Missouri WIC Program

MOWINS Formulas and Foods Reference Sheets

Effective: June 1, 2009 - September 30, 2009

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Summary of Update - Effective June 1, 2009

1. New Exempt Infant Formulas and Medical Foods

#	Product	Brand	Type	Size	Description	Category	Note
1	Boost Kid Essentials - All Flavors (With Probiotic Straw)	Nestlé	R-T-U	8.25 fl oz (6-pack)	Attached straw contains immune supporting probiotics. Lactose-free and gluten-free. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Medical Food	Available at retail store
2	Boost Kid Essentials 1.5 cal - All Flavors	Nestlé	R-T-U	8 fl oz. (6-pack)	Lactose-free and gluten-free. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Medical Food	Direct Shipment Only
3	Boost Kid Essentials with Fiber 1.5 cal - Vanilla only	Nestlé	R-T-U	8 fl oz. (6-pack)	Lactose-free and gluten-free. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Medical Food	Direct Shipment Only
4	Calcilo XD	Ross	PWD	13.2 oz. [6/case]	Nutritionally complete low-calcium/vitamin D-free infant formula. For use in patients with Williams syndrome or osteoporosis. Hypoallergenic/Metabolic	Medical Food	Contact WIC vendor for availability
5	Nutramigen LIPILwith Enflora LGG	MJN	PWD	12.6 oz.	A hypoallergenic formula for infants who are allergic to the intact protein found in milk-based and soy-based formulas. Contains extensively hydrolyzed protein to avoid an immune system response, and the probiotic LGG to support healthy and normal functioning of the GI tract.	Exempt Infant Formula	Available at retail store
6	Vital Jr.	Ross	R-T-F	8 fl oz	Complete or supplemental nutrition support for children 1-13 years with impaired gastrointestinal function, as well as, malabsorption, inflammatory bowel disease, short bowel syndrome, cystic fibrosis, chronic diarrhea, and growth failure.	Medical Food	May not available at retail store

2. Discontinued Formulas

#	Product	Brand	Type	Size	Note		
1	LactoFree LIPIL	MJN	PWD	12.9 oz	Discontinued on March 1, 2009.		
2	LactoFree LIPIL	MJN	Conc.	13 fl oz.	Discontinued on March 1, 2009.		
3	LactoFree LIPIL	MJN	R-T-U	32 fl oz.	Discontinued on March 1, 2009.		
4	Nutramigen LIPIL	MJN	PWD	16 oz.	Will be discontinued on August 1, 2009.		

A. GUIDELINES FOR ISSUING INFANT FORMULAS, EXEMPT INFANT FORMULAS AND MEDICAL FOODS

1. **Issuance of Infant 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 also applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" on the reference sheet.

2. **Issuance of Infant Premature Formulas in Individual Bottles (2 fl oz) to children**
   The Missouri WIC program does **NOT** approve requests for Infant Premature Formulas in Individual Bottles (2 fl oz) to children.

3. **Issuance of Enfamil Next Step LIPIL or Enfamil Next Step ProSobee LIPIL for Infant (9-11 months)**
   The Missouri WIC program does **NOT** approve requests for Enfamil Next Step LIPIL or Enfamil Next Step ProSobee LIPIL to infants aged 9-11 months old.

4. **Issuance of Non-Contract Formulas**
   The Missouri WIC program does **NOT** approve requests for non-contract infant formulas listed in the table below:

Similac with Iron, Similac Advance with Iron	Good Start Essentials,
Similac Sensitive	Good Start Supreme DHA and ARA
Similac Isomil Advance with Iron	Good Start Supreme Soy DHA and ARA
Similac Isomil with Iron	Good Start Natural Cultures
Similac Sensitive R.S.	all store brand milk and soy based infant formulas.)

5. **Issuance of Enfamil Gentlease LIPIL**
   Enfamil Gentlease LIPIL can be issued to infants who are unable to tolerate Enfamil LIPIL with Iron.

