Missouri WIC Program

Reference Sheets

WIC Formulas, Foods, and Food Packages

Effective October 1, 2008
(11-08 Version)

HANDS Users

WIC and Nutrition Services
Missouri Department of Health and Senior Services
(11-08)

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Summary of Update - Effective October 1, 2008 (Revised - November 1, 2008)

A. Infant Formulas, Exempt Infant Formulas, and Medical Foods

1. Policy Change - Non-Contract Infant Formula Issuance

The Missouri WIC program will no longer approve non-contract infant formulas Effective October 1, 2008.

Participants will be able to redeem their WIC checks printed prior to October 1, 2008 for non-contract infant formulas. However, local WIC provider must not issue WIC checks for non-contract formulas starting on October 1, 2008.

Non-Contract Infant Formulas (Powder, Concentrate, Ready-To-Use/Ready-To-Feed)	
Good Start Essentials	Similac Isomil with Iron
Good Start Supreme	Similac Sensitive
Good Start Supreme DHA & ARA	Similac Sensitive R.S.
Good Start Supreme Soy DHA & ARA	Similac Isomil Advance with Iron
Good Start Natural Cultures	Store Brand Soy Based Formulas
Similac with Iron	Store Brand Milk Based Formulas
Similac Advance with Iron	

2. Discontinued Formulas

Exempt Formulas and Medical Foods	
Carnation® Instant Breakfast® (CIB) Juice Drink	Kindercal with Fiber - Vanilla
Ensure - Vanilla (32 fl oz)	Modulen IBD Complete Nutrition
f.a.a Free Amino Acid Diet	Ross Carbohydrate Free (RCF)
Kindercal - All Flavors	Similac Human Milk Fortifier

3. Formulas and Medical Foods - Size and Packaging Changes

	Old Size	New Size
Similac PM 60/40	16 oz	14.1 oz
KetoCal (3:1) and KetoCal (4:1)	11 oz x 6/case	11 oz x 4/case
NeoCate One+	100 g (10 packets/case)	60 g (15 packets/case)
Ketonex 1 (Metabolic)	12.3 oz	14.1 oz
Ketonex 2 (Metabolic)	11.4 oz	14.1 oz
Enfamil **Premature** LIPIL with Iron (20 calories)	3 fl oz	2 fl oz
Enfamil **Premature** LIPIL with Iron (24 calories)	3 fl oz	2 fl oz
Enfamil LIPIL with Iron (20 calories) - Non-Premature	3 fl oz	2 fl oz
Enfamil LIPIL with Iron (24 calories) - Non-Premature	3 fl oz	2 fl oz
Pregestimil LIPIL (24 calories)	3 fl oz	2 fl oz

4. Unit Size Change in HANDS

Products	Size Plastic Bottle/Can	Unit Size Available at Retail Stores
BOOST - ALL FLAVORS	8 fl oz	6-PACK
ENSURE - ALL FLAVORS	8 fl oz	6-PACK
SIMILAC SPECIAL CARE ADVANCE 24 CAL	2 fl oz	8-PACK
ENFAMIL PREMATURE w/ IRON 20 CAL	2 fl oz	6-PACK
ENFAMIL PREMATURE w/ IRON 24 CAL	2 fl oz	6-PACK
PEDIASURE - ALL FLAVORS	8 fl oz	6-PACK
PEDIASURE W/ FIBER - VANILLA	8 fl oz	6-PACK

5. Formulas and Medical Foods - Name Changes

Name	Manufacturer	New Name	Size
Xphe Analog	Nutricia North America	Periflex Infant	14.1 oz

6. New Food Packages - Bright Beginnings Pediatric Soy Drink (PBM)

Food packages are available for Bright Beginnings Pediatric Soy Drink (PBM). However, local WIC providers must call WIC vendors for its availability before issuing checks. Direct shipment is available through the WIC State office. Currently, Hy Vee, Gerbes, and Kroger grocery stores carry this product. See Page 12.

7. New Exempt Infant Formulas and Medical Foods

Product Name	Brand	Description	Type	Size	Note
Nutramigen AA LIPIL	MJN	Nutramigen AA LIPIL is a hypoallergenic, amino acid–based formula for infants and toddlers with severe cow's milk protein allergy and/or multiple food protein allergies. Hypoallergenic/Metabolic	Powder	14.1 oz.	Food packages are available. (See Page 9)
Pediasure Enteral	Ross	A milk-based, gluten-free and lactose-free formula for tube or oral feeding.	R-T-F	8 fl oz	Page 13
Peptamen Junior with Prebio	Nestlé	For the nutritional management of children ages 1 to 10 with chronic diarrhea, malabsorption, growth failure, short-bowel syndrome, bowel transplants, cerebral palsy, Crohn's disease, HIV/AIDS and cystic fibrosis, as well as other conditions causing impaired gastrointestinal function.	R-T-F	8.45 fl oz	Page 13
Peptamen Junior 1.5	Nestlé	For the nutrition management of children 1-13 for short term management of acute diarrhea; delayed gastric emptying with regurgitation and/or vomiting; hypo albuminemia; acute pancreatitis, or failure on intact protein.	R-T-F	8.45 fl oz	Page 13
Suplena (Suplena® with Carb Steady is the same as Suplena)	Ross	Suplena is low-protein, therapeutic nutrition designed specifically for patients with reduced kidney fnction. Hypoallergenic/Metabolic	R-T-F	8 fl oz	Page 14

B. WIC Approved Foods

1. Food Item Description Changes

Food Item Codes	Current Description on Food Instruments	New Description on Food Instruments	Effective Date
501	N/A	TUNA -WATER PACK ONLY (5 oz)	Aug. 12, 2008
502	N/A	OR TUNA -WATER PACK ONLY (6 oz)	Aug. 12, 2008
150	EGGS - MEDIUM, WHITE	EGGS - LARGE, WHITE	Sep. 1, 2008
160	CHEESE-STORE BRAND/GENERIC	CHEESE - STORE BRAND (8-16 OZ)	Sep. 1, 2008
143	NU-TRISH A/B MILK REDUCED/LOW FAT	ACIDOPHILUS NU-TRISH A/B Milk 1%	Oct. 1, 2008
145	LACTAID MILK - REDUCED/LOW FAT*	LACTAID MILK: SKIM THRU 2%*	Oct. 1, 2008
147	DAIRY EASE MILK - REDUCED/LOW FAT*	DAIRY EASE MILK: SKIM THRU 2%*	Oct. 1, 2008
165	LACTAID MILK - REDUCED/LOW FAT**	LACTAID MILK - SKIM THRU 2%**	Oct. 1, 2008
169	DAIRY EASE MILK - REDUCED/LOW FAT**	DAIRY EASE MILK - SKIM THRU 2%**	Oct. 1, 2008
149	GOAT MILK- REDUCED/LOW FAT (MEYENBERG)	GOAT MILK- LOW FAT (MEYENBERG)	Oct. 1, 2008

* Lactaid Milk and Dairy Ease Milk in 1/2 gallon containers

** Lactaid Milk and Dairy Ease Milk in quart containers.

2. Acidophilus Milk Available in Missouri

ACIDOPHILUS NU-TRISH A/B Milk 1% (Hiland Dairy) in 1/2 gallon container is available. If your participant needs this milk, please contact a local WIC vendor for availability OR the State WIC office at 1-800-392-8208.

3. Discontinued Specialty Milks:

Discontinued Specialty Milks	Sizes	
ACIDOPHILUS MILK-REDUCED/LOW	Quart	1/2 gallon
NU-TRISH A/B MILK-WHOLE	Quart	1/2 gallon
NU-TRISH A/B Milk REDUCED/LOW FAT	Quart	See B.2.

4. Tuna - Water Pack

As manufacturers are changing the tuna can-size from 6 oz to 5 oz, the description of tuna in HANDS was revised to allow participants to purchase tuna in 5-oz cans or in 6-oz cans on August 12, 2008.

Food Item Codes	Food	Size	Issued
501	TUNA - WATER PACK ONLY	5 OZ CAN	5
502	OR TUNA - WATER PACK ONLY	6 OZ CAN	4

Tips for creating an OTH food package:

1) Do not use the food item codes (501 and 502) alone.
2) Use the food item codes together by placing food item code (501) first and then food item code (502).

