

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Alfamino Infant	593	<p>Elemental: 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based. 43% of fat is MCT oil.</p> <p>Similar to Elecare DHA/ARA, Neocate DHA/ARA and PurAmino.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	Nestle 6 cans/case
Alfamino Junior	594	<p>Elemental: 30 cal/oz, hypoallergenic amino acid based. 63% of fat is MCT oil.</p> <p>Similar to Elecare Jr, Equacare Jr, Essential Care Jr, Neocate Jr and Puramino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nestle 6 cans/case unflavored, vanilla
Alimentum	598 (PWD) 395 (RTU)	<p>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.</p> <p>Similar to Extensive HA, Nutramigen, Pregestimil.</p> <p>Available in PWD (12.1oz can) and RTU (32oz ctrn).</p>	<ol style="list-style-type: none"> 1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 	<p>Requirements:</p> <p>Documentation: Rx and Formula history.</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p>	Abbott Code 598: 6 cans/case Code 395: 6 ctrns/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
Benecalorie	528	Modular: 220 cal/oz; 330 cal per 1.5 oz ctr; 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 ctr).	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 ctns/case smallest available unit: 24 ctns
BetaQuik MCT	571	Modular: 18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU (8.45oz ctr).	1) Increased calorie needs 1) Ketogenic diet 2) Condition that impairs digestion/absorption 3) Defective lymphatic transport of fat 4) Conditions with decreased pancreatic lipase and/or decreased bile salts	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Can only issue to women and children 3 years of age and older.	Vitafo 18 ctns/case smallest available unit: 18 ctns
Boost	428	Increased Calorie Supplement: 31 cal/oz, lactose-free and nutritionally complete. Similar to Ensure. Available in RTU (8oz ctr).	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 ctns/case vanilla, chocolate, strawberry, butter pecan

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Boost Breeze	496	<p>Increased Calorie Supplement: 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>27 ctnrs/case</p> <p>orange, peach, berry, variety (mixed flavors)</p>
Boost High Protein	274	<p>Increased Calorie Supplement: 30 cal/oz, high-protein, lactose-free, nutritionally complete.</p> <p>Similar to Ensure High Protein.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Increased protein needs 2) Cancer 3) Wounds 4) Surgery 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>
Boost Kid Essentials	492	<p>Increased Calorie Supplement:</p> <p>30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials.</p> <p>Similar to Pediasure.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Boost Kid Essentials 1.5	475	<p>Increased Calorie Supplement: 45 cal/oz, lactose-free; nutritionally complete; contains MCT oil.</p> <p>Similar to Pediasure 1.5.</p> <p>Available in RTU (8oz ctnr).</p>	<p>1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p> <p>Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.</p>	<p>Nestle 27 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>
Boost Kid Essentials 1.5 w/Fiber	476	<p>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.</p> <p>Similar to Pediasure 1.5 w/ Fiber.</p> <p>Available in RTU (8oz ctnr).</p>	<p>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</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p> <p>Recommendations: Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.</p>	<p>Nestle 27 ctnrs/case vanilla</p>
