets criteria outlined in policy FD 15.0.	Mead Johnson Code 663 and 665: 6 cans/case Code 664: 12 cans/case **Contract Formula**
Similac Soy Isomil	389 (PWD) 391 (CON) 390 (RTU)	**Soy-Based Infant Formula:** 20 cal/oz, lactose-free, soy-based. Available in PWD (12.4oz can), CON (13oz can), RTU (32oz ctnr).	**Current contract standard soy-based infant formula.** Over age 1 with medical need for a soy-based product with one or more of the following: 1. Cow's milk allergy or intolerance 2. Galactosemia 3. Vegan/Vegeterian Diet	**Requirements for Ages 1 and Under:** Approval Authority: Local Agency - All WCS **Requirements for Ages Over 1 Year:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - All WCS **Limitations** Staff may only issue RTU when it meets criteria outlined in policy FD 15.0.	Abbott Code 389: 6 cans/case Code 391: 12 cans/case Code 390: 6 ctnrs/case **Contract Formula**
Enfamil Gentlease	668 (PWD) 669 (RTU)	**Milk-Based Infant Formula:** 20 cal/oz, milk-based with 20% of carbohydrates from lactose; contains partially hydrolyzed nonfat milk and whey protein with 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Total Comfort and Good Start SoothePro. Available in PWD (12.4oz), Enfamil Neuropro Gentlease RTU (32oz)	**Current contract partially hydrolyzed milk-based formula.** Intolerance to Enfamil Infant, digestive issues, and/or colic. Over age 1 with medical need for a milk-based product. Possible reasons include: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory and motor) 3. Oral motor feeding issues/aversions	**Requirements for Ages 1 and Under:** Approval Authority: Local Agency - All WCS **Requirements for Ages Over 1 year:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - All WCS **Limitations** Staff may only issue Enfamil Neuropro Gentlease RTU when it meets criteria outlined in policy FD 15.0.	Mead Johnson 6 cans/case **Contract Formula**

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Enfamil A.R.	667	**Milk-based Infant Formula:** 20 cal/oz, milk-based with rice starch; contains prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 20:80 whey-to-casein ratio; not intended for infants or children with galactosemia. Available in PWD (12.9oz can).	**Current contract added rice starch, milk-based formula.** Intolerance to Enfamil Infant. Spitting up and/or reflux. Over age 1 with medical need for a milk-based product. Possible reasons include: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral motor feeding issues/aversions	**Requirements for Ages 1 and Under:** Approval Authority: Local Agency - All WCS **Requirements for Ages Over 1 Year:** Documentation: Rx and Complete Assessment Authority: Local Agency - All WCS **Recommendations:** If infant is experiencing intolerance symptoms please discuss with CA prior to issuance. **Additional Information:** For mixing preparation, please note that after initial mixing of Enfamil A.R., the product should sit for 5 minutes before shaking mixture again.	Mead Johnson 6 cans/case **Contract Formula**
Enfamil Reguline	670	**Milk-Based Infant Formula:** 20 cal/oz, milk-based with 50% of carbohydrates from lactose; contains prebiotic Galacto-oligosaccharides (GOS) and polydextrose (PDX), partially hydrolyzed nonfat milk and whey protein; not intended for infants or children with galactosemia. Similar to Enfamil Gentlease, Similac Total Comfort and Good Start SoothePro. Available in PWD (12.4oz can).	**Current contract partially hydrolyzed milk-based formula with prebiotics.** Intolerance to Enfamil Infant, digestive issues, and/or constipation. Over age 1 with medical need for a milk-based product. Possible reasons include: 1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral motor feeding issues/aversions	**Requirements for Ages 1 and Under:** Approval Authority: Local Agency - All WCS **Requirements for Ages Over 1 year:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - All WCS	Mead Johnson 6 cans/case **Contract Formula**
Alfamino Infant	593	**Elemental:** 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based. 43% of fat is MCT oil. Similar to Elecare DHA/ARA, Neocate DHA/ARA, Neocate Syneo and PurAmino. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 5. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Recommendations:** A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nestle 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Alfamino Junior	594	**Elemental:** 30 cal/oz, hypoallergenic amino acid based. 63% of fat is MCT oil. Similar to Elecare Jr, Equacare Jr, Essential Care Jr, Neocate Jr and Puramino Jr. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 6 cans/case unflavored, vanilla
Alimentum	598 (PWD) 395 (RTU) 695 (RTU 8oz-6pk)	**Protein Hydrolysate:** 20 cal/oz, hydrolyzed casein, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives. Similar to Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil. Available in PWD (12.1oz can) and RTU (32oz ctnr, 8oz-6pk).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history. Approval Authority: Local Agency - Formula-certified WCS	Abbott Code 598: 6 cans/case Code 395: 6 ctnrs/case Code 695: 6-pack
BCAD 1	463	**Metabolic:** isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder. Available in PWD (16oz can).	Maple syrup urine disease (MSUD) in infants or toddlers	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
BCAD 2	278	**Metabolic:** isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents per 100 g powder. Available in PWD (16oz can).	Maple syrup urine disease (MSUD) in children or adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Benecalorie	528	**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 (1.5 oz ctnr).	1. Increased calorie needs 2. Oral motor feeding issues/aversions 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Limited to 2 cases per month (48 containers); maximum quantity allows issuance of this product and another formula. Can only issue to women and children.	Nestle 24 ctnrs/case smallest available unit: 24 ctnrs
Boost	428	**Increased Calorie Supplement:** 31 cal/oz, lactose-free and nutritionally complete. Similar to Ensure. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Oral motor feeding issues/aversions 3. Tube feeding	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry, butter pecan
Boost Breeze	496	**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 (8oz ctnr).	1. Condition that impairs digestion/absorption 2. Oral motor feeding issues/aversions 3. Increased calorie needs 4. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5. Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case orange, berry, variety (mixed of orange and berry)
Boost High Protein	274	**Increased Calorie Supplement:** 30 cal/oz, high-protein, lactose-free, nutritionally complete. Similar to Ensure High Protein. Available in RTU (8oz ctnr).	1. Increased protein needs 2. Cancer 3. Wounds 4. Surgery	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Boost Kid Essentials	492	**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 (8oz ctnr).	1. Increased calorie needs 2. Inadequate growth 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry
Boost Kid Essentials 1.5	475	**Increased Calorie Supplement:** 45 cal/oz, lactose-free; nutritionally complete; contains MCT oil. Similar to Pediasure 1.5. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Inadequate growth 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Recommendations:** Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Boost Kid Essentials 1.5 w/Fiber	476	**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 (8oz ctnr).	Increased fiber needs with one or more of the following: 1. Increased calorie needs 2. Inadequate growth 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Recommendations:** Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.	Nestle 24 ctnrs/case vanilla
Boost Plus	429	**Increased Calorie Supplement:** 46 cal/oz, lactose-free, high-calorie; nutritionally complete. Similar to Ensure Plus. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Fluid restriction 3. Oral motor feeding issues/aversions 4. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry
Boost Very High Calorie	538	**Increased Calorie Supplement:** 66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Inadequate growth 3. Failue to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Oral motor feeding issues/aversions	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Recommendations:** Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.	Nestle 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Calcilo XD	720	**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 (12.4oz can).	1. Osteopetrosis 2. William's Syndrome 3. Hypercalcemia and hyperparathyroidism	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Abbott 6 cans/case
Compleat	102	**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 (250mL ctnr).	Increased calorie needs for tube feedings only	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Compleat Pediatric	101	**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 (250mL ctnr).	1. Increased calorie needs 2. Tube feeding 3. Food allergies	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Compleat Pediatric Original 1.5	708	**Increased Calorie Supplement:** 44 cal/oz, blenderized, plant-based, lactose-free, contains pea protein, made from foods; 3/8 cup fruit/vegetable per 250 mL container. Available in RTU (250mL)	1. Increased calorie needs 2. Tube feeding 3. Food allergies	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case fruit medley
Compleat Pediatric Organic Blends	636	**Special Medical Conditions:** 36 cal/oz, blenderized, made from foods; dairy-free, lactose-free, gluten-free, organic; primarily designed for tube feedings; not for gravity feeding or feeding tubes <12FR in bolus or pump-assisted feedings; for use under medical supervision. Similar to Nourish and Real Food Blends. Available in RTU (10.1oz pouch).	1. Tube Feeding 2. FTT or malnutrition 3. Food allergies 4. Poor GI tolerance to other formulas	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Nestle 24 pouches/case chicken-garden blend plant-based