5. Non Approved Juices

Ready-To-Serve juice in 46 fl oz plastic bottles and shelf stable concentrate are no longer approved.

6. Non Approved Cheese

Store brand cheese in 32-oz packages is no longer approved.

SECTION 2 Reference Sheet - Infant formulas, Exempt Formulas, and Medical Foods - Approval Authority

2.0.1 SYMBOLS, ACRONYMS, AND ABBREVIATIONS:

X= Issue/Eligible to Program Category.	**WIC Cert** = WIC Certifier	**PWD =** Powder	**IF =** Infant Formula
G1 = See Guideline #1 on this page.	**Nutri.** = Local WIC Nutritionist	**Conc. =** Concentrate	**EIF =** Exempt Infant Formula
G2 = See Guideline #2 on this page.	**CPA** = Competent Professional Authority	**R-T-F =** Ready To Feed	**MF =** Medical Food
N/A = Not Available.	**RD** = WIC Registered Dietitian	**R-T-U** = Ready To Use	**SF** _____ = Special Formula
N = WIC 29 form is not required.	**State Nutri.** = State WIC Nutritionist		**OTH = Other**
Y = WIC 29 is required.			

2.0.2 GUIDELINES:

1) **Issuance of Infant Formulas or Exempt Formulas to Children:** Requires a completed WIC 29 form "Documentation For Medical Needs Formula Issuance". The maximum approval length per request is 4 months. The approval authority for issuing infant formulas or exempt infant formulas to infants applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" on the reference sheet.
WIC certifier can NOT approve any infant formula requests for children.

Food Packages To Be Used for Issuing Infant Formulas or Exempt Formulas to Children		
SF _____ Food Package Codes	597 (Infant Cereal)	598 (Adult Cereal)
Sequences	2 - 6	2 - 6

2) **Issuance of Enfamil Next Step LIPIL or Enfamil Next Step ProSobee LIPIL for Infant (9-11 months):**
No longer approved for infants (9-11 months old).

3) **Issuance of Non-Contract Formulas:** The Missouri WIC program **does NOT** approve requests for non-contract infant formulas. (Effective October 1, 2008)

4) **Issuance of Enfamil Gentlease LIPIL:** Enfamil Gentlease LIPIL **c**an be issued to infants who are unable to tolerate Enfamil LIPIL with Iron.

5) **Issuance of Medical Foods:**
The Missouri WIC program does NOT approve requests to infants for medical foods which are intended to be used for children and/or women.

6) Food Instrument Sequences and SF _____ Food Package Codes for Infants, Children and Women (See Page 13):

Infants:

Age Group	0-3 months	4 months	5 months	6-11 months
Food Package Codes	209	210	234	290
Sequences Available	1 - 5	2 - 6	2 - 6	2 - 6

Children:

Food Package Codes	597 (Infant Cereal)	598 (Adult Cereal)
Sequences Available	2 - 6	2 - 6

Women:

Food Package Codes	700 (Adult Cereal)
Sequences Available	2 - 6

2.0.2 GUIDELINES:

7) **"OTH" Food Package :**
Use Five (5) digits when tailoring or prorating food packages for exempt formulas or medical foods. First 3 digits refer to the specific food item code and the last 2 digits refer to the quantity of the item. Example: To issue 2 cans of NeoCate Junior, type "OTH" in the food package code field "07002" in the food item code field on the H652 Food Package Change screen, H653 Same Day Reprint screen, or H654 Supplementals screen. "070" represents the food item code for Special Formula [SF_____] and "02" represents the quantity the participant will receive.
Handwrite in "NeoCate Junior" above the line SF____ on each check. SF NeoCate Junior 2 Cans

Screens for "OTH" Food Packages	SF _____ Food Item Code	
	Infants	Children/Women
H652 Food Package Change	060	070
H653 Same Day Reprint		
H654 Supplementals		

8) **Maximum Allowed:**

Category	Powder	Concentrate	R-T-U/R-T-F
Infants	128 oz.	403 fl oz.	806 fl oz.
Children and Women with Special Dietary Needs	144 oz.	455 fl oz.	910 fl oz.

9) **Formulas Not Listed on the Reference Sheet:** Contact State WIC office at 1-800-392-8209 for approval.

10) **Dilutions** - Any dilutions that deviate from the standard dilution require Registered Dietitian (WIC) or State WIC nutritionist approval.

11) **Human Milk Fortifier (HMF):** Contact State WIC office at 1-800-392-8209 for approval. The State WIC office will ship HMF to local WIC provider.
The appropriate quantity (50 packets at a time per child) will be issued based on the infant's medical and nutritional needs. The local WIC provider must contact the State office to ship another 50 packets if needed. HMF is meant for VLBW infants and is usually only prescribed while in the hospital. If an infant is prescribed HMF upon release, it will be for short term use only (possibly a couple of weeks).

12) **Extra Formulas:** Contact Michelle Nienhuis at Michelle.Nienhuis@dhss.mo.gov when you have extra formula.
The unused formulas can be used by another agency. The listing of extra formulas will be sent to local WIC providers on a monthly-basis.
The State WIC office is responsible for shipping cost.

13) **Direct Shipment** - The local WIC agency **MUST** contact the state nutritionist for a request for formula to be direct shipped to the agency when the formula requested is not available through the local WIC vendors. The State WIC office is the only authority to have formulas direct shipped. (See Page 15)

2.0.2 GUIDELINES:

14) **Dented Cans of Formula:**

a. Participants should be educated not to purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented.

b. Formula may arrive in dented cans when your agency receives a direct shipment of a special formula. The shipment should be inspected at the time of delivery. Open the box and inspect each can. Dented cans should not be accepted. Contact the manufacturer for replacement.

c. If the shipment of formula was signed for and the can damage was noticed later, call the manufacturer's customer service department. Inform them of the damaged cans. They will instruct you on the procedure for replacement. In most cases, the manufacturer will send a recall slip to the LWP to pay for return shipping. The State WIC office does not issue dented cans of formula or pay for dented cans. Contact the manufacturer to replace dented cans. If you need assistance, contact the State WIC office at 1-800-392-8209.

15) **Vendor - Minimum Stocking Requirements**

a. Milk - Minimum stocking requirements for all WIC vendors will be 12 gallons for whole milk and 24 gallons of either 2%, 1%, 1/2%, or skim.

b. Vendors are not required to stock concentrated Enfamil LIPIL with Iron, Lactofree LIPIL, and ProSobee LIPIL . Vendors must make these items available within 72 hours.

Formula Manufacturer	Websites	Customer Service Phone Numbers
MJN = Mead Johnson Nutritionals	http://www.meadjohnson.com/	1-800-457-3550
Nutricia = Nutricia North America (Formerly SHS)	http://www.shsna.com/	1-800-365-7354
Nestlé = Nestlé Nutrition	http://www.nestle-nutrition.com/	1-800-422-ASK2 (2752) or 1-800-285-2889
Novartis's nutrition products (e.g. Boost, Resource Junior for Kids) are available through Nestlé. Novartis does not carry these products.		
PBM = PBM Products, LLC	http://www.pbmproducts.com/	1-800-989-2006 (x113) or 540-832-3282 (x113)
Ross = Ross Products Division, Abbott Laboratories	http://www.ross.com/	1-800-551-5838