Boost Plus	429	<p>Increased Calorie Supplement: 46 cal/oz, lactose-free, high-calorie; nutritionally complete.</p> <p>Similar to Ensure Plus.</p> <p>Available in RTU (8oz ctnr).</p>	<p>1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for adults. Can only issue to women and children.</p>	<p>Nestle 24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Boost Pudding	275	Increased Calorie Supplement: 240 cal/5 oz, lactose-free; nutritionally complete. Similar to Ensure Pudding. Available in RTU (5oz cup).	1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency - Certifying Authority Limitations: Limit issuance to 3 per day or 96 per month. Can only issue to women and children.	Nestle 4 cups/carton vanilla, chocolate, butterscotch smallest available unit: 4-pack
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) Failure 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 27 ctnrs/case vanilla
Bright Beginnings Soy Pediatric Drink	434	Increased Calorie Supplement: 30 cal/oz, lactose-free, soy-based, with DHA and prebiotics; nutritionally complete; for oral or tube feeding; contains 3 g fiber per 8 oz can. Available in RTU (8oz can).	1) Food allergies (cow's milk or intact protein)/FPIES 2) Increased calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Tube Feeding 6) Oral motor feeding issues/aversions 7) Galactosemia	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	PBM Products 24 cans/case vanilla smallest available unit: 6-pack
Calcilo XD	470	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 (13.2oz 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Carb Zero	572	Modular: 18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU (8.45oz ctnr).	1) Ketogenic diet 2) LCT (long chain triglycerides) needs	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: Can only issue to women and children.	Vitaflo 18 ctnrs/case smallest available unit: 18 ctnrs
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 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).	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 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Compleat Pediatric Peptide 1.5	635	<p>Special Medical Conditions: 44 cal/oz, blenderized; nutritionally complete; made from foods; high calorie; peptide-based; vegan, plant-based; hypoallergenic; dairy-free, lactose-free, gluten-free, soy-free, nut-free, corn-free; 40% of fat is MCT; hydrolyzed pea protein, L-cysteine; 3/8 cup vegetable per 250 mL serving; primarily designed for tube feeding;</p> <p>Similar to Kate Farms Peptide 1.5.</p> <p>Available in RTU (8.45oz ctnr).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for children. Can only issue to women and children.</p>	Nestle 24 ctnrs/case unflavored
Compleat Pediatric Reduced Calorie	539	<p>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.</p> <p>Available in RTU (250mL ctnr).</p>	<p>Decreased calorie needs for tube feeding only:</p> <ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Developmental delays (sensory and motor) 3) Neurological conditions 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for children. Can only be issued to women and children.</p>	Nestle 24 ctnrs/case unflavored
Compleat Pediatric Standard 1.0	686	<p>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.</p> <p>Available in RTU (250mL ctnr).</p>	<ol style="list-style-type: none"> 1) Tube Feeding 2) Food allergies 3) FTT or malnutrition 4) Inadequate growth 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for children. Can only be issued to women and children.</p>	Nestle 24 ctnrs/case vanilla