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Compleat Pediatric Peptide 1.0	704	**Special Medical Conditions:** 36 cal/oz, blenderized, made from foods; dairy-free, lactose-free, gluten-free, organic; primarily designed for tube feedings; not for gravity feeding or feeding tubes <12FR in bolus or pump-assisted feedings; for use under medical supervision. Similar to Nourish and Real Food Blends. Available in RTU (8.45oz ctnr).	1. Tube Feeding 2. Increased calorie needs 3. Condition that impairs digestion/absorption 4. Food allergies (cow's milk, soy, corn) 5. GI Disorder 6. FTT or malnutrition 7. Developmental delays (sensory and motor)	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Nestle 24 ctnrs/case vegetable and fruit medley
Compleat Pediatric Peptide 1.5	635	**Special Medical Conditions:** 44 cal/oz, blenderized; nutritionally complete; made from foods; high calorie; peptide-based; vegan, plant-based; Kosher; top 9 allergen-free; dairy-free, lactose-free, gluten-free, soy-free, nut-free, corn-free; 40% of fat is MCT; hydrolyzed pea protein, L-cystine; 3/8 cup vegetable per 250 mL serving; primarily designed for tube feeding; Similar to Kate Farms Peptide 1.5. Available in RTU (8.45oz ctnr).	1. Tube Feeding 2. Increased calorie needs 3. Condition that impairs digestion/absorption 4. Food allergies (cow's milk, soy, corn) 5. GI Disorder 6. FTT or malnutrition 7. Developmental delays (sensory and motor)	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Nestle 24 ctnrs/case vegetable and fruit medley
Compleat Pediatric Reduced Calorie	539	**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 (250mL ctnr).	Decreased calorie needs for tube feeding only: 1. Oral motor feeding issues/aversions 2. Developmental delays (sensory and motor) 3. Neurological conditions	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only be issued to women and children.	Nestle 24 ctnrs/case unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Compleat Pediatric Standard 1.0	686	**Special Medical Conditions:** 29.5 cal/oz; nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only. Available in RTU (250mL ctnr).	1. Tube Feeding 2. Food allergies 3. FTT or malnutrition 4. Inadequate growth	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only be issued to women and children.	Nestle 24 ctnrs/case vanilla
Compleat Pediatric Standard 1.4	687	**Special Medical Conditions:** 41 cal/oz, nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only. Available in RTU (250mL ctnr).	1. Tube Feeding 2. Food allergies 3. Fluid Restriction and/or Increased Calories 4. FTT or malnutrition 5. Inadequate growth	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only be issued to women and children.	Nestle 24 ctnrs/case vanilla
Complex Essential MSD	544	**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 (1lb can).	Maple Syrup Urine Disease (MSUD)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 4 cans/case vanilla
Complex Junior MSD	542	**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 (400g can).	Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 4 cans/case
Complex MSD Amino Acid Blend	543	**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 (1lb can).	Maple Syrup Urine Disease (MSUD)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 4 cans/case unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Cyclinex 1	342	**Metabolic:** Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD (14.1oz can).	1. HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homocitrullinemia) 2. Defects in urea cycle enzyme 3. Gyrate atrophy of the choroid and retina	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case unflavored
Cyclinex 2	343	**Metabolic:** Non-essential amino acid and lactose-free; nutritionally incomplete. Available in PWD (14.1oz can).	1. HHH Syndrome (ornithine translocase deficiency-hyperornithinemia, hyperammonemia, homecirtrullinuria) 2. Defects in urea cycle enzyme 3. Gyrate atrophy of the choroid and retina	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 6 cans/case unflavored
DiabetiSource AC	109	**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 (250mL ctnr).	1. Diabetes Mellitus 2. Glucose intolerance 3. Stress-induced hyperglycemia 4. Diabetes with wounds	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Duocal	238	**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 (400g can).	1. Protein, electrolyte, and/or fluid restriction 2. Increased calorie needs 3. Protein or amino acid metabolism disorders 4. Condition that impairs digestion/absorption 5. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: State Agency	Nutricia 6 cans/case unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Elecare DHA/ARA	479	**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 , Neocate Syneo, and PurAmino. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Recommendations:** A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Abbott 6 cans/case unflavored
EleCare Jr	722 515	**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. Reformulated can under code 722 contains added DHA and lutein. Similar to Alfamino Jr., Equacare Jr., Essential Care Jr., Neocate Jr. and Puramino Jr. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 5. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children **Additional Information:** Elecare Jr. was reformulated with added DHA and lutein under formula code 722 and should be available on store shelves by summer of 2025. Once supply of 515 is depleted, it will be end-dated. See memo 25-029.	Abbott 6 cans/case unflavored, vanilla
EnfaCare/Enfamil Neuropro Enfacare	371 (PWD) 623 (RTU) 717 (PWD)	**Premature/LBW:** 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil. Similar to NeoSure. Available in PWD (13.6oz can, 23 oz can) and RTU (2oz btl).	1. Prematurity (<37 weeks), regardless of birthweight 2. Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS **Limitations:** Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD. **Recommendations:** At 6 months chronological age staff should assess infant's readiness to eat solids.	Mead Johnson Code 371: 6 cans/case Code 623: 6 bottles/carton, 24 bottles/case, 48 bottles/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Enfagrow Premium Toddler	608 (24oz) 690 (32oz)	**Special Medical Conditions:** 23 cal/oz, milk-based toddler formula with prebiotics. Similar to Good Start GentlePro Toddler Available in PWD (24oz can, 32oz can).	1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory and motor) 3. Oral motor feeding issues/aversions	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS **Limitations:** For children older than 1 year.	Mead Johnson 4 cans/case 24oz: natural milk 32oz: vanilla
Enfagrow Premium Gentlease Toddler	700	**Special Medical Conditions:** 30 cal/oz, milk-based partially hydrolyzed toddler formula with DHA. Available in PWD (29.1oz can).	1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory and motor) 3. Oral motor feeding issues/aversions	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS **Limitations:** For children older than 1 year.	Mead Johnson 4 cans/case
Enfamil Liquid Human Milk Fortifier High Protein	710	**Premature/LBW:** non-acidified supplement for mother's milk collected after 2 weeks postpartum; contains hydrolyzed whey, DHA/ARA; nutritionally incomplete. Available in RTU (5 ml sachet)	1. Prematurity (37 weeks) 2. Low or very low birth weight (LBW/VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. **Additional Information:** Used for the fortification of human breastmilk. Each packet provides 24 calories when added to 25 mL preterm breastmilk. 4 g protein for every 100 calories.	Mead Johnson 24 sachets/carton
Enfamil Liquid Human Milk Fortifier Standard Protein	709	**Premature/LBW:** non-acidified high protein supplement for mother's milk collected after 2 weeks postpartum; contains hydrolyzed whey, DHA/ARA; nutritionally incomplete. Available in RTU (5 ml sachet)	1. Prematurity (37 weeks) 2. Low or very low birth weight (LBW/VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. **Additional Information:** Used for the fortification of human breastmilk. Each packet provides 24 calories when added to 25 mL preterm breastmilk. 3.4 g protein for every 100 calories.	Mead Johnson 24 sachets/carton

[a]Smallest Available Unit is 1 container unless otherwise noted.