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
2.1 Contract Infant Formulas (Rebate Formulas)																				
1. Enfamil LIPIL with Iron	IF	MJN	PWD	12.9 oz.	X	G1	N/A	1 or 2	2 or 3	246	247	248	249	063	9	11	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
2. Enfamil LIPIL with Iron	IF	MJN	Conc.	13 fl oz.	X	G1	N/A	1 or 2	2 or 3	256	257	258	259	061	31	35	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
3. LactoFree LIPIL	IF	MJN	PWD	12.9 oz.	X	G1	N/A	1 or 2	2 or 3	050	061	072	083	069	9	11	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
4. LactoFree LIPIL	IF	MJN	Conc.	13 fl oz.	X	G1	N/A	1 or 2	2 or 3	051	062	073	084	067	31	35	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
5. Prosobee LIPIL	IF	MJN	PWD	12.9 oz.	X	G1	N/A	1 or 2	2 or 3	1A1	1A2	1A3	1A4	066	9	11	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
6. ProSobee LIPIL	IF	MJN	Conc.	13 fl oz.	X	G1	N/A	1 or 2	2 or 3	1B1	1B2	1B3	1B4	064	31	35	N	WIC Cert., CPA, Nutri or RD	12	1, 6, 8, 10
7. Enfamil Gentlease LIPIL	IF	MJN	PWD	12 oz.	X	G1	N/A	1 or 2	2 or 3	2A1	2A2	2A3	2A4	088	10	12	N	CPA, or Nutri or RD	12	1, 4, 8, 10
8. Enfamil LIPIL with Iron	IF	MJN	R-T-U	32 fl oz.	X	G1	N/A	1 or 2	2 or 3	266	267	268	269	062	25	28	N	CPA or Nutri or RD	12	1, 6, 8, 10
9. LactoFree LIPIL	IF	MJN	R-T-U	32 fl oz.	X	G1	N/A	1 or 2	2 or 3	052	063	074	085	068	25	28	N	CPA or Nutri or RD	12	1, 6, 8, 10
10. Prosobee LIPIL	IF	MJN	R-T-U	32 fl oz.	X	G1	N/A	1 or 2	2 or 3	1C1	1C2	1C3	1C4	065	25	28	N	CPA or Nutri or RD	12	1, 6, 8, 10
11. Enfamil A.R. LIPIL	IF	MJN	PWD	12.9 oz.	X	G1	N/A	1 or 2	2 or 3	250	260	270	280	071	9	11	Y	CPA or Nutri or RD	4	1, 6, 8, 10
12. Enfamil A.R. LIPIL	IF	MJN	R-T-U	32 fl oz.	X	G1	N/A	1 or 2	2 or 3	251	261	271	281	072	25	28	Y	CPA or Nutri or RD	4	1, 6, 8, 10
13. Enfamil Next Step LIPIL (12-23 months)	IF	MJN	PWD	24 oz.	G2	X	N/A	3		Child: (314) Infant Cereal - 5 cans Child: (311) Adult Cereal - 5 cans Child: (316) Infant Cereal - 6 cans Child: (312) Adult Cereal - 6 cans				094	5	6	Y	CPA or Nutri or RD	4	2, 6, 8, 10
14. Enfamil Next Step LIPIL (24-59 months)	IF	MJN	PWD	24 oz.	G2	X	N/A	3		Child: (5C1) Infant Cereal - 5 cans Child: (5C2) Adult Cereal - 5 cans Child: (5C3) Infant Cereal - 6 cans Child: (5C4) Adult Cereal - 6 cans				094	5	6	Y	CPA or Nutri or RD	4	2, 6, 8, 10
15. Enfamil Next Step ProSobee LIPIL (12-23 months)	IF	MJN	PWD	24 oz.	G2	X	N/A	3		Child: (320) Infant Cereal - 5 cans Child: (317) Adult Cereal - 5 cans Child: (322) Infant Cereal - 6 cans Child: (319) Adult Cereal - 6 cans				095	5	6	Y	CPA or Nutri or RD	4	2, 6, 8, 10
16. Enfamil Next Step Prosobee LIPIL (24-59 months)	IF	MJN	PWD	24 oz.	G2	X	N/A	3		Child: (5D1) Infant Cereal - 5 cans Child: (5D2) Adult Cereal - 5 cans Child: (5D3) Infant Cereal - 6 cans Child: (5D4) Adult Cereal - 6 cans				095	5	6	Y	CPA or Nutri or RD	4	2, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
2.2 Premature - Exempt Infant Formulas					ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
17. EnfaCare LIPIL (22 calories)	EIF	MJN	PWD	12.8 oz.	X	G1	N/A	2		053	064	075	086	047	10	11	Y	CPA or Nutri or RD	4	1, 6, 8, 10
18. EnfaCare LIPIL (22 calories)	EIF	MJN	R-T-U	32 fl oz.	X	G1	N/A	2	3	2P5	2P6	2P7	2P8	048	25	28	Y	CPA or Nutri or RD	4	1, 6, 8, 10
19. Enfamil LIPIL with Iron (20 calories) - Non-Premature	EIF	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060 070	67 x 6-pack	75 x 6-pack	Y	Nutri. or RD	4	1, 6, 8, 10
20. Enfamil LIPIL with Iron (24 calories) - Non-Premature	EIF	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060 070	67 x 6-pack	75 x 6-pack	Y	Nutri. or RD	4	1, 6, 8, 10
21. Similac NeoSure (22 calories)	EIF	Ross	PWD	12.8 oz.	X	G1	N/A	2		055	066	077	088	037	10	11	Y	CPA or Nutri or RD	4	1, 6, 8, 10
22. Similac NeoSure (22 calories)	EIF	Ross	R-T-F	32 fl oz.	X	G1	N/A	3		2C5	2C6	2C7	2C8	073	25	28	Y	CPA or Nutri or RD	4	1, 6, 8, 10
23. Enfamil **Premature** LIPIL with Iron (20 calories)	EIF	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	6		2J5	2J6	2J7	2J8	076	67 x 6-pack	N/A	Y	Nutri. or RD	4	1, 6, 8, 10
24. Enfamil **Premature** LIPIL with Iron (24 calories)	EIF	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	6		2K5	2K6	2K7	2K8	077	67 x 6-pack	N/A	Y	Nutri. or RD	4	1, 6, 8, 10
25. Similac Special Care with Iron (20 calories)	EIF	Ross	R-T-F	2 fl oz (6 x 8-pack/case)	X	G1	N/A	6		209	210	234	290	060	50 x 8-pack	N/A	Y	Nutri. or RD	4	1, 6, 8, 10
26. Similac Special Care with Iron (24 calories)	EIF	Ross	R-T-F	2 fl oz (6 x 8-pack/case)	X	G1	N/A	6		2G5	2G6	2G7	2G8	074	50 x 8-pack	N/A	Y	Nutri. or RD	4	1, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
2.3 Hypoallergenic - Exempt Infant Formulas					ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
28. Similac Alimentum	EIF	Ross	PWD	16 oz.	X	G1	N/A	2	2	094	095	096	097	018	8	9	Y	CPA or Nutri or RD	4	1, 6, 8, 10
29. Similac Alimentum	EIF	Ross	R-T-F	32 fl oz.	X	G1	N/A	3	3	059	070	081	092	008	25	28	Y	CPA or Nutri or RD	4	1, 6, 8, 10
30. Neocate Infant Formula	EIF	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	3	3	2D5	2D6	2D7	2D8	035	9	10	Y	RD or State Nutri.	4	1, 6, 8, 10
31. Neocate Infant With DHA and ARA	EIF	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	2	3	2Q5	2Q6	2Q7	2Q8	036	9	10	Y	RD or State Nutri.	4	1, 6, 8, 10
32. Nutramigen LIPIL	EIF	MJN	PWD	16 oz.	X	G1	N/A	3	3	056	067	078	089	032	8	9	Y	CPA or Nutri or RD	4	1, 6, 8, 10
33. Nutramigen LIPIL	EIF	MJN	Conc.	13 fl oz.	X	G1	N/A	3	3	057	068	079	090	030	31	35	Y	CPA or Nutri or RD	4	1, 6, 8, 10
34. Nutramigen LIPIL	EIF	MJN	R-T-U	32 fl oz.	X	G1	N/A	3	3	058	069	080	091	031	25	28	Y	CPA or Nutri or RD	4	1, 6, 8, 10
35. Nutramigen AA LIPIL - **NEW**	EIF	MJN	PWD	14.1 oz.	X	G1	N/A	2	3	1U5	1U6	1U7	1U8	007	9	10	Y	CPA or Nutri or RD	4	1, 6, 8, 10
36. Pregestimil LIPIL	EIF	MJN	PWD	16 oz.	X	G1	N/A	3	3	060	071	082	093	033	8	9	Y	CPA or Nutri or RD	4	1, 6, 8, 10
37. Pregestimil LIPIL (20 Cal)	EIF	MJN	PWD	2 fl oz 6-pack	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060	67 x 6-pack	75 x 6-pack	Y	CPA or Nutri or RD	4	1, 6, 8, 10
38. Pregestimil LIPIL (24 Cal)	EIF	MJN	PWD	2 fl oz 6-pack	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060	67 x 6-pack	75 x 6-pack	Y	CPA or Nutri or RD	4	1, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
2.4 Metabolic Formulas					ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Children/Women												
39. BCAD 1	EIF MF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	5, 6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
40. GA	EIF MF	MJN	PWD	16 oz [6/case]	X	X	X	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	8	9				
41. HCY 1	EIF MF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
42. HCY 2	MF	MJN	PWD	16 oz [6/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
43. Ketonex 1	EIF MF	Ross	PWD	14.1 oz [6/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
44. Ketonex 2	EIF MF	Ross	PWD	14.1 oz [6/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8,10
45. LMD	EIF MF	MJN	PWD	16 oz [6/case]	X	X	X	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	8	9				
46. MSUD Analog	IEIF	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060	9	10	Y	RD or State Nutri.	4	6, 8, 10
47. MSUD Maxamaid	MF	Nutricia	PWD	14 oz. [4/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
48. MSUD Maxamum	MF	Nutricia	PWD	14 oz. [4/case]	N/A	N/A	X	2 - 6		Woman: (700) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
49. OA 1	EIF MF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
50. OA 2	MF	MJN	PWD	16 oz [6/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
51. PFD 1	EIF MF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 5		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
52. PhenexTM 1	EIF	Ross	PWD	14.1 oz. (6/case)	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	9	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	6, 8, 10
53. PhenexTM 2 (Unflavored and Vanilla]	MF	Ross	PWD	14.1 oz. (6/case)	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
54. Phenyl-Free 1	EIF	MJN	PWD	16 oz ([6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutria.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
55. TYROS 1	EIF MF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2-6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
56. WND 1	EIF	MJN	PWD	16 oz [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	8	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9				
57. WND 2	MF	MJN	PWD	16 oz [6/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
58. Periflex Infant - (Formerly XPhe Analog)	EIF	Nutricia	PWD	14 oz [4/case]	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060	9	10	Y	RD or State Nutri.	4	6, 8, 10
59. XPhe Maxamaid	MF	Nutricia	PWD	16 oz. [4/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
60. XPhe Maxamum	MF	Nutricia	PWD	16 oz. [4/case]	N/A	N/A	X	2 - 6		Woman: (700) Adult Cereal				070	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY I	ELIGIBLE CATEGORY C	ELIGIBLE CATEGORY W	SEQUENCES 0-3 mos. (Child/Woman)	SEQUENCES 4-11 mos. (Child/Woman)	FOOD PACKAGE CODE 0-3 months	FOOD PACKAGE CODE 4 months	FOOD PACKAGE CODE 5 months	FOOD PACKAGE CODE 6-11 months	ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
2.5 Exempt Formulas and Medical Foods					ELIGIBLE CATEGORY I	ELIGIBLE CATEGORY C	ELIGIBLE CATEGORY W	SEQUENCES 0-3 mos. (Child/Woman)	SEQUENCES 4-11 mos. (Child/Woman)	FOOD PACKAGE CODE 0-3 months	FOOD PACKAGE CODE 4 months	FOOD PACKAGE CODE 5 months	FOOD PACKAGE CODE 6-11 months	ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
61. Boost - All Flavors	MF	Nestlé	R-T-U	8 fl oz. [6-pack]	N/A	N/A	X	5		Woman: (710) Adult Cereal (96)				156	16 x 6-pack	18 x 6-pack	Y	Nutri. or RD	4	6, 8, 10
62. Bright Beginnings Soy Pediatric Drink	MF	PBM	R-T-F	8 fl oz. [24/case]	N/A	X	N/A	5		Child:(5G3) Infant Cereal (3.5/day) Child:(5G4) Adult Cereal (3.5/day)				170	18 x 6-pack		Y	Nutri. or RD	4	5, 6, 8, 10
								5		Child:(5G1) Infant Cereal (3/day) Child: (5G2) Adult Cereal (3/day)				170	16 x 6-pack					
								4		Child:(5G5) Infant Cereal (2/day) Child:(5G6) Adult Cereal (2/day)				170	11 x 6-pack					
								3		Child:(5G7) Infant Cereal (1/day) Child:(5G8) Adult Cereal (1/day)				170	6 x 6-pack					
								N/A		**Direct Shipment** **(See guidline Page 15)** (Minimum Order = 5 cases)				N/A	16 x 6-pack (3 cans/day)	18 x 6-pack (3.5 cans/day)				
										1Z1 (0)	1Z2 (1)	1Z3 (1)	1Z4 (1)							
63. E028 Splash - All Flavors	MF	Nutricia	R-T-U	8 fl oz. [27/case]	N/A	X	N/A	5		Child: (5G9) Infant Cereal Child: (5G0) Adult Cereal				133	100	113	Y	RD or State Nutri.	4	5, 6, 8, 10
64. Ensure - All Flavors	MF	Ross	R-T-F	8 fl oz. [6-pack]	N/A	N/A	X	5		Woman: (711) Adult Cereal				157	16 x 6-pack	18 x 6-pack	Y	Nutri. or RD	4	5, 6, 8
65. Ensure - Vanilla	MF	Ross	PWD	14 oz.	N/A	N/A	X	3		Woman: (713) Adult Cereal				159	9	10	Y	Nutri. or RD	4	5, 6, 8
66. EleCare (Unflavored, Vanilla)	EIF MF	Ross	PWD	14.1 oz. [6/case]	X	X	N/A	2 - 5	2 - 6	209	210	234	290	060	9	N/A	Y	RD or State Nutri.	4	6, 8, 10
								2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	9	10				
67. KetoCal - (4:1) and (3:1)	MF	Nutricia	PWD	11 oz. [6/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	11	13	Y	RD or State Nutri.	4	5, 6, 8, 10
68. Neocate Junior - All Flavors	MF	Nutricia	PWD	14 oz. [4/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
69. Neocate One + Powder	MF	Nutricia	PWD	60 g (15/case)	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	60	68	Y	RD or State Nutri.	4	5, 6, 8, 10
70. Nutren Junior - Vanilla	MF	Nestlé	R-T-F	8.45 fl oz. [24/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	95	107	Y	Nutri. or RD	4	5, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
71. Nutren Junior with Fiber - Vanilla	MF	Nestlé	R-T-F	8.45 fl oz. [24/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	95	107	Y	Nutri. or RD	4	5, 6, 8, 10
72. Pediasure - All Flavors	MF	Ross	R-T-U	8 fl oz.	N/A	X	N/A	5		Child:(5E3) Infant Cereal (3.5/day) Child:(5E4) Adult Cereal (3.5/day)				126	18 x 6-pack		Y	Nutri. or RD	4	5, 6, 8, 10
										Child:(5E1) Infant Cereal (3/day) Child: (5E2) Adult Cereal (3/day)					16 x 6-pack					
	MF	Ross	R-T-U	8 fl oz.	N/A	X	N/A	5		Child:(5E5) Infant Cereal (2/day) Child:(5E6) Adult Cereal (2/day)				126	11 x 6-pack		Y	Nutri. or RD	4	5, 6, 8, 10
										Child:(5E7) Infant Cereal (1/day) Child:(5E8) Adult Cereal (1/day)					6 x 6-pack					
73. Pediasure with Fiber - Vanilla	MF	Ross	R-T-U	8 fl oz.	N/A	X	N/A	5		Child:(5F1) Infant Cereal (3/day) Child:(5F2) Adult Cereal (3/day)				127	16 x 6-pack		Y	Nutri. or RD	4	5, 6, 8, 10
										Child:(5F3) Infant Cereal (3.5/day) Child:(5F4) Adult Cereal (3.5/day)					18 x 6-pack					
	MF	Ross	R-T-U	8 fl oz.	N/A	X	N/A	5		Child:(5F5) Infant Cereal (2/day) Child:(5F6) Adult Cereal (2/day)				127	11 x 6-pack		Y	Nutri. or RD	4	5, 6, 8, 10
										Child:(5F7) Infant Cereal (1/day) Child:(5F8) Adult Cereal (1/day)					6 x 6-pack					
74. Pediasure Enteral	MF	Ross	R-T-F	8 fl oz 6-pack (24/case)	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	16 x 6-pack (3 cans/day)	18 x 6-pack (3.5 cans/day)	Y	Nutri. or RD	4	5, 6, 8, 10
		Ross	R-T-F	(16.9 oz) (8/case)	N/A	X	N/A	2 - 6							N/A	53				
75. Pepdite Junior - all Flavors	MF	Nutricia	PWD	1.8 oz. [15/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	74	80	Y	RD or State Nutri.	4	5, 6, 8, 10
76. Peptamen Jr. - All Flavors	MF	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	5		Child: (5G1) Infant Cereal Child: (5G2) Adult Cereal				128	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10
77. Peptamen Jr. with Fiber [Vanilla only]	MF	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	5		Child: (5G3) Infant Cereal Child: (5G4) Adult Cereal				129	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10
78. Peptamen Jr. Powder (Vanilla only)	MF	Nestlé	PWD	14.1oz [12/case]	N/A	X	N/A	3		Child: (5G7) Infant Cereal Child: (5G8) Adult Cereal				125	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
79. Peptamen Junior with Prebio	MF	Nestlé	R-T-U	8.45 oz. [24/case]	N/A	X	N/A	2-6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10
80. Peptamen Junior 1.5	MF	Nestlé	R-T-U	8.45 oz. [24/case]	N/A	X	N/A	2-6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10
81. Peptamen 1.5 - All flavors	MF	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	N/A	X	2 - 5		Woman: (700) Adult Cereal				070	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10
82. Peptamen with Prebio (Vanilla only)	MF	Nestlé	R-T-U	8.45 oz. [24/case]	N/A	N/A	X	2 - 6		Woman: (700) Adult Cereal				070	95	107	Y	RD or State Nutri.	4	5, 6, 8, 10