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

7. **Maximum Allowance:**

Category	Powder	Liquid 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.

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

9. **Dilutions**
   Any dilutions that deviate from the standard dilution require Registered Dietitian (WIC) or State WIC nutritionist approval. Local WIC provider (CPA) must document the mixing instructions in the general notes in MOWINS.

10. **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 infant) 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 very low birth weight (VLBW) infants and is usually only prescribed while in the hospital. If an infant is prescribed HMF upon release, it is only going to be for short term use (possibly a couple of weeks). HMF should be issued to only partially breastfed infant.

11. **Extra Formulas/ Unused 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/unused formulas will be e-mailed to local WIC agencies on a monthly basis through the WIC UPDATE. The State WIC office is responsible for shipping costs.

12. **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. If you need assistance, contact the State WIC office at 1-800-392-8209.

13. **Direct Shipment and Formulas/Medical Foods Not Listed in the Reference Sheet ---- IMPORTANT**

Follow the Decision Tree for Issuing Exempt Infant Formulas and Medical Foods on Page 4.

Local Agency's Responsibilities

a. When the shipment arrives, the local WIC provider is responsible for verifying the shipment. When the participant or guardian picks up the formula, the agency will provide the allowed amount to the participant.

b. Do not exceed the monthly maximum allowance. (See pages 7 – 13).

c. The participant/guardian must sign the packing slip.

d. Indicate on the slip the quantity of formulas given to the participant.

e. Scan the packing slip into MOWINS.

f. Keep track of the date and the quantity of formulas given to the participant in the general note in MOWINS.

Holding Back Extra Formulas

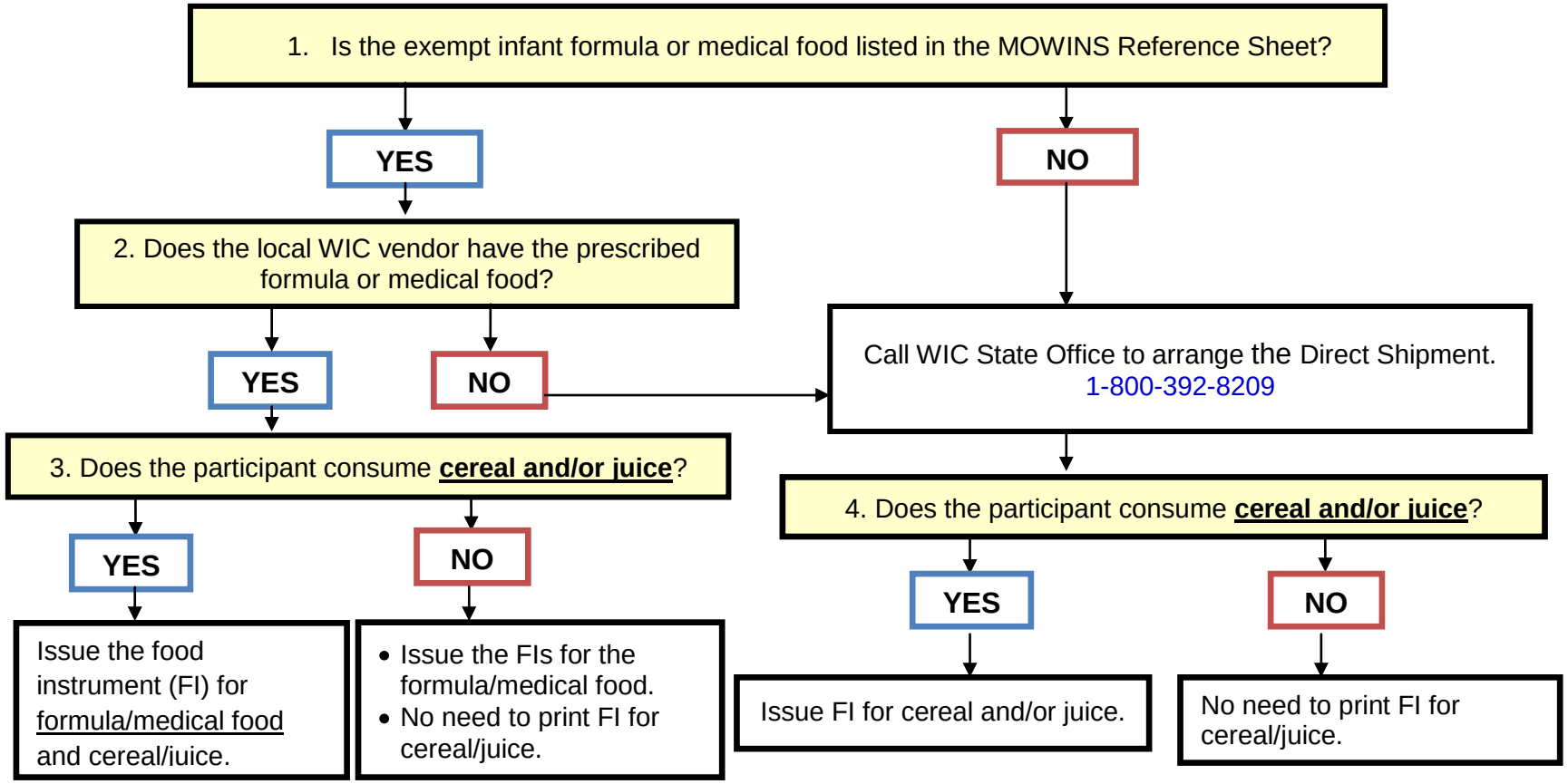
For example, when the State WIC office places an order, local WIC providers will receive 5 cases (120 cans) of Bright Beginnings Soy Pediatric Drink (BBSPD) from PBM Products LLC.