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Enfamil Premature 24 w/ Iron	443	**Premature/LBW:** 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil. Similar to Similac Special Care 24 w/ Iron. Available in RTU (2oz btl).	1. Prematurity (<37 weeks) 2. Low birth weight or very low birth weight (LBW, VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. **Additional Information:** 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 6 bottles/carton, 48 bottles/case smallest available unit: 6 bottles
Enfamil Premature High Protein 24 w/ Iron	509	**Premature/LBW:** 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal. Similar to Similac Special Care 24 High Protein. Available in RTU (2oz btl).	1. Prematurity (<37 weeks) 2. Low birth weight or very low birth weight (LBW, VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. **Additional Information:** 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 6 bottles/carton, 48 bottles/case smallest available unit: 6 bottles
Enfamil Premature 30	557	**Premature/LBW:** 30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil. Similar to Similac Special Care 30 w/ Iron. Available in RTU (2oz btl).	1. Prematurity (<37 weeks) 2. Low birth weight or very low birth weight (LBW, VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. **Additional Information:** 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 6 bottles/carton, 48 bottles/case smallest available unit: 6 bottles

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Enfaport	564	**Special Medical Conditions:** 30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants. Available in RTU (6oz-6pack = 36oz).	1. Chylothorax 2. Condition that impairs digestion/absorption 3. Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4. High MCT oil needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Mead Johnson 4-6 packs/case (24-6oz ctnrs)
Ensure	075	**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 (8oz ctnr).	1. Increased calorie needs 2. Oral motor feeding issues/aversions 3. Tube feeding	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate, coffee latte, strawberry, butter pecan, banana nut
Ensure Clear	606	**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 (8oz ctnr).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Increased calorie needs 5. Oral motor feeding issues/aversions	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case apple, mixed berry blueberry, mixed fruit

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Ensure High Protein Therapeutic Nutrition	573	**Special Medical Conditions:** 20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete. Similar to Boost High Protein. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Increased protein needs	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate TN = therapeutic nutrition, institutional version only
Ensure Plus	120 (RTU 8oz) 121 (RTU 32oz)	**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 (8oz ctnr; 32oz ctnr).	1. Increased calorie needs 2. Fluid restriction 3. Oral motor feeding issues/aversions 4. Tube feeding	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Abbott Code 120: 24 ctnrs/case vanilla, chocolate, strawberry, butter pecan Code 121: 6 ctnrs/case; vanilla, chocolate
ENU Pro3+	634	**Modular:** 1 scoop = 1 tablespoon = 8.6 g = 35 cal; 4.1 cal/g; standard serving 2 scoops per 1/2 cup food or water; 40 scoops per can; nutritionally incomplete; macronutrient distribution range per 100 g: 54% carbohydrate, 25% protein, 21% fat; 8% of fat is MCT oil; enriched with L-leucine, 29 vitamins and minerals. Available in PWD (12oz can).	1. Increased calorie needs 2. Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** For 2 years of age and older. Can only issue to women or children.	Ajinomoto Cambrooke Inc. unflavored
ENU Shake	633	**Special Medical Conditions:** 47 cal/oz; high calorie; high protein; nutritionally complete; 100% hydrolyzed whey protein; soy-free, corn-free, gluten-free, lactose-free; for oral or tube feeding; 25% of fat is MCT oil. Similar to Ensure High Protein Therapeutic, Boost High Protein, Boost Plus. Available in RTU (6-8.5oz ctnr).	GI Disorder with one or more of the following conditions: 1. Increased calorie needs 2. Increased protein needs 3. Fluid restriction 4. Tube Feeding 5. Cystic Fibrosis 6. Cancer	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 6-pack vanilla, chocolate

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Equacare Jr	627	**Elemental:** 30 cal/oz standard dilution; hypoallergenic; nutritionally complete; 100% free amino acids; 33% of fat is MCT oil; for oral or tube feeding. Similar to Alfamino Jr., Elecare Jr., Neocate Jr, PurAmino Jr. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophogatis	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Ajinomoto Cambrooke Inc. 6 cans/case unflavored, vanilla, chocolate
Essential Care Jr	628 (PWD) 726 (RTU)	**Elemental:** 30 cal/oz standard dilution; hypoallergenic; corn-free; nutritionally complete; 100% free amino acids; 35% of fat is MCT oil; enriched with low FODMAP prebiotics, DHA, Lutein, K2; for oral or tube feeding. Similar to Alfamino Jr., Elecare Jr., Neocate Jr., PurAmino Jr. Available in PWD (14.1oz pouch), RTU (8.3oz container).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy, corn or intact protein)/FPIES 5. Medical condition requiring elemental formula such as short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophagitis	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Ajinomoto Cambrooke Inc. Code 628: pouches/caseunflavored, white chocolate, vanilla, citrus Code 726: 30 containers/case unflavored
Extensive HA	592	**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, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil. Available in PWD (14.1 oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Nestle 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
FiberSource HN	126	**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 (250mL ctnr).	For tube feeding with 1. GI Disorder 2. Neurological condition 3. Developmental delays (sensory and motor) 4. Increased calorie needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Fortini	638	**Increased Calorie Supplement:** 30 cal/oz, high calorie, nutritionally complete, contains milk and soy, prebiotic fiber and DHA/ARA, for oral or tube feeding, osmolality: 360 mOsm/kg. For use under medical supervision. Available in RTU (4oz ctnr).	Increased calorie needs related to: 1. Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles 2. Inadequate Growth 3. Fluid Restriction 4. Tube Feeding 5. Hypermetabolic condition (congenital heart disease, chronic pulmonary disease, etc.)	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: State Agency **Limitations:** Normally used for full term infants and young children up to 18 months. Can only issue until infant or toddler reaches 19 lbs. 13 oz.	Nutricia 30 ctnrs/case
GA 1 Anamix Early Years	580	**Metabolic:** Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder. Available in PWD (400g can).	Glutaric aciduria type 1 in infants or children	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
GA	464	**Metabolic:** Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD (16oz can).	Glutaric aciduria (acidemia) type I in infants or children	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Generic Hypoallergenic	660 661	**Protein Hydrolysate:** 20cal/oz, hypoallergenic, 100% extensively hydrolyzed casein, lactose-free, gluten-free; contains probiotic Lactobacillus rhamnosus, DHA/ARA; does not contain MCT oil; powder should be measured with unpacked level scoops and added to warm water and shaken for a minimum of 30 seconds; if stored chilled, product may separate and will need to be shaken again; not intended for immunocompromised or premature infants. Similar to Alimentum, Extensive HA, Nutramigen, Pepticate, Pregestimil Available in PWD (19.8oz, 27.8oz can)	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS **Additional Information:** Labels will vary by store brand. 660 (19.8oz) - Up&Up (Target) 661 (27.8oz) - Parent's Choice (Walmart), Up&Up (Target)	Perrigo 1 can
GlutarAde Amino Acid Blend GA-1	541	**Metabolic:** Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD (1lb can).	Glutaric aciduria (acidemia) Type I in children and adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 4 cans/case
Glutarade Essential GA-1	725	**Metabolic**: Low in tryptophan, lysine-free; nutritionally complete; for oral or tube feeding; not for infants under one year old Available in PWD (1lb can).	1. Glutaric aciduria (acidemia) Type I in children and adults 2. Pyridoxine-dependent epilepsy in children and adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case Vanilla
Glutarex 1	344	**Metabolic:** Lysine, tryptophan and lactose-free. Available in PWD (14.1oz can).	Glutaric aciduria (acidemia) type I in infants or children	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Glutarex 2	345	**Metabolic:** Lysine, tryptophan and lactose-free. Available in PWD (14.1oz can).	Glutaric aciduria (acidemia) type I in children and adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Glycosade	614	**Metabolic:** Hydrothermally processed high amylopectin starch. Each 60g packet has an equivalent carbohydrate content of 55g of uncooked cornstarch. Available in PWD (60g pack).	1. Glycogen Storage Disease (GSD) 2. Hypoglycemia 3. Tube Feeding	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 5 years of age and older and adults. Can only issue to women.	Vitaflo 30 packs/case smallest available unit: must order in multiples of 30
Glytrol	132	**Special Medical Conditions:** 30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU (250mL ctnr).	1. Diabetes Mellitus 2. Glucose intolerance 3. Hyperglycemia	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Good Start GentlePro Toddler	603	**Special Medical Conditions:** 19.3 cal/oz, milk-based toddler drink with probiotics. Similar to Enfagrow Toddler and Similac Go & Grow. Available in PWD (24oz can).	1. Prematurity (<37 weeks)/LBW 2. Developmental delays (sensory & motor) 3. Oral motor feeding issues/aversions	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS **Limitations:** For children 1 year of age and older.	Gerber 4 cans/case
HCU Anamix Early	576	**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 (400g can).	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
HCU Anamix Next	583	**Metabolic:** Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD (400g can).	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
HCU Maxamum	261	**Metabolic:** Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD (454g can).	1. Homocystinuria (vitamin B-6 non-responsive) 2. Hyper-methioninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women (including pregnant) and children.	Nutricia 6 cans/case orange