FORMULAS and MEDICAL FOODS	Type	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
								Child/Woman												
83. Portagen	MF	MJN	PWD	16 oz. [6/case]	N/A	X	X	3		Child: (5G5) Infant Cereal Child: (5G6) Adult Cereal				132	8	9	Y	RD or State Nutri.	4	5, 6, 8, 10
								2 - 6		Woman: (700) Adult Cereal				070						
84. Resource Just for Kids - All Flavors:	MF	Nestlé	R-T-U	8 fl oz. [27/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	100	113	Y	Nutri. or RD	4	5, 6, 8, 10
85. Resource Just for Kids with Fiber - French Vanilla only	MF	Nestlé	R-T-U	8 fl oz. [27/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	100	113	Y	Nutri. or RD	4	5, 6, 8, 10
86. Similac PM 60/40	EIF	Ross	PWD	14.1 oz [6/case]	X	G1	N/A	2 - 5	2 - 6	209	210	234	290	060	9	10	Y	RD or State Nutri.	4	6, 8, 10
87. Suplena	MF	Ross	R-T-F	8 fl oz can (24/case)	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	100	113	Y	RD or State Nutri.	4	6, 8, 10
88. Super Soluble Duocal	MF	Nutricia	PWD	14.1 oz. [4/case]	N/A	X	X	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal Woman: (700) Adult Cereal				070	9	10	Y	RD or State Nutri.	4	5, 6, 8, 10
89. Tolerex	EIF	Nestlé	PWD	2.82 oz. [60/case]	N/A	N/A	X	2 - 6		Woman: (700) Adult Cereal				070	45	51	Y	RD or State Nutri.	4	5, 6, 8
90. Vivonex Pediatric	EIF	Nestlé	PWD	1.7 oz. [36/case]	N/A	X	N/A	2 - 6		Child: (597) Infant Cereal Child: (598) Adult Cereal				070	75	84	Y	RD or State Nutri.	4	5, 6, 8, 10
91. Vivonex T.E.N.	EIF	Nestlé	PWD	2.84 oz. [60/case]	N/A	N/A	X	2 - 6		Woman: (700) Adult Cereal				070	45	50	Y	RD or State Nutri.	4	5, 6, 8
2.6 Human Milk Fortifier					ELIGIBLE CATEGORY			SEQUENCES		FOOD PACKAGE CODE				ITEM CODE for OTH	QTY in Standard Food Package	Maximum QTY For Child & Woman (Month)	WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)	GUIDELINES
					I	C	W	0-3 mos.	4-11 mos.	0-3 months	4 months	5 months	6-11 months							
92. Enfamil Human Milk Fortifier	EIF	MJN	PWD	0.025 oz. (200/case)	X	N/A	N/A	0	N/A	State WIC Office will ship to LWP.				N/A	200 pkts	N/A	X	State Nutri.	1	10, 11
										0-1 month	N/A	N/A	N/A							