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctrns/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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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, homocitrullinuria) 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Elecare DHA/ARA	479	<p>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.</p> <p>Similar to Alfamino, Neocate DHA/ARA and PurAmino.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	Abbott 6 cans/case unflavored
EleCare Jr	515	<p>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.</p> <p>Similar to Alfamino Jr., Equacare Jr., Essential Care Jr., Neocate Jr. and Puramino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Abbott 6 cans/case unflavored, vanilla, banana, chocolate
Encala	639	<p>Special Medical Conditions: 50 calories per scoop, standard serving size is 2 scoops to 10 fl. oz. water; tapioca-based; dairy-free, gluten-free; contains soy with lysophosphatidylcholine; enriched with oleic and linolenic acid.</p> <p>Available in PWD (9.7oz pouch).</p>	<ol style="list-style-type: none"> 1) Cystic Fibrosis 2) Exocrine Pancreatic Insufficiency 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Envara Health unflavored

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
EnfaCare/Enfamil Neuropro Enfacare	371 (PWD) 623 (RTU)	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) and RTU (2oz btl).	1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age 2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS 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
Enfagrow Premium Toddler	608 (24oz) 690 (32oz)	Special Medical Conditions: 23 cal/oz, milk-based toddler formula with prebiotics. Similar to Good Start Grow 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 older than 1 year.	Mead Johnson 4 cans/case vanilla, natural milk
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. Similar to Similac for Spit-Up. 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 Formula history Approval 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil Gentlease	668	<p>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.</p> <p>Similar to Similac Total Comfort and Good Start SoothePro.</p> <p>Available in PWD (12.4oz can).</p>	<p>Current contract partially hydrolyzed milk-based formula. Intolerance to Enfamil Infant, digestive issues, and/or colic.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions 	<p>Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS</p> <p>Requirements for Ages Over 1 year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS</p>	<p>Mead Johnson 6 cans/case</p> <p>Contract Formula</p>
Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)	305 (PWD) 510 (RTU)	<p>Premature/LBW: Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil.</p> <p>Available in PWD (0.71g packet) and RTU (5mL vial).</p>	<ol style="list-style-type: none"> 1) Prematurity (37 weeks) 2) Low or very low birth weight (LBW/VLBW) 	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>Limitations: Can only issue 1 month at a time.</p> <p>Recommendations: Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk. *Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL.</p>	<p>Mead Johnson Code 305: 100 packets/carton, 2 cartons/case</p> <p>Code 510: 100 vials/carton, 2 cartons/case</p> <p>smallest available unit: Code 305: 100 packets Code 510: 100 vials</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil Infant	663 (PWD) 664 (CON) 665 (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 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 Formula history Approval Authority: Local Agency - All WCS	Mead Johnson Code 663 and 665: 6 cans/case Code 664: 12 cans/case Contract Formula
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil Premature 30	557	<p>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.</p> <p>Similar to Similac Special Care 30 w/ Iron.</p> <p>Available in RTU (2oz btl).</p>	<p>1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>Limitations: Can only issue 1 month at a time.</p> <p>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.</p>	<p>Mead Johnson 6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p>
Enfamil Reguline	670	<p>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.</p> <p>Similar to Enfamil Gentlease, Similac Total Comfort and Good Start SoothePro.</p> <p>Available in PWD (12.4oz can).</p>	<p>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</p>	<p>Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS</p> <p>Requirements for Ages Over 1 year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS</p>	<p>Mead Johnson 6 cans/case</p> <p>Contract Formula</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfaport	564	<p>Special Medical Conditions: 30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants.</p> <p>Available in RTU (6oz-6pack = 36oz).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p>	<p>Mead Johnson</p> <p>4-6 packs/case (24-6oz ctnrs)</p>
Ensure	075	<p>Increased Calorie Supplement: 31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container.</p> <p>Similar to Boost.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for adults. Can only issue to women and children.</p>	<p>Abbott</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, coffee latte, strawberry, butter pecan, banana nut</p>
Ensure Clear	606	<p>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.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Complete Assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Abbott</p> <p>24 ctnrs/case</p> <p>apple, mixed berry blueberry, mixed fruit</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
Ensure Pudding	122	Increased Calorie Supplement: 170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS). Similar to Boost Pudding. Available in RTU (4oz cup).	1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Limit issuance to 3 per day or 96 per month. Can only issue to women and children.	Abbott 4 cups/carton vanilla, chocolate smallest available unit: 4-pack
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
ENU Shake	633	<p>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.</p> <p>Similar to Ensure High Protein Therapeutic, Boost High Protein, Boost Plus.</p> <p>Available in RTU (6-8.5oz ctnr).</p>	<p>GI Disorder with one or more of the following conditions:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Increased protein needs 3) Fluid restriction 4) Tube Feeding 5) Cystic Fibrosis 6) Cancer 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for adults. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6-pack</p> <p>vanilla, chocolate</p>
Equacare Jr	627	<p>Elemental: 30 cal/oz standard dilution; hypoallergenic; nutritionally complete; 100% free amino acids; 33% of fat is MCT oil; for oral or tube feeding.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr, PurAmino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 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 elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophogatis 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6 cans/case</p> <p>unflavored, vanilla, chocolate</p>
Essential Care Jr	628	<p>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.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr., PurAmino Jr.</p> <p>Available in PWD (14.1oz pouch).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6 pouches/case</p> <p>unflavored, white chocolate, vanilla, citrus</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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, Nutramigen and Pregestimil. Available in PWD (14.1 oz 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 - Formula-certified WCS	Gerber 6 cans/case
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 & 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. Available in RTU (4oz ctnr).	1) Increased calorie needs 2) Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles 3) Inadequate Growth 4) Fluid Restriction 5) Tube Feeding	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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 Jr GA-1 Drink Mix	540	Metabolic: Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD (400g can).	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case
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.	Abbott 6 cans/case
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.	Vitafo 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 ctrn).	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 ctrns/case vanilla