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
HCY 1	465	**Metabolic:** Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Homocystinuria in infants or children	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
HCY 2	328	**Metabolic:** Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD (16oz can).	Homocystinuria in children or adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Mead Johnson 6 cans/case
Hominex 1	346	**Metabolic:** Methionine and lactose-free. Available in PWD (14.1oz can).	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Hominex 2	347	**Metabolic:** Methionine and lactose-free. Available in PWD (14.1oz can).	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 6 cans/case
I Valex 1	348	**Metabolic:** Leucine and lactose-free. Available in PWD (14.1oz can).	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
I Valex 2	349	**Metabolic:** Leucine and lactose-free. Available in PWD (14.1oz can).	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 6 cans/case
Impact	140	**Special Medical Conditions:** 30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU (250mL ctnr).	1. Trauma 2. Post-surgery 3. Burns or wounds 4. Mechanically ventilated 5. Critically ill	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Isosource 1.5	152	**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 (250mL ctnr).	For tube feeding with: 1. High calorie needs 2. Increased protein needs 3. Fluid restriction	**Requirements:** Documentations: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case
Isosource HN	153	**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 (250mL ctnr).	For tube feeding with: 1. High calorie needs 2. Increased protein needs 3. Fluid restriction	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case
IVA Anamix Early	577	**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 (400g can).	Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
IVA Anamix Next	584	**Metabolic:** Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD (400g can).	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case
IVA Maxamum	255	**Metabolic:** Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD (454g can).	Isovaleric acidemia and other disorders of leucine metabolism	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For older children and adults. Can only issue to women and children.	Nutricia 6 cans/case orange
Jevity 1 Cal	155	**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 (8oz ctnr).	1. Tube feeding 2. Tube feeding with wound healing	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Kate Farms Kids Nutrition	721	**Special Medical Conditions:** 29.5 cal/oz, organic, plant-based; top 9 allergen-free; contains pea protein, MCT, and DHA. 8 g protein and 250 calories per container. Available in RTU (8.45oz ctnr)	1. Tube feeding 2. FTT or malnutrition 3. Food allergies 4. Increased calorie needs 5. Inadequate growth 6. Oral motor feeding difficulties/aversions 7. Developmental delays	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla chocolate strawberry
Kate Farms Pediatric Blended Meals	703	**Special Medical Conditions:** 29.5 cal/oz, blenderized whole foods with organic pea protein and 1/2, 4/5, or 2/5 cup serving of fruits/vegetables, contains MCT oil, vegan, plant-based, Kosher and Halal; top 9 allergen-free, lactose-free, gluten-free, nutritionally complete; primarily designed for tube feeding or oral feeding with tube size >10 Fr, pump, gravity, or bolus feeding without dilution/thinning; for use under medical supervision. Similar to Compleat Pediatric Organic Blends, Nourish, and Real Food Blends. Available in RTU (8.45 oz pouch).	1. Tube feeding 2. FTT or malnutrition 3. Food allergies 4. Poor GI tolerance to other formulas 5. GI disorder	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Normally used for children. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Kate Farms 12 ctnrs/case banana & blueberry, mango & strawberry, carrot & squash
Kate Farms Pediatric Peptide 1.0	625	**Special Medical Conditions:** 29.5 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1. Condition that impairs digestion/absorption 2. Poor GI tolerance to other formulas 3. Food allergies (cow's milk, soy, corn) 4. GI Disorder with increased calorie needs, or fluid restriction 5. Tube feeding 6. FTT or malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, strawberry

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Kate Farms Pediatric Peptide 1.5	610	**Special Medical Conditions:** 44 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1. Condition that impairs digestion/absorption 2. Poor GI tolerance to other formulas 3. Food allergies (cow's milk, soy, corn) 4. GI Disorder with increased calorie needs, or fluid restriction 5. Tube feeding 6. FTT or malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, plain
Kate Farms Pediatric Standard 1.2	611	**Increased Calorie Supplement:** 35 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; Intact organic pea protein. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1. Poor GI tolerance to other formulas 2. FTT or malnutrition 3. Food allergies (cow's milk, soy, or corn) 4. Tube feeding	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only be issued to women and children.	Kate Farms 12 ctnrs/case vanilla, chocolate
Kate Farms Peptide 1.5	612	**Special Medical Conditions:** 45.5 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding. Available in RTU (11oz ctnr).	1. Condition that impairs digestion/absorption 2. Poor GI tolerance to other formulas 3. Food allergies (cow's milk, soy, corn) 4. GI Disorder with increased calorie needs, or fluid restriction 5. Tube feeding 6. FTT or malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, plain
Kate Farms Standard 1.0	613	**Increased Calorie Supplement:** 30 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; Intact organic pea protein and 30% fat as MCT oil. For oral or tube feeding. Available in RTU (11oz ctnr).	1. Poor GI tolerance to other formulas 2. FTT or malnutrition 3. Food allergies (cow's milk, soy, or corn) 4. Tube feeding	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, chocolate, plain

[a]Smallest Available Unit is 1 container unless otherwise noted.