[NOTE]

WIC Certifier can approve contract formulas (Enfamil LIPIL, Enfamil ProSobee LIPIL, Enfamil LactoFree LIPIL) in powdered and concentrate forms in the HANDS only.

SECTION 3 Special Food Package Code Listing for Infants, Children, and Women

3.1 SF _____ Food Packages

	Food Item Codes	0-3 months (Sequences)	4 months (Sequences)	5 months (Sequences)	6-11 months (Sequence)	Children (Sequence)		Women (Sequence)
Food Package Code	_	209	210	234	290	597	598	700
Available Sequences	_	1,2, 3, 4, 5	2, 3, 4, 5, 6	2, 3, 4, 5, 6	2, 3, 4, 5, 6	2, 3, 4, 5, 6	2, 3, 4, 5, 6	2, 3, 4
Infant Cereal	080	_	8 oz.	16 oz.	16 oz.	32 oz.	_	_
Infant Juice	090	_	_	_	2 x 32 fl oz.	_	_	_
Adult Cereal	200	_	_	_	_	_	36 oz.	36 oz.
Adult Juice (Can/Frozen Conc.)	300	_	_	_	_	3	3	3
Maximum Amounts Allowed		Powdered: 128 oz.; Concentrate: 403 fl oz.; Ready-To-Feed/Use: 806 fl oz.				Powdered: 144 oz.; Concentrate: 455 fl oz.; Ready-To-Feed/Use: 910 fl oz.		

[NOTE] SF = Special Formula

3.2 DIRECT SHIPMENT - Food Packages Containing Only Cereal and/or Juice (No Formula)

	Food Item Codes	0-3 months (Sequence)	4 months (Sequence)	5 months (Sequence)	6-11 months (Sequence)	Children (Sequence)		Women (Sequence)
Food Package Code (Sequence)	_	1Z1 (0)	1Z2 (1)	1Z3 (1)	1Z4 (1)	5Z1 (1)	5Z2 (1)	714 (1)
Infant Cereal	080	_	8 oz.	16 oz.	16 oz.	32 oz.	_	_
Infant Juice	090	_	_	_	2 bottles (32 fl oz.)	_	_	_
Adult Cereal	200	_	_	_	_	_	36 oz.	36 oz.
Adult Juice	300	_	_	_	_	3	3	3

[Guidelines for Direct Shipment]

1) Food packages above must be used in the following situations:
   a) Your agency is receiving formulas from a manufacturer. (The State WIC office orders direct shipment of formula.)
   b) Your agency is receiving formulas from another agency.

2) The local WIC agency **MUST** contact the state nutritionist for a request for formula to be shipped directly to the agency when the formula requested is not available through the local WIC vendors. The State WIC office is the only authority to order direct shipment of formula.

3) **Local Agency's Responsibility** When the shipment arrives, your agency is responsible in verifying the shipment.
   a. When the shipment arrives, your agency is responsible for verifying the shipment. b. When the participant or guardian picks up the formula, the agency will provide the participant the allowed amount.
   c. Don't exceed the monthly maximum allowance.
   d. The participant/guardian must sign the packing slip stating they received the formula.
   e. Indicate on the slip the quantity of formulas given to the participant.
   f. Scan the packing slip in MOWINS, Keep tracking the date and the quantity of formulas given to the participant.