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Good Start Grow (3)	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 (discontinued name: XMet 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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctrns/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctrn).	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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
IVA Maxamum (discontinued name: XLeu 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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 deficiency (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; enriched with DHA/ARA, FOS/GOS prebiotics. Similar to Ketocal 3:1. Available in RTU (8.5oz 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
KetoVie 4:1	630	<p>Special Medical Conditions: High-fat, low carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 25% of calories is MCT oil; enriched with DHA, inulin prebiotics.</p> <p>Similar to Ketocal 4:1.</p> <p>Available in RTU (8.5oz ctnr).</p>	<p>Non-metabolic reason: 1) intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case</p> <p>vanilla, chocolate</p> <p>smallest available unit: must order in multiples of 30</p>
KetoVie 4:1 Peptide	629	<p>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.</p> <p>Available in RTU (8.5oz ctnr).</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case unflavored</p> <p>smallest available unit: must order in multiples of 30</p>
KetoVie 4:1 Unflavored	632	<p>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.</p> <p>Available in RTU (8.5oz ctnr).</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case unflavored</p> <p>smallest available unit: must order in multiples of 30</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctns/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
Lophlex LQ PKU	499	Metabolic: Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU (4.2oz ctrn).	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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
MCT Oil	425	Modular: 8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU (32oz ctnr).	1) Condition that impairs digestion/absorption 2) Defective lymphatic transport of fat 3) Conditions with decreased pancreatic lipase and/or decreased bile salts 4) Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency	Nestle 6 bottles/case
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-responsive methylmalonic acidemia or propionic acidemia in infants or young children.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 (discontinued name XMTVI 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Monogen	449	<p>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.</p> <p>Similar to Portagen.</p> <p>Available in PWD (400g can).</p>	<p>1) Chylolthorax 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</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p>	Nutricia 6 cans/case
MSUD Anamix Early	575	<p>Metabolic: Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding.</p> <p>Available in PWD (400g can).</p>	Maple syrup urine disease (MSUD).	<p>Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency</p>	Nutricia 6 cans/case
MSUD Maxamum	173	<p>Metabolic: Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder.</p> <p>Available in PWD (454g can).</p>	Maple syrup urine disease (MSUD) in older children and adults	<p>Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children.</p>	Nutricia 6 cans/case orange

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Neocate w/DHA/ARA	440	<p>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.</p> <p>Similar to Alfamino, PurAmino and Elecare.</p> <p>Available in PWD (400g can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	Nutricia 4 cans/case
Neocate Junior	332	<p>Elemental: 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Unflavored: 1 Tbsp = 7 g; 1 C = 100 g;</p> <p>Similar to Alfamino Jr., Elecare Jr., Equacare Jr., Essential Care Jr., Puramino Jr.</p> <p>Available in PWD (400g can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nutricia 4 cans/case unflavored
Neocate Junior with Prebiotics	504	<p>Elemental: 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil. 1 scoop = 1 Tbsp = 7.7 g (Unflavored), 7.5 g (Chocolate), 7.3 g (Vanilla, Strawberry, Tropical)</p> <p>Available in PWD (400g can).</p>	<ol style="list-style-type: none"> 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. 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nutricia 4 cans/case unflavored, vanilla, strawberry, chocolate, tropical fruit