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Kendakids	727	**Increased Calorie Supplement:** 30 cal/oz, grass-fed, whole-milk based, with added plant-based DHA, prebiotics, postbiotics, and 9 grams of protein per container. Nutritionally complete. Available in RTU (8oz-6-pack)	1. FTT or malnutrition 2. GI Disorder with increased calorie needs	**Requirements:** Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Normally used for children. Can only issue to women and children.	Kendamil 8oz-6-pack containers chocolate, strawberry, vanilla
Ketocal 3:1	456	**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 (300g can).	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 deficiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Nutricia 6 cans/case
Ketocal 4:1	364 (PWD) 505 (RTU)	**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 (300g can), RTU (8oz ctnr).	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 deficiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Nutricia Code 364: 6 cans/case Code 505: 27 ctnrs/case unflavored, vanilla, chocolate
Ketonex 1	350	**Metabolic:** Branched-chain amino acid and lactose-free. Available in PWD (14.1oz can).	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 ctnrs/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Ketonex 2	351	**Metabolic:** Branched-chain amino acid and lactose-free. Available in PWD (14.1oz can).	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 6 ctnrs/case
Keto Peptide	643	**Special Medical Conditions:** 77 cal/oz, high-fat, low-carbohydrate, peptide-based with hydrolyzed pea protein; 2.43 to 1 fat to carbohydrate ratio; made with blenderized whole foods; plant-based, dairy-free, soy-free, gluten-free, wheat-free, corn-free; contains 11 g fiber per 8 oz pouch, 21% of fat is MCT oil; not intended for sole source nutrition; for oral or tube feeding under medical supervision; osmolality 583 mOsm/kg. Available in RTU (8oz pouch).	**Non-metabolic reason:** 1. intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 decificiency (Glut1DS) 3. Glucose-6-phosphate dehydrogenase deficiency (G6PD) 4. Rett Syndrome 5. Neurological conditions which impact carbohydrate metabolism	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children over 1 year of age. Can only issue to women and children. Participant must have health care team support in place to supervise use of this formula.	Functional Formularies 24 pouches/case
KetoVie 3:1	631	**Special Medical Conditions:** High-fat, low carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate ratio; nutritionally complete; 20% of calories is MCT oil; encriched with DHA/ARA, FOS/GOS prebiotics. Similar to Ketocal 3:1. Available in RTU (8.3oz ctnr).	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 deficiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 30 ctnrs/case Unflavored smallest available unit: must order in multiples of 30

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
KetoVie 4:1	630	**Special Medical Conditions:** High-fat, low carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 25% of calories is MCT oil; encriched with DHA, inulin prebiotics. Similar to Ketocal 4:1. Available in RTU (8.3oz ctnr).	**Non-metabolic reason:** 1. intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 decificiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 30 ctnrs/case vanilla, chocolate smallest available unit: must order in multiples of 30
KetoVie 4:1 Peptide	629	**Special Medical Conditions:** High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; peptide-based, 100% extensively hydrolyzed whey protein; 15% of calories is MCT oil; enriched with DHA, inulin prebiotics. Available in RTU (8.3oz ctnr).	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 decificiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 30 ctnrs/case Unflavored smallest available unit: must order in multiples of 30
KetoVie 4:1 Plant-Based Protein	705	**Special Medical Conditions:** High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; made with hydrolyzed pea-protein; 25% of calories is MCT oil; enriched with DHA. Available in RTU (8.3oz ctnr)	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 decificiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 30 ctnrs/case vanilla smallest available unit: must order in multiples of 30

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
KetoVie 4:1 Unflavored	632	**Special Medical Conditions:** High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 100% partially hydrolyzed whey protein; 25% of calories is MCT oil; enriched with DHA/ARA, inulin prebiotics. Available in RTU (8.3oz ctnr).	**Non-metabolic reason:** 1. Intractable epilepsy **Metabolic reason:** 1. Pyruvate dehydrogenase deficiency (PDH) 2. Glucose transporter type-1 decificiency (Glut1DS)	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children.	Ajinomoto Cambrooke Inc. 30 ctnrs/case Unflavored smallest available unit: must order in multiples of 30
Lipistart	498	**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 (400g can).	1. Condition that impairs digestion/absorption 2. High MCT needs 3. Long chain fatty acid oxidation disorders 4. Hyperlipoproteinemia type 1 5. Chylothorax	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Normally used for children.	Vitaflo unflavored
Liquigen	567	**Modular:** 45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete. Available RTU (8.5oz ctnr).	1. Ketogenic Diet 2. Long-chain oxidation disorders 3. Condition that impairs digestion/absorption 4. Increased calorie needs 5. Conditions with decreased pancreatic lipase and/or decreased bile salts 6. Defective lymphatic transport of fat	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency	Nutricia 12 ctnrs/case
LMD	574	**Metabolic:** Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Lophlex LQ PKU	499	**Metabolic:** Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU (4.2oz ctnr).	Phenylketonuria in children older than 4 years	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 30 pouches/case tropical, berry smallest available unit: must order in multiples of 30
MCT Procal	618	**Metabolic:** High in medium-chain triglyceride (MCT) fat for the dietary management of disorders of long-chain fatty acid oxidation, fat malabsorption and other disorders requiring a high MCT, low long-chain triglyceride (LCT) diet. MCT procal (16g) = 10g MCT, 112kcal and 2g protein. Contains milk protein. Available in PWD (16g pack).	1. Long chain fatty acid oxidation disorder 2. Fat malabsorption -Disorders requiring a high MCT or low long chain triglyceride (LCT) diet.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 3 years of age and older and adults. Can only issue to women and children.	Vitaflo 30 packs/case smallest available unit: must order in multiples of 30
MMA-PA Anamix Early	579	**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 (400g can).	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in infants or young children.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
MMA-PA Anamix Next	585	**Metabolic:** Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD (400g can).	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up.	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
MMA/PA Maxamum	264	**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 (454g can).	1. Methylmalonic acidemia (vitamin B-12 non-responsive) 2. Propionic acidemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case orange

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Monogen	449	**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 (400g can).	1. Chylothorax 2. Condition that impairs digestion/absorption 3. Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4. High MCT oil needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Nutricia 6 cans/case
MSUD Anamix Early	575	**Metabolic:** Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding. Available in PWD (400g can).	Maple syrup urine disease (MSUD).	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
MSUD Maxamum	173	**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 (454g can).	Maple syrup urine disease (MSUD) in older children and adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case orange

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Neocate w/DHA/ARA	440	**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, Elecare, Neocate Syneo, and Puramino Available in PWD (400g can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 5. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Recommendations:** A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia 4 cans/case
Neocate Junior	504	**Elemental:** 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with and without prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. With Prebiotics: 1 scoop = 1 Tbsp = 7.7 g (Unflavored), 7.5 g (Chocolate), 7.3 g (Vanilla, Strawberry, Tropical) Without Prebiotics: Unflavored, 1 Tbsp = 7 g; 1 C = 100 g. Similar to Alfamino Jr., Elecare Jr., Equacare Jr., Essential Care Jr., Puramino Jr. Available in PWD (400g can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Additional Information:** Neocate Jr. and Neocate Jr. with Prebiotics merged into the same code. Staff will need to document preferred flavor as well as with or without prebiotics on orders.	Nutricia 4 cans/case Prebiotics: vanilla, strawberry, chocolate Without Prebiotics: unflavored only