Holding Back Extra Formulas

For example, local WIC providers will receive 5 cases (120 cans) of Bright Beginning Soy Pediatric Drink (BBSPD) from PBM Products LLC, when the State WIC office places order.

a. Don't provide all 5 cases (120 cans) to the participant.
b. The monthly maximum allowance of BBSPD is 113 cans even though a physician prescribes more than113 cans per month.
   If a physician prescribes 3 cans per day, provide only 96 cans per month and keep the 24 cans for the next month.
   If a physician prescribes 4 cans per day, provide only 113 cans and keep 7 cans for the next month.

4) Extra/Unused Formulas

Contact Michelle Nienhuis at 573-751-6244 or e-mail Michelle.Nienhuis@dhss.mo.gov when you have extra/unused formula. The unused formulas can be used by another agency. The listing of extra/unused formulas will be e-mailed to local WIC agencies on a monthly-basis through the WIC UPDATE.

3.3 Food Packages For Exclusively Breastfed Infants

Age	Food Item Codes	0-3 months	4 months	5 months	6-11 months
Food Package Code (Sequence)	–	001 (0)	120 (1)	140 (1)	160 (1)
Infant Cereal	080	None (no check printed)	8 oz.	16 oz.	16 oz.
Infant Juice	090	None (no check printed)	None	None	2 bottles (32 fl oz.)

[Note] The feeding data must be updated on the infant health history screen (H225) each time the mom comes to the clinic for the food instruments.

SECTION 3 Special Food Package Code Listing for Infants, Children, and Women

3.4 Guidelines for Issuing Supplemental Formula to Breastfed Infants

If the mother states that the infant receives the following approximate amount of formula: Formula/**Day**.	Amount of Formula Per **Week**	Amount of Formula Per **Month**	**Number of Formula Cans Issued per Month**					
			Enfamil LIPIL Powdered	ProSobee LIPIL Powdered	LactoFree LIPIL Powdered	Enfamil Gentlease Powdered	Nutramigen LIPIL Powdered	Concentrated Formulas
(fl oz)	(fl oz)	(fl oz)	Reconstituted Volume 94 fl oz/can	Reconstituted Volume 92 fl oz/can	Reconstituted Volume 95 fl oz/can	Reconstituted Volume 88 fl oz/can	Reconstituted Volume 113 fl oz/can	13 fl oz
3	21	93	1	1	1	1	1	N/A
6	42	186	2	2	2	2	2	N/A
9	63	279	3	3	3	3	2	N/A
12	84	372	4	4	4	4	3	N/A
15*	105	465	5	5	5	5	4	18
18*	126	558	6	6	6	6	5	21
21*	147	651	7	7	7	7	6	25
24*	168	744	8	8	8	8	7	29
25.5*	175	775	N/A	N/A	N/A	9	7	30

[NOTE] Mother receives standard breastfeeding food package. Powdered formula shall generally be issued.
* If the breastfed infant is supplemented with more than 13 ounces per day, concentrate may be issued.

3.5. Conversion Table - Powder, Conc. And Ready-To-Use/Ready To Feed

This conversion table can be used when participants return an unused formula. For example, when a participant returns three cans of Enfamil LIPIL (Powder) and requests Enfamil LIPIL (Conc.), issue 9 cans of Enfamil LIPIL (conc.).

Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula	Ready-To-Use/Feed Formulas
12 oz can - 14.1 oz can	1 can	3 cans	2 bottles
16 oz can	1 can	3 cans	3 bottles

SECTION 3 Special Food Package Code Listing for Infants, Children, and Women

3.6 Prorated Formula Food Packages and/or Food Packages for Partial Breastfed Infants

Formulas	Type	Cans	0-3 months (Sequence)	4 months (Sequence)	5 months (Sequence)	6-11 months (Sequence)
Enfamil LIPIL with Iron	PWD	1	002 (1)	003 (2)	004 (2)	005 (2)
Enfamil LIPIL with Iron	PWD	2	006 (1)	007 (2)	008 (2)	009 (2)
Enfamil LIPIL with Iron	PWD	3	181 (1)	182 (2)	183 (2)	184 (2)
Enfamil LIPIL with Iron	PWD	4	185 (1)	186 (2)	187 (2)	188 (2)
Enfamil LIPIL with Iron - 1/2 month Prorated	PWD	5	189 (2)	190 (3)	191 (3)	192 (3)
Enfamil LIPIL with Iron	PWD	6	193 (2)	194 (3)	195 (3)	196 (3)
Enfamil LIPIL with Iron	PWD	7	252 (2)	253 (3)	254 (3)	255 (3)
Enfamil LIPIL with Iron	PWD	8	276 (2)	277 (3)	278 (3)	279 (3)
Enfamil LIPIL With Iron - 1/2 month Prorated	**Conc.**	15	263 (1)	264 (2)	273 (2)	274 (2)
Enfamil LIPIL With Iron - 1/2 month Prorated	**R-T-U**	12	222 (1)	223 (2)	227 (2)	228 (2)
Enfamil Gentlease LIPIL	PWD	1	1A5 (1)	1B5 (2)	1C5 (2)	1D5 (2)
Enfamil Gentlease LIPIL	PWD	2	1A6 (1)	1B6 (2)	1C6 (2)	1D6 (2)
Enfamil Gentlease LIPIL	PWD	3	1A7 (1)	1B7 (2)	1C7 (2)	1D7 (2)
Enfamil Gentlease LIPIL	PWD	4	1A8 (1)	1B8 (2)	1C8 (2)	1D8 (2)
Enfamil Gentlease LIPIL - 1/2 month Prorated	PWD	5	1A9 (2)	1B9 (3)	1C9 (3)	1D9 (3)
Enfamil Gentlease LIPIL	PWD	6	1F5 (2)	1G5 (3)	1H5 (3)	1I5 (3)
Enfamil Gentlease LIPIL	PWD	7	1F6 (2)	1G6 (3)	1H6 (3)	1I6 (3)
Enfamil Gentlease LIPIL	**PWD**	8	1F7 (2)	1G7 (3)	1H7 (3)	1I7 (3)
Enfamil Gentlease LIPIL	**PWD**	9	1F8 (2)	1G8 (3)	1H8 (3)	1I8 (3)
ProSobee LIPIL	PWD	1	1G1 (1)	1G2 (2)	1G3 (2)	1G4 (2)
ProSobee LIPIL	PWD	2	1H1 (1)	1H2 (2)	1H3 (2)	1H4 (2)
ProSobee LIPIL	PWD	3	1I1 (1)	1I2 (2)	1I3 (2)	1I4 (2)
ProSobee LIPIL	PWD	4	1J1 (1)	1J2 (2)	1J3 (2)	1J4 (2)
ProSobee LIPIL - 1/2 month Prorated	PWD	5	1K1 (2)	1K2 (3)	1K3 (3)	1K4 (3)
ProSobee LIPIL	PWD	6	1L1 (2)	1L2 (3)	1L3 (3)	1L4 (3)
ProSobee LIPIL	PWD	7	1M1 (2)	1M2 (3)	1M3 (3)	1M4 (3)
ProSobee LIPIL	PWD	8	1N1 (2)	1N2 (3)	1N3 (3)	1N4 (3)
ProSobee LIPIL - 1/2 month Prorated	**Conc.**	15	1O1 (1)	1O2 (2)	1O3 (2)	1O4 (2)
ProSobee LIPIL - 1/2 month Prorated	**R-T-U**	12	1P1 (1)	1P2 (2)	1P3 (2)	1P4 (2)
LactoFree LIPIL	PWD	1	011 (1)	021 (2)	031 (2)	041 (2)
LactoFree LIPIL	PWD	2	012 (1)	022 (2)	032 (2)	042 (2)
LactoFree LIPIL	PWD	3	013 (1)	023 (2)	033 (2)	043 (2)
LactoFree LIPIL	PWD	4	014 (1)	024 (2)	034 (2)	044 (2)
LactoFree LIPIL - 1/2 month Prorated	PWD	5	015 (2)	025 (3)	035 (3)	045 (3)
LactoFree LIPIL	PWD	6	016 (2)	026 (3)	036 (3)	046 (3)
LactoFree LIPIL	PWD	7	017 (2)	027 (3)	037 (3)	047 (3)
LactoFree LIPIL	PWD	8	286 (2)	287 (3)	288 (3)	289 (3)
LactoFree LIPIL - 1/2 month Prorated	**Conc.**	15	018 (1)	028 (2)	038 (2)	048 (2)
LactoFree LIPIL - 1/2 month Prorated	**R-T-U**	12	019 (1)	029 (2)	039 (2)	049 (2)