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Neocate Nutra	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 (14oz 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: State Agency Limitations: For infants 6 months of age or older. Typically issued with another formula.	Nutricia 3 cans/case
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 ctrn).	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.	Nutricia 27 ctrns/case unflavored, grape, orange-pineapple, tropical fruit, vanilla
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. 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 (Extensive HA, Nutramigen, Alimentum, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia 4 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
NeoSure	370 (PWD) 430 (RTU) Large PWD: 662	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 to infants up to 12 months chronological age. 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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nourish Peptide	642	<p>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.</p> <p>Similar to Compleat Pediatric Peptide 1.5</p> <p>Available in RTU (12oz pouch).</p>	<ol style="list-style-type: none"> 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 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p>	<p>Functional Formularies</p> <p>24 pouches/case</p>
NovaSource Renal	176	<p>Special Medical Conditions: 60 cal/oz, lactose-free, high-calories; with MCT oil.</p> <p>Available in RTU (8oz ctrn).</p>	<ol style="list-style-type: none"> 1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p>	<p>Nestle</p> <p>27 ctrns/case</p> <p>vanilla</p>
Nutramigen	031 (CON) 024 (RTU)	<p>Protein Hydrolysate: 20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil.</p> <p>Available in CON (13oz can) & RTU (32oz can).</p>	<ol style="list-style-type: none"> 1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Condition that impairs digestion/absorption 3) GER/GERD 4) GI Disorder 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p>	<p>Mead Johnson</p> <p>Code 031: 12 cans/case</p> <p>Code 024: 6 cans/case</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nutramigen LGG	480 Large: 658 657	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. Some similarities to Extensive HA, Alimentum, and Pregestimil. Available in PWD (12.6oz, 19.8oz, 27.8oz can).	1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Condition that impairs digestion/absorption 3) GER/GERD 4) GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson 6 cans/case
Nutramigen Toddler	555	Protein Hydrolysate: 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops. Available in PWD (12.6oz can).	Medical need for 20 cal/oz with: 1) Food allergies (cow's milk, soy or intact protein)/FPIES 2) Condition that impairs digestion/absorption 3) GER/GERD 4) GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS Limitations: For children over 1 year of age. Can only issue to children. Additional Information: Limited availability through Spring 2023	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 ctrn).	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 ctrns/case vanilla
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 ctrn).	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 ctrns/case vanilla

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctnsr/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 ctrn).	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 ctnsr/case vanilla
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 ctrn).	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 ctnsr/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 ctrn).	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 ctnsr/case vanilla

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PediaSure	034 (RTU) 677 (PWD)	<p>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.</p> <p>Similar to Boost Kid Essentials.</p> <p>Available in RTU (8oz ctnr) and PWD (14.1oz can)</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Abbott</p> <p>Code 034: 16 ctnrs/case vanilla, chocolate</p> <p>24 ctnrs/case vanilla, chocolate, strawberry, banana crème, smores</p> <p>Code 677: 1 can, vanilla, chocolate, strawberry</p> <p>smallest available unit: 6-pack at retail only</p>
PediaSure w/Fiber	035	<p>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.</p> <p>Available in RTU (8oz ctnr).</p>	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Abbott</p> <p>24 ctnrs/case vanilla, strawberry</p> <p>smallest available unit: 6 ctnrs/carton</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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) 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 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) 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 Harvest	624	Increased Calorie Supplement: 30 cal/oz, blenderized, made with food; plant-based; milk-free, lactose-free, gluten-free; primarily designed for tube feeding, suitable for bolus syringe, gravity syringe, and pump-assisted tube feeding; for use under medical supervision; Available in RTU (8oz ctnr).	1) Tube Feeding 2) Increased calorie needs 3) Inadequate growth 4) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PediaSure 1.5	506	<p>Increased Calorie Supplement: 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370.</p> <p>Similar to Boost Kid Essentials 1.5.</p> <p>Available in RTU (8oz ctrn).</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p> <p>Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.</p>	Abbott 24 ctnrs/case vanilla
PediaSure 1.5 w/Fiber	507	<p>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.</p> <p>Similar to Kid Essentials 1.5 with Fiber.</p> <p>Available in RTU (8oz ctrn).</p>	<p>Increased fiber needs and/or one or more of the following:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p> <p>Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.</p>	Abbott 24 ctnrs/case vanilla
PediaSure Peptide 1.0	514	<p>Increased Calorie Supplement: 30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil.</p> <p>Available in RTU (8oz btl).</p>	<ol style="list-style-type: none"> 1) Condition that impairs digestion/absorption 2) GI Disorder 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	Abbott 24 bottles/case vanilla, strawberry, unflavored