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Neocate Splash	565	**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 (8oz ctnr).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 1. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nutricia 27 ctnrs/case unflavored, grape, orange-pineapple, tropical fruit, vanilla
Neocate Spoon	525	**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 intended to be added to water or liquid; not nutritionally complete; oral use only; not for bottle or tube feeding. Available in PWD (14.1oz can).	2. Condition that impairs digestion/absorption 3. GI Disorder 4. GER/GERD 5. Food allergies (cow's milk, soy or intact protein)/FPIES 6. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** For infants 6 months of age or older. Typically issued with another formula.	Nutricia 3 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Neocate Syneo	601	**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. Similar to Alfamino, Elecare, Neocate DHA/ARA, and Puramino. Available in PWD (400g can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Food allergies (cow's milk, soy or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Recommendations:** A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated. **Additional Information:** Not intended for short bowel syndrome. Due to added probiotics, manufacturer does not recommend preparing formula above 104° F.	Nutricia 4 cans/case
Neocate Syneo Jr.	707	**Elemental:** 30 cal/oz, hypoallergenic, nutritionally complete, 100% free amino acids; contains prebiotics, probiotics and MCT oil; for oral or tube feeding. Available in PWD (400g can)	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Additional Information:** Not intended for immunocompromised, malabsorption, or short bowel syndrome. Due to added probiotics, manufacturer does not recommend preparing formula above 104° F.	Nutricia 4 cans/case Unflavored
NeoSure	370 (PWD) 430 (RTU) 662 (Large PWD)	**Premature/LBW:** 22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil. Similar to EnfaCare. Available in PWD (13.1oz and 22.8oz can), RTU (32oz btl).	1. Prematurity (<37 weeks), regardless of birthweight 2. Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS **Limitations:** Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD. **Recommendations:** At 6 months chronological age staff should assess infant's readiness to eat solids.	Abbott Code 370: 6 cans/case Code 420: 6 bottles/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Nepro	174	**Special Medical Conditions:** 54 cal/oz, calorically dense and lactose-free; for oral or tube feeding. Available in RTU (8oz ctnr).	1. Electrolyte and/or fluid restriction 2. Dialysis 3. Acute kidney injury 4. Chronic renal failure	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, butter pecan, mixed berry
Nourish	641	**Special Medical Conditions:** 33 cal/oz, blenderized, plant-based, non-gmo, made from whole foods, dairy-free, tree-nut free, gluten-free, soy-free, corn-free; contains 7 g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 553 mOsm/kg; 3-12 oz pouches meet 100% of DRI for ages 4-8. Similar to Compleat Pediatric Organic Blends and Real Food Blends. Available in RTU (12oz pouch).	1. Tube Feeding 2. GI Disorder 3. GER/GERD 4. Poor GI tolerance to other formulas 5. Food allergies (cow's milk, soy or intact protein)/FPIES 6. Developmental Delays 7. Failure to Thrive	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Functional Formularies 24 pouches/case
Nourish Peptide	642	**Special Medical Conditions:** 43 cal/oz, blenderized, plant-based, non-gmo, made from whole foods; nutritionally complete, peptide-based with hydrolyzed pea protein; dairy-free, tree-nut free, gluten-free, soy-free, corn-free; 20% of fat is MCT oil; 10g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 460 mOsm/kg; 3-12 oz pouches meet 100% DRI for ages 4-8. Similar to Compleat Pediatric Peptide 1.5 Available in RTU (12oz pouch).	1. Tube Feeding 2. Condition that impairs digestion/absorption 3. GI Disorder with increased calorie needs or fluid restriction 4. Poor GI tolerance to other formulas 5. Food allergies (cow's milk, soy or intact protein)/FPIES 6. Developmental Delays 7. Failure to Thrive	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Functional Formularies 24 pouches/case
NovaSource Renal	176	**Special Medical Conditions:** 60 cal/oz, lactose-free, high-calories; with MCT oil. Available in RTU (8oz ctnr).	1. Electrolyte and/or fluid restriction 2. Dialysis 3. Acute kidney injury 4. Chronic renal failure	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Nestle 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Nutramigen	031 (CON) 024 (RTU) 699 (RTU)	**Protein Hydrolysate:** 20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil. Similar to Alimentum RTU. Available in CON (13oz can) & RTU (32oz can, 8oz-6pk).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson Code 031: 12 cans/case Code 024: 6 cans/case Code 699: 6-pack
Nutramigen LGG	480 Large: 658	**Protein Hydrolysate:** 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Powder should be measured with packed, level scoops. Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Pepticate, Pregestimil. Available in PWD (12.6oz, 19.8oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson 6 cans/case
Nutramigen Toddler	724	**Protein Hydrolysate:** 20 cal/oz, hypoallergenic casein hydrolysate, lactose and sucrose-free, contains probiotic Lactobacillus rhamnosus GG (LGG) does not contain MCT oil. Similar to Alimentum Toddler. Available in PWD (12.6oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS **Limitations:** Can only issue to women and children.	Mead Johnson 6 cans/case
Nutren 1.0	183	**Increased Calorie Supplement:** 30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil. Available in RTU (250mL ctnr).	5. Increased calorie needs 6. Oral motor feeding issues/aversions 7. Tube feeding	**Requirements:** Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla

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

[a]Smallest Available Unit is 1 container unless otherwise noted.

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Nutren Junior w/Fiber	188	**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 (250mL ctnr).	Increased fiber needs with one or more of the following: 1. Increased calorie needs 2. Inadequate growth 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority **Limitations:** Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Nutren Pulmonary	192	**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 (250mL ctnr).	1. Pulmonary disease 2. Respiratory disorder 3. Ventilator dependency 4. Fluid restriction	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
NutriHep	190	**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 (250mL ctnr).	1. Hepatic insufficiency 2. Liver disease	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case
OA 1	445	**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 (16oz ctnr).	Propionic acidemia or methylmalonic acidemia in infants or toddlers	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 ctnrs/case

[a]Smallest Available Unit is 1 container unless otherwise noted.

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
OA 2	446	**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 (16oz ctnr).	Propionic acidemia or methylmalonic acidemia in children or adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Mead Johnson 6 ctnrs/case
Osmolite 1.0	062	**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 (8oz ctnr).	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case
Osmolite 1.2	193	**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 (8oz ctnr).	Increased calorie or protein needs with intolerance to hyperosmolar feedings	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case
Oxepa	196	**Special Medical Conditions:** 45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU (8oz ctnr).	Mechanical ventilation, e.g., acute respiratory distress syndrome	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Pediasmart	524	**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 (12.7oz can).	1. Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2. Increase calorie needs 3. Inadequate growth 4. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5. Oral motor feeding issues/aversions 6. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Natures One 6 cans/case vanilla, chocolate
Pediasmart Pea Protein	689	**Increased Calorie Supplement:** 30 cal/oz, pea protein-based, milk-free, lactose-free, gluten-free, organic, non-GMO and nutritionally complete; no artificial flavors, colors or sweeteners, corn-syrup free; appropriate for children with galactosemia. Similar to Bright Beginnings Soy. Available in PWD (12.7oz can)	1. Increase calorie needs 2. Inadequate growth 3. Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Oral motor feeding issues/aversions 5. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Natures One 1 can vanilla
PediaSure	034 (RTU) 677 (PWD)	**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 Boost Kid Essentials. Available in RTU (8oz ctnr) and PWD (14.1oz can)	1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott Code 034: 16 ctnrs/case vanilla, chocolate 24 ctnrs/case vanilla, chocolate, strawberry, smores Code 677: 1 can, vanilla, chocolate, strawberry smallest available unit: 6-pack at retail only