* PWD = Powder

SECTION 4. Food Package Code Listing for Children (1-4 years old) and Women

Age	Food Package Code	Sequences	Milk
1 year old	300*	1 to 5	White Unflavored Whole Milk - 5 gallons
	302*	1 to 4	White Unflavored Whole Milk - 4 gallons, Cheese (1 pound), Evaporated milk
	306	5	Evaporated Milk - (12/13 oz. can)
	307	5	Cultured Buttermilk - (1 qt. x 20)
	399	1	Prorated: White Unflavored Whole Milk – 2 gallons
2 years old	400*	1 to 5	White/Unflavored Skim THRU 2% - 5 gallons
	402*	1 to 4	White/Unflavored Skim THRU 2% - 4 gallons, Cheese (1 pound), Evaporated milk
	410	2	Non Fat Dry Milk (8 qt. box x 2)
	411	3	Non Fat Dry Milk (8 qt. box x 2) and Cultured Butter Milk (1 qt. x 1)
	421	6	Evaporated Milk - (12/13 oz. can)
	422	6	Cultured Buttermilk - (1 qt. x 20)
	499	1	Prorated: White/Unflavored Skim THRU 2% – 2 gallons
3-4 Years old	500*	1 to 6	White/Unflavored Skim THRU 2% - 6 gallons
	502*	1 to 5	White/Unflavored Skim THRU 2% - 5 gallons, Cheese (1 pound), Evaporated milk
	530	2	Non Fat Dry Milk - (8 qt. box x 2)
	531	3	Non Fat Dry Milk - (8 qt. box x 2) and Cultured Buttermilk - (1 qt. x 5)
	528	6	Evaporated Milk - (12/13 oz. can)
	529	6	Cultured Buttermilk - (1 qt. x 24)
	599	1	Prorated: White Unflavored Skim THRU 2% - 3 gallons
Prenatal and Standard Breastfeeding Women	800*	1 to 7	White/Unflavored Skim THRU 2% – 7 gallons
	820*	1 to 6	White/Unflavored Skim THRU 2% - 6 gallons, Cheese (1 pound), Evaporated milk
	860	2	Non Fat Dry Milk (8 qt. x 3 boxes)
	861	3	Non Fat Dry Milk (8 qt. x 3 boxes) and Cultured Buttermilk (1 qt x 1)
	870	2	Evaporated Milk (12/13 oz. can)
	871	6	Cultured Buttermilk (1 qt. x 28)
	899	1 to 2	Prorated: White/Unflavored Skim THRU 2% – 3 gallons
Non-Breastfeeding Women	600*	1 to 5	White/Unflavored Skim THRU 2% – 5 gallons
	602*	1 to 4	White/Unflavored Skim THRU 2% – 4 gallons, Cheese (1 pound), Evaporated milk
	610	2	Non Fat Dry Milk (8 qt. x 2 boxes)
	611	3	Non Fat Dry Milk (8 qt. x 2 boxes) and Cultured Butter Milk (1 qt. x 1)
	621	2	Cultured Buttermilk (1 qt. x 20)
	622	2	Evaporated Milk (12/13 oz. can)
	699	1	Prorated: White/Unflavored Skim THRU 2% – 2 gallons
Enhanced Breastfeeding	900*	2 to 6	White/Unflavored Skim THRU 2% - 7 gallons
	960	2	Non Fat Dry Milk (8 qt. x 3 boxes) and Non-Fat Dry Milk (3 qt. x 1 box)
	961	2	Non Fat Dry Milk (8 qt. x 3 boxes) and Cultured Butter Milk (1 qt. x 4)
	970	7	Cultured Buttermilk (1 qt. x 28)
	971	7	Evaporated Milk (12/13 oz. can)
	999	1 or 2	Prorated: White Unflavored Skim THRU 2% – 3 gallons and 1 pound of cheese

* Food packages that WIC certifier can approve in HANDS only. WIC Certifier can not assign any food packages in MOWINS.

SECTION 5 Individual Food Item Codes For "OTH (other)" Food Packages - Children and Women

Individual codes listed below can be used on **the H652, H653, and H654 Screens*.** Use 5 digits. (First 3 digits refer to the specific food item code and the last 2 digits refer to the quantity of the item. Example: Issuance of one gallon of whole milk: **10101**: "101" represents the food item code for whole milk and "01" represents the system code for one gallon.

Food Item Code	Food Items	Unit	1 y/o	2 y/o	3-4 y/o	Prenatal & BF (Standard)	Non-BF Women	Enhanced BF Women
101	Whole Milk (White/Unflavored)	Gallon	05	_	_	_	_	_
100	Milk: Skim THRU 2% (White)	Gallon	_	05	06	07	05	07
102	Milk: 2% Only (White)	Gallon	_	05	06	07	05	07
103	Milk: Skim Only (White)	Gallon	_	05	06	07	05	07
111	Cultured Buttermilk	Quart	20	20	24	28	20	28
120	Evaporated Milk - Store Brand	12 OR 13 fl oz.	20	20	24	28	20	28
130	Non-Fat Dry Milk - Store Brand	3 qt. Box	_	06	08	09	06	09
131	Non-Fat Dry Milk - Store Brand	8 qt. Box	_	02	02	03	02	03
150	Eggs – Large White	Dozen	02	02	02	02	02	02
160	Cheese – Store Brand (8-16 oz size)	Pound	01	01	01	01	01	01
200	Cereal – Approved Types/Sizes	Ounce	36	36	36	36	36	36
300	Juice - Approved Brands (Can/Frozen)	46 oz/12 oz/11.5 oz.	04	04	04	06	04	07
400	Dried Beans/Peas OR Peanut Butter (Store Brand)	Pound or 18 oz. Jar	01	01	01	01	_	_
410	Dried Beans/Peas - Store Brand	Pound	_	_	_	_	_	01
450	Peanut Butter - Store Brand	18 oz. Jar	_	_	_	_	_	01
500	Tuna – Water Pack only	6 oz. can	_	_	_	_	_	04
New 501	Tuna – Water Pack only	5 oz can	_	_	_	_	_	05
New 502	OR Tuna - Water Pack only	6 oz. can	_	_	_	_	_	04
600	Carrots - Fresh/Frozen/Baby	Pound	_	_	_	_	_	02

Food Item Code	Food Items	Unit	1 y/o	2 y/o	3-4 y/o	Prenatal & BF (Standard)	Non-BF Women	Enhanced BF Women
140	Evaporated Goat Whole Milk - (Meyenberg)	12/13 fl oz.	20	20	24	28	20	28
143	Nutrish A/B Acidophilus Milk (1%)	½ gallon	_	10	12	14	10	14
144	Lactaid Milk: Whole	½ gallon	10	_	_	_	_	_
145	Lactaid Milk: Skim thru 2%	½ gallon	_	10	12	14	10	14
146	Dairy Ease Milk: Whole	½ gallon	10	_	_	_	_	_
147	Dairy Ease Milk: Skim thru 2%	½ gallon	_	10	12	14	10	14
164	Lactaid Milk - Whole	Quart	20	_	_	_	_	_
165	Lactaid Milk - Skim thru 2%	Quart	_	20	24	28	20	28
168	Dairy Ease Milk - Whole	Quart	20	_	_	_	_	_
169	Dairy Ease Milk - Skim thru 2%	Quart	_	20	24	28	20	28
148	Goat Milk - Whole (Meyenberg)	Quart	20	_	_	_	_	_
149	Goat Milk- Low Fat (Meyenberg)	Quart	_	20	24	28	20	28
093**	Infant Cereal for Children with Special Dietary Needs	Ounce	32	32	32	_	_	_

SECTION 5 Individual Food Item Codes For "OTH (other)" Food Packages - Children and Women

a. Whole Milk and Cheese: Based on participant's nutritional risks and dietary needs, the CPA may tailor food packages to issue.