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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.	Vitafo 30 ctnrs/case green - citrus twist, gold - coffee fusion, yellow - mango breeze smallest available unit: must order in multiples of 30
PKU Maxamum (discontinued name: XPhe 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Portagen	597	<p>Special Medical Conditions: 30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1.</p> <p>Similar to Monogen.</p> <p>Available in PWD (14.46oz can).</p>	<p>1) Chyllothorax 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</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p>	Mead Johnson 6 cans/case
Pregestimil 24	461	<p>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.</p> <p>Available in RTU (2oz btl).</p>	<p>Increased calorie needs with one of the following: 1) GI Disorder 2) Condition that impairs digestion/absorption 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS</p>	Mead Johnson 48 bottles/case smallest available unit: 6 bottles
Pregestimil DHA/ARA	036	<p>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.</p> <p>Some similarities to Extensive HA, Alimentum and Nutramigen.</p> <p>Available in PWD (16oz can).</p>	<p>1) GI Disorder 2) Condition that impairs digestion/absorption 3) Food allergies (cow's milk, soy or intact protein)/FPIES 4) Severe protein calorie malnutrition</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS Additional Information: Limited availability through Spring 2023</p>	Mead Johnson 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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 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 (Extensive HA, Nutramigen, Alimentum, 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. Additional Information: Limited availability through Spring 2023	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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Real Food Blends	688	<p>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.</p> <p>Similar to Compleat Pediatric Organic Blends and Nourish.</p> <p>Available in RTU (9.4oz pouches)</p>	<p>1) Tube Feeding 2) FTT or malnutrition 3) Food allergies 4) Poor GI tolerance to other formulas</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p>	<p>Nutricia 12 pouches/case -Chicken Carrots & Brown Rice -Salmon Oats & Squash -Quinoa Kale & Hemp -Eggs Apple & Oats -Turkey Sweet Potato & Peaches</p>
Renalcal	222	<p>Special Medical Conditions: 60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil.</p> <p>Available in RTU (250mL ctnr).</p>	Renal failure	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Nestle 24 ctnrs/case unflavored</p>
Renastart	600	<p>Special Medical Conditions: 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A.</p> <p>Available in PWD (14.1oz can).</p>	Renal disease	<p>Requirements: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Limitations: For children over 1 year of age.</p> <p>Additional Information: Temporarily available to infants under 1 year of age.</p>	<p>Vitafo unflavored smallest available unit: 1 can</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Renastep	640	<p>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.</p> <p>Similar to Suplena.</p> <p>Available in RTU (15-6.76oz ctrn).</p>	<p>1) Chronic Kidney Disease 2) Kidney transplant complication, rejection or failure.</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Limitations: For children over 1 year of age.</p> <p>Additional Information: Temporarily available to infants under 1 year of age.</p>	<p>VitaFlo 15 ctns/case vanilla</p> <p>smallest available unit: 1 case</p>
Replete w/Fiber	224	<p>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.</p> <p>Available in RTU (250mL ctrn).</p>	<p>Increased protein needs with one of the following: 1) Pressure ulcers 2) Burns 3) Surgical wounds 4) Fiber needs for bowel function</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Nestle 24 ctns/case vanilla</p>
Resource 2.0	177	<p>Increased Calorie Supplement: 60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN.</p> <p>Available in RTU (8oz ctrn).</p>	<p>1) Increase calorie needs 2) Increased protein needs 3) Fluid restriction</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Nestle 24 ctns/case vanilla</p> <p>27 ctns/case vanilla</p>
Scandishake	233	<p>Increased Calorie Supplement: 75 cal/oz when mixed with whole milk; nutritionally incomplete.</p> <p>Available in PWD (12oz packet).</p>	<p>Increased calorie needs</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Aptalis 4 packets/box; 6 boxes per case</p> <p>chocolate, strawberry, vanilla</p> <p>Issued by box only</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Scandishake w/Aspartame	234	Increased Calorie Supplement: 75 cal/oz when mixed with whole milk; nutritionally incomplete, sweetened with aspartame. Available in PWD (12oz packet).	Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Aptalis 6 cans/case vanilla, chocolate
Scandishake Lactose Free	232	Increased Calorie Supplement: 65 cal/oz when mixed with soy beverage; lactose-free; nutritionally incomplete. Available in PWD (12oz packet).	Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Aptalis 4 packets/box; 6 boxes per case vanilla, chocolate Issued by box only
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Similac Go & Grow Toddler	602: (Blue Can) 626: Non-GMO 2'-FL HMO (Silver Can)	602 Special Medical Conditions: 17.5 calories/oz, milk-based with prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E. 626 Special Medical Conditions: 17.5 calories/oz, non-GMO, milk-based with 2'FL HMO prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E. Similar to Enfagrow Toddler and Good Start Grow. Available in PWD (24oz/1lb 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 older than 1 year. Additional Information: Healthcare provider can prescribe either can depending on availability.	Abbott Code 602: 6 cans/case Code 626: 6 cans/case
Similac Human Milk Fortifier (SHMF)	235	Premature/LBW: Supplement for mother's milk collected after 2 weeks postpartum; nutritionally incomplete. Similar to Enfamil HMF. Available in PWD (0.9g 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 0.9 grams/packet, 50 packets/carton, 3 cartons/case smallest available unit: 50 packets