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
PediaSure w/Fiber	035 701	**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 (8oz ctnr, 7.4oz ctnr - 4 pack).	Increased fiber needs and/or one or more of the following: 1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Additional Information:** For participants that can no longer find the 6-pack at retail, staff will need to put code 701 for the 4-pack instead.	Abbott Code 035: 24 ctnrs/case vanilla, strawberry Code 701: vanilla, strawberry, chocolate smallest available unit: Code 035 - 6-pack Code 701 - 4-pack
PediaSure Enteral 1.0	292	**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 (8oz can).	1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 cans/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
PediaSure Enteral w/Fiber 1.0	293	**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 (8oz can).	Increased fiber needs and/or one or more of the following: 1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 cans/case vanilla
PediaSure 1.5	506	**Increased Calorie Supplement:** 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370. Similar to Boost Kid Essentials 1.5. Available in RTU (8oz ctnr).	1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions\ 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Recommendations:** Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Abbott 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
PediaSure 1.5 w/Fiber	507	**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 (8oz ctnr).	Increased fiber needs and/or one or more of the following: 1. Increased calorie needs 2. Inadequate growth 3. FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4. Tube feeding 5. Oral motor feeding issues/aversions 6. Developmental delays (sensory & motor) 7. Prematurity (<37 weeks)/LBW	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children. **Recommendations:** Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Abbott 24 ctnrs/case vanilla
PediaSure Peptide 1.0	514	**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 (8oz btl).	1. Condition that impairs digestion/absorption 2. GI Disorder	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 bottles/case vanilla, strawberry, unflavored
PediaSure Peptide 1.5	529	**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 (8oz ctnr).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Increased calorie needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla
PediaSure Reduced Calorie	550	**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 (8oz ctnr).	1. Oral motor feeding issues/aversions 2. Neurological conditions	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate, strawberry institutional only

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

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

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Peptamen Junior PHGG	685	**Special Medical Conditions:** 35 cal/oz, high calorie, hydrolyzed whey protein, peptide-based; contains 12g/L partially hydrolyzed guar gum (PHGG) a source of low FODMAP prebiotic fiber; MCT oil, soybean oil; carbohydrate sources include maltodextrin, sugar and cornstarch; gluten-free, Kosher, appropriate for lactose intolerance; not intended for children with galactosemia or milk-protein allergy. Available in RTU (8.45oz ctnr).	GI Disorder with increased calorie and fiber needs.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case Vanilla
Pepticate Infant	706	**Protein Hydrolysate:** 20 cal/oz, hypoallergenic, extensively hydrolyzed whey protein; contains scGOS (short chain galactooligosaccharides) and lcFOS (long chain fructooligosaccharides) prebiotics, lactose, DHA/ARA; powder should be measured with unpacked level scoops. Contains lactose and tuna oil. Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pregestimil. Available in PWD (13.2oz).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES 5. Severe protein calorie malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS **Additional Information:** This formula is available at retail and drop ship.	Nutricia 1 can
Perative	200	**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 (8oz ctnr).	For tube feeding with one of more of the following: 1. Pressure ulcers, multiple fractures, wounds, burns, or surgery 2. Multiple fractures 3. Wounds, burns, or surgery 4. Conditions causing metabolic stress	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case
Periflex Advance	527	**Metabolic:** Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women). Available in PWD (16oz can).	Phenylketonuria	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case unflavored, orange, chocolate

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Periflex Junior Plus	566	**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 (400g can).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case plain, orange, berry, vanilla
Periflex LQ PKU	497	**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 (8.5oz ctnr).	Phenylketonuria (PKU), including maternal PKU	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 18 ctnrs/case berry, orange
PFD 2	329	**Metabolic:** Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete. Available in PWD (16oz can).	Inborn errors of amino acid metabolism in children and adults	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Mead Johnson 6 cans/case
Phenex 1	352	**Metabolic:** Phenylalanine and lactose-free; for infants and toddlers. Available in PWD (14.1oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For infants and toddlers.	Abbott 6 cans/case
Phenex 2	353	**Metabolic:** Phenylalanine and lactose-free; nutritionally incomplete; for children and adults. Available in PWD (14.1oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Abbott 6 cans/case vanilla
Phenyl Free 1	311	**Metabolic:** Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For infants and toddlers.	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Phenyl Free 2	297	**Metabolic:** Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder. Available in PWD (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case
Phenyl Free 2HP	298	**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 (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case
PhenylAde 60 Drink Mix	545	**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 (1lb can).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Nutricia 4 cans/case unflavored, vanilla
PhenylAde Drink Mix	338	**Metabolic:** Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents. Available in PWD (454g can).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Nutricia 4 cans/case vanilla, strawberry, orange crème
PhenylAde Essential	501	**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 (454g can).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Nutricia 4 cans/case vanilla, strawberry, orange crème, chocolate

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
PhenylAde MTE Amino Acid Blend	547	**Metabolic:** Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder. Available in PWD (1lb can).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Nutricia 4 cans/case
Phlexy - 10 Drink Mix	439	**Metabolic:** Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete. Available in PWD (20g pack).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 3 years and older and adults. Can only issue to women and children.	Nutricia 30 packs/case black currant, apple, tropical sunrise
PKU Air20	617	**Metabolic:** Phenylalanine-free* with docosahexaenoic acid (DHA); nutritionally incomplete; 20g protein equivalents/174 mL pouch. Contains tuna oil, and soy. Available in RTU (5.88oz ctnr).	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children 3 years and older and adults. Can only issue to women and children.	Vitaflo 30 ctnrs/case green - citrus twist, gold - coffee fusion, yellow - mango breeze smallest available unit: must order in multiples of 30
PKU GoLike 4-16	718	**Metabolic:** Phenyalanine-free; nutritionally incomplete; contains 19 amino acids; gluten-free, dairy-free, added-sugar free; 71 calories and 15 grams protein per packet; intended to be added to food or beverages. Available in PWD (0.8oz pkt)	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Eton Pharmaceuticals Unflavored Case of 30 (0.8oz) packets
PKU GoLike 16+	719	**Metabolic:** Phenyalanine-free; nutritionally incomplete; contains 19 amino acids; gluten-free, dairy-free, added-sugar free; 94 calories and 20 grams protein per packet; intended to be added to food or beverages. Available in PWD (1.1oz pkt)	Phenylketonuria (PKU)	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Eton Pharmaceuticals Unflavored Case of 30 (1.1oz) packets

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

[a]Smallest Available Unit is 1 container unless otherwise noted.

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Pregestimil 24	461	**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 (2oz btl).	Increased calorie needs with one of the following: 1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES 5. Severe protein calorie malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Mead Johnson 48 bottles/case smallest available unit: 6 bottles
Pregestimil DHA/ARA	036	**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. Powder should be measured with packed, level scoop. Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate. Available in PWD (16oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food Allergies (cow's milk, soy, or intact protein)/FPIES 5. Severe protein calorie malnutrition	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson 6 cans/case
Promote	213	**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 (8oz ctnr).	1. Pressure ulcers 2. At risk for protein-energy malnutrition 3. Low caloric and/or wound healing needs 4. Increased calorie needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case Vanilla smallest available unit: 6-pack

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Promote w/Fiber	214	**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 (8oz ctnr).	Increased fiber needs with one of the following: 1. Pressure ulcers 2. At risk for protein-energy malnutrition 3. Low caloric and/or wound healing needs 4. Increased calorie needs	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case Vanilla smallest available unit: 6-pack
Pro-Phree	356	**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 (14.1oz can).	Medical condition with a need for reduced protein intake in infants or toddlers	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency	Abbott 6 cans/case
Propimex 1	354	**Metabolic:** Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers. Available in PWD (14.1oz can).	Propionic or methylmalonic acidemia in infants or toddlers	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 24 cans/case
Propimex 2	355	**Metabolic:** Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults. Available In PWD (14.1oz can).	Propionic or methylmalonic acidemia	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 6 cans/case
Pulmocare	219	**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 (8oz ctnr).	Respiratory condition	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, strawberry smallest available unit: 6-pack