Children: Whole milk is allowed for children (2-4 years old) who have a nutritional risk factor of 103 [Underweight or At Risk of Becoming Underweight], 135 [Inadequate Growth] and/or 134 [Failure To Thrive].

Women: Whole milk is allowed for women who have a nutritional risk factor of 131 [Low maternal Weight gain], 132 [Maternal Weight Loss] and/or 101 [Pre-pregnancy and Postpartum Underweight].

Additional Cheese: Additional cheese is allowed for participants with lactose intolerance.

b. Store brands: Store brand can be the store's own name brand or a brand name carried by the store that was created by the wholesale supplier.

c. Additional Juice for Children

Juice up to six 46 oz-cans or 12 oz-frozen concentrate to children who are homeless and/or who have a nutritional risk factor of 103 [Underweight or At risk of Becoming Underweight], 135 [Inadequate Growth] and/or 134 [Failure To Thrive]. The need must be documented by the CPA in the participant's file.

d. Peanut butter (Store brand) is available in an 18 oz jar.

* Screens: H652 [Food Package Change], H653 [Same Day Reprint] and H654 [Supplementals]

** The food item code for Infant Cereal [093] is designed to be used for creating an OTH food package for children with special dietary needs.

SECTION 6 Missouri WIC Approved Specialty Milks

6.1 Missouri WIC Approved Specialty Milks Food Package Code Listing

Approval Authority: CPA, Nutritionist, RD **Approval Length: 6 months** **WIC-29: Not Required**

	Size	Cheese (Qty)	1 year	2 years	3-4 years	Non Breastfeeding	Prenatal & Standard Breastfeeding	Enhanced Breastfeeding
			5 gallons (Milk Qty)	5 gallons (Milk Qty)	6 gallons (Milk Qty)	5 gallons (Milk Qty)	7 gallons (Milk Qty)	7 gallons (Milk Qty)
			Food PKG (Seq.)	Food PKG (Seq.)	Food PKG (Seq.)	Food PKG (Seq.)	Food PKG (Seq.)	Food PKG (Seq.)
Nutrish A/B Acidophilus Milk (1%)	1/2 gallon	None	-	434 (5)	545 (5)	634 (5)	834 (5)	-
		1 lb	-	435 (4)	546 (5)	635 (4)	835 (5)	934 (5)
Lactaid Milk - Whole**	1/2 gallon or Quart	None	336 (5)	-	-	-	-	-
		1 lb	337 (4)	-	-	-	-	-
Lactaid Milk - SKIM THRU 2%**	1/2 gallon or Quart	None	-	438 (5)	549 (5)	638 (5)	838 (5)	-
		1 lb	-	439 (4)	550 (5)	639 (4)	839 (5)	938 (5)
Dairy Ease Milk - Whole**	1/2 gallon or Quart	None	340 (5)	-	-	-	-	-
		1 lb	341 (4)	-	-	-	-	-
Dairy Ease Milk - SKIM THRU 2%**	1/2 gallon or Quart	None	-	442 (5)	553 (5)	642 (5)	842 (5)	-
		1 lb	-	443 (4)	554 (5)	643 (4)	843 (5)	942 (5)
Goat Milk - Whole (Meyenberg)	Quart	None	344 (5)	-	-	-	-	-
		1 lb	345 (4)	-	-	-	-	-
Goat Milk- Low Fat* (Meyenberg)	Quart	None	-	446 (5)	557 (5)	646 (5)	846 (5)	-
		1 lb	-	447 (4)	558 (5)	647 (4)	847 (5)	946 (5)
Evaporated Whole Goat Milk (Meyenberg)	12 fl oz can	None	308 (5)	448 (5)	559 (5)	648 (5)	848 (5)	-
		1 lb	349 (4)	449 (4)	560 (5)	649 (4)	849 (5)	948 (5)

* Contact WIC vendor to ensure availability of the Specialty Milk before issuing food instruments.

** Food packages allow to issue milk in either 1/2 gallon or quart.

Nutrish A/B Acidophilus Milk (1%) - For product information and availability, visit the website below:

http://www.hilanddairy.com/products/milk/specialtymlk.asp

SECTION 6 Missouri WIC Approved Specialty Milks

6.2 Missouri WIC Approved Milk Descriptions

Acidophilus Milk	Acidophilus milk is pasteurized milk or low-fat milk inoculated with Lactobacillus acidophilus to improve the digestibility of the milk. This milk has been recommended for individuals taking antibiotics because antibiotics kill off bacteria in the intestine. It is believed that ingestion of milk containing Lactobacillus acidophilus will help restore the normal intestinal flora. The lactose content in Acidophilus milk (6 gram/cup) is less than whole fresh milk (12 grams/cup).
Cultured Buttermilk	Buttermilk is made by adding lactic acid-producing bacteria, usually Streptococcus lactis, to pasteurized or ultra pasteurized milk (whole, reduced fat, low fat, nonfat) with nonfat dry milk solids under controlled conditions. Depending upon the level of milk fat in the product, buttermilk maybe called cultured buttermilk, cultured low fat milk.
Lactose-Free Milk (Dairy Ease® Milk and LACTAID® Milk)	Lactose-free milk is made from milk and treated with the lactose enzyme which converts lactose to glucose and galactose. Therefore, people with lactose intolerance can drink this milk. Dairy Ease® milk and LACTAID® milk are made from milk and lactose-free milk. http://www.dairyease.com/products/wholemilk.html
Evaporated Milk	Evaporated milk is made by preheating to stabilize proteins, concentrating in vacuum pans at 122° to 131° F to remove about 60% of water, homogenizing (which is mandatory), standardizing to the required percentage of component, adding vitamins (vitamin D must be added to provide 400 IU per reconstituted quart), canning and stabilizing.
Goat Milk	Goat milk may be used as a substitute for cow milk for children over one year of age and adults. When goat milk is compared to cow milk, it is higher in nutrients, such as Calcium, Vitamin B-6, Vitamin A and Potassium, and lower in Vitamin B-12 and Folate . The fatty acid and protein structure of goat milk is different from cow milk, making it easier to digest. Goat milk has slightly less lactose: 9 grams of lactose per cup, compared with 11 grams of lactose in one cup of cow milk. Therefore, some people who cannot tolerate cow milk, may be able to drink goat milk. http://www.meyenberg.com/
Non-fat dry milk fortified with Vitamins A and D	Nonfat milk is prepared by removing water from pasteurized skim milk. Due to its low moisture content, it can be kept for a long period of time. It contains 2,000 IU of Vitamin A and 400 IU of Vitamin D per quart when reconstituted according to label directions. Almost all non-fat dry milk sold retail is fortified with Vitamins A and D.
Nu-trish A/B Milk (Acidophilus/Bifidus)	Nu-trish A/B milk is milk inoculated with acidophilus and Bifidus cultures. Although research is not conclusive, these cultures may help improve lactose digestion and promote healthy bacteria in the GI tract. This milk has been recommended for individuals taking antibiotics because antibiotics kill off bacteria in the intestine. Nu-trish A/B milk contains the same amount of lactose, or milk sugar as regular milk. However, it has been shown that the lactose is broken down by the enzymes (beta galactosidase) shortly after the Nu-trish A/B culture is consumed. Thus, Nu-trish milk may help assist people with lactose intolerance.

References:

1) Food & Nutrition Encyclopedia, 2nd Edition, Ensminger AH, Ensminger ME, Konlande JE, Robson JRK, CRC Press, Inc., 1994.

2) National Dairy Council, http://www.nationaldairycouncil.org/NationalDairyCouncil/Nutrition/Products/index.htm

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5) The New Complete Book of Food: A Nutritional Medical, and Culinary Guide, Rinzler CA, Facts on File, Inc. New York, NY, 1999.