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Similac Human Milk Fortifier Concentrated Liquid	644	<p>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.</p> <p>Similar to Enfamil Human Milk Fortifier</p> <p>Available in RTU (5 mL packet)</p>	<p>1) Prematurity (<37 weeks) 2) Low or very low birth weight (LBW/VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>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.</p> <p>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.</p>	Abbott 5mL/packet, 24 packets/carton, 6 cartons/case
Similac Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid	645	<p>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.</p> <p>Similar to Enfamil HMF Acidified Liquid</p> <p>Available in RTU (24-5mL packet)</p>	<p>1) Prematurity (<37 weeks) 2) Low or very low birth weight (LBW/VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>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.</p> <p>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.</p>	Abbott 5mL/packet, 24 packets/carton, 6 cartons/case smallest available unit: 24 packets
Similac PM 60/40	042	<p>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.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Hypocalcemia 2) Hyperphosphatemia 3) Renal disease/low mineral condition</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p>	Abbott 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Similac Soy Isomil	389 (PWD) 391 (CON) 390 (RTU) Large (PWD): 674	Soy-Based Infant Formula: 20 cal/oz, lactose-free, soy-based. Available in PWD (12.4oz and 30.8oz 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 Formula history Approval Authority: Local Agency - All WCS	Abbott Code 389: 6 cans/case Code 391: 12 cans/case Code 390: 6 ctnrs/case Contract Formula
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
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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 ctrn).	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 ctrns/case vanilla
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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
TwoCal HN	245	<p>Increased Calorie Supplement: 60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding.</p> <p>Similar to Resource 2.0.</p> <p>Available in RTU (8oz ctnr).</p>	<p>Fluid restriction with:</p> <p>1) Increased protein needs 2) Increased calorie needs</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Abbott 24 ctnrs/case vanilla, butter pecan</p>
TYR Anamix Early	582	<p>Metabolic: Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g.</p> <p>Available in PWD (400g can).</p>	Tyrosinemia	<p>Requirements:</p> <p>Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For infants and young children.</p>	<p>Nutricia 6 cans/case</p>
TYR Anamix Next	568	<p>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.</p> <p>Available in PWD (400g can).</p>	Tyrosinemia	<p>Requirements:</p> <p>Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children.</p>	<p>Nutricia 6 cans/case</p>
Tyrex 1	357	<p>Metabolic: Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder.</p> <p>Available in PWD (14.1oz can).</p>	Tyrosinemia type I, II, or III	<p>Requirements:</p> <p>Documentation: Metabolic prescription form Approval Authority: State Agency</p>	<p>Abbott 6 cans/case</p>
Tyrex 2	358	<p>Metabolic: Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder.</p> <p>Available in PWD (14.1oz can).</p>	Tyrosinemia type I, II, or III	<p>Requirements:</p> <p>Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children.</p>	<p>Abbott 6 cans/case</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE
October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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	250	Elemental: 24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding. Available in PWD (1.7oz 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

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

October 2022

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
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
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