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
PurAmino	460	**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. Similar to Alfamino, Elecare, Neocate DHA/ARA, Neocate Syneo Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 5. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Recommendations:** A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Mead Johnson 4 cans/case
PurAmino Jr	599	**Elemental:** 30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water. Similar to Alfamino Jr., Elecare Jr, Equacare Jr., Essential Care Jr., Neocate Jr. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. GER/GERD 4. Food allergies (cow's milk, soy or intact protein)/FPIES 5. Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	**Requirements:** Documentation: RX and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Mead Johnson 4 cans/case unflavored, vanilla
RCF (Ross Carbohydrate Free)	230	**Special Medical Conditions:** 20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately. Available in CON (13oz can).	**Non-metabolic reason:** Seizure disorders requiring a ketogenic diet **Metabolic reason:** Carbohydrate intolerance.	**Requirements for Non-Metabolic Reasons:** Documentation: Rx and Formula history Approval Authority: State Agency **Requirements for Metabolic Reasons:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 12 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Real Food Blends	688	**Special Medical Conditions:** 34-36 cal/oz, blenderized whole foods with 1 serving of fruits/vegetables; tree nut-free, soy-free, gluten-free and dairy-free; not a sole source of nutrition (nutritionally incomplete); primarily designed for tube feeding or enteral feeding with tube size >14 Fr or larger G-tube; bolus feeding and gravity feeding require additional liquid; for use under medical supervision only. Similar to Compleat Pediatric Organic Blends and Nourish. Available in RTU (9.4oz pouches)	1. Tube Feeding 2. FTT or malnutrition 3. Food allergies 4. Poor GI tolerance to other formulas	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Nutricia 12 pouches/case • Chicken Carrots & Brown Rice • Salmon Oats & Squash • Quinoa Kale & Hemp • Eggs Apple & Oats • Turkey Sweet Potato & Peaches
Renalcal	222	**Special Medical Conditions:** 60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU (250mL ctnr).	Renal failure	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Renastart	600	**Special Medical Conditions:** 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD (14.1oz can).	Renal disease	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** For children over 1 year of age. **Additional Information:** Temporarily available to infants under 1 year of age.	Vitaflo unflavored smallest available unit: 1 can
Renastep	640	**Special Medical Conditions:** 60 cal/oz, high calorie, low in potassium, chloride, phosphorous, calcium and vitamin A; enriched with DHA; 128 mOsm/L renal solute load, 700 mOsm/kg; for oral or tube feeding under medical supervision only; not intended as a sole source of nutrition. Similar to Suplena. Available in RTU (15-6.76oz ctnr).	1. Chronic Kidney Disease 2. Kidney transplant complication, rejection or failure.	**Requirements:** Documentation: Rx and Formula history Approval Authority: State Agency **Limitations:** For children over 1 year of age. **Additional Information:** Temporarily available to infants under 1 year of age.	Vitaflo 15 ctnrs/case Vanilla smallest available unit: 1 case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Replete w/Fiber	224	**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 (250mL ctnr).	Increased protein needs with one of the following: 1. Pressure ulcers 2. Burns 3. Surgical wounds 4. Fiber needs for bowel function	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Resource 2.0	177	**Increased Calorie Supplement:** 60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN. Available in RTU (8oz ctnr).	1. Increase calorie needs 2. Increased protein needs 3. Fluid restriction	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Similac for Diarrhea	019	**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 (32oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue 1 month at a time. **Recommendations:** Should only be used for a short duration - no longer than 10 days.	Abbott 6 cans/case
Similac Human Milk Fortifier Concentrated Liquid	644	**Premature/LBW:** Supplement for mother's milk collected after 2 weeks postpartum; milk-based concentrated liquid, low in iron, enriched with MCT, nutritionally incomplete, Halal and Kosher. Similar to Enfamil Human Milk Foritifier Available in RTU (5 mL packet)	1. Prematurity (<37 weeks) 2. Low or very low birth weight (LBW/VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** Can only issue 1 month at a time. Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight. **Recommendations:** 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 5mL/packet, 24 packets/carton, 6 cartons/case

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

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Similac Special Care 24 High Protein	596	**Premature/LBW:** 24 cal/oz, preterm; 3.3 g of protein /100 cal. Similar to Enfamil Premature High Protein 24. Available in RTU (2oz btl).	1. Prematurity (<37 weeks) with increased protein needs 2. Low birth weight or very low birth weight (LBW, VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** 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 48 bottles/case
Similac Special Care 30	503	**Premature/LBW:** 30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender. Similar to Enfamil Premature 30. Available in RTU (2oz btl).	1. Prematurity (<37 weeks) 2. Low birth weight or very low birth weight (LBW, VLBW)	**Requirements:** Documentation: Rx and Complete assessment Approval Authority: State Agency **Limitations:** 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 48 bottles/case
SOD Anamix Early	578	**Metabolic:** Methionine, cysteine-free with prebiotic fiber. Available in PWD (400g can).	Sulfite oxydase deficiency	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For infants and young children.	Nutricia 6 cans/case
Suplena	239	**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 (8oz ctnr).	1. Renal disease/low mineral condition 2. Fluid restriction 3. Protein restriction	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 24 ctnrs/case vanilla

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

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Tyrex 1	357	**Metabolic:** Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD (14.1oz can).	Tyrosinemia type I, II, or III	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Tyrex 2	358	**Metabolic:** Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD (14.1oz can).	Tyrosinemia type I, II, or III	**Requirements:** Documentation: Metabolic prescription form Approval Authority**:** State Agency **Limitations:** Can only issue to women and children.	Abbott 6 cans/case
TYROS 1	467	**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 (16oz can).	Tyrosinemia or other inborn errors of tyrosine metabolism	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
TYROS 2	330	**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 (16oz can).	Tyrosinemia or other inborn errors of tyrosine metabolism	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Mead Johnson 6 cans/case
UCD Anamix Jr.	548	**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. Available in PWD (400g can).	Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** Can only issue to women and children.	Nutricia 6 cans/case unflavored, vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
Vital HN	249	**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 (2.79oz packet).	1. Condition that impairs digestion/absorption 2. GI Disorder	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Abbott 6 packets/carton, 4 cartons/case vanilla smallest available unit: 6 packets
Vivonex Pediatric	723	**Elemental:** 24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 70% MCT oil; for oral or tube feeding. Available in PWD (14.1oz can).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Surgery or trauma	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 6 cans/case
Vivonex Plus	251	**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 (2.8oz packet).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Surgery or trauma	**Requirements:** Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 36 packets/case
Vivonex T.E.N.	252	**Elemental:** 30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding. Available in PWD (2.84oz packet).	1. Condition that impairs digestion/absorption 2. GI Disorder 3. Surgery or trauma	**Requirements:** Documentation: RX and Formula history Approval Authority: Local Agency - Certifying Authority **Limitations:** Can only issue to women and children.	Nestle 60 packets/case
WND 1	468	**Metabolic:** Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder. Available in PWD (16oz can).	Urea cycle disorders	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:**For infants and toddlers.	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging[a]
WND 2	331	**Metabolic:** Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Urea cycle disorders	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case
XLys, XTrp Maxamum	258	**Metabolic:** Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD (454g can).	Glutaric acidemia type I	**Requirements:** Documentation: Metabolic prescription form Approval Authority: State Agency **Limitations:** For older children and adults. Can only issue to women and children.	Nutricia 6 cans/case orange

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