a. Do not provide all 5 cases (120 cans) to the participant.

b. The monthly maximum allowance of BBSPD is 113 cans even though a physician may prescribe more than 113 cans per month.

- If a physician prescribes 3 cans per day, provide only 93 cans per month and keep the 27 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.

Decision Tree for Issuing Exempt Infant Formulas and Medical Foods



[IMPORTANT]

A. When the direct shipment is delivered, the LWP must:
   1. Contact the participant or caregiver.
   2. Indicate the following information on the package slip
      - Quantity of formula/medical food given
      - Date formula/medical food given
      - Participant's signature
      - LWP Staff's signature
   3. Scan the slip in MOWINS.

B. Issuing formula/medical food from another LWP
Issue FIs for cereal and/or juice and quantity of formula to be purchased from WIC vendor.

C. Human Milk Fortifier (HMF)
When LWP get a request for HMF, the LWP must contact the State WIC office for approval and direct shipment. HMF is available only for partially breastfed infants.

14. Returned Infant Formula Conversion Table - From Powder to Conc. & Ready-To-Use/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.). For example, if a participant returns 4 cans of Enfamil LIPIL (Powder), you can provide 12 cans of Enfamil LIPIL (Conc.)

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

15. GUIDELINES FOR ISSUING SUPPLEMENTAL FORMULA TO BREASTFED INFANTS

If the mother states that the infant receives the following approximate			Number of Formula Cans Issued per Month						
Amounts of formula per **Day**	Amount of Formula Per **Week**	Amount of Formula Per **Month**	Enfamil LIPIL Powdered	ProSobee LIPIL Powdered	Enfamil Gentlease Powdered	Nutramigen LIPIL Powdered	Nutramigen LIPIL with Enflora LGG Powdered	Liquid Concentrated Formulas 13 fl oz	Ready-To-Fed/Use (32 fl oz)
(fl oz)	(fl oz)	(fl oz)	Reconstituted Volume 94 fl oz/can	Reconstituted Volume 92 fl oz/can	Reconstituted Volume 88 fl oz/can	Reconstituted Volume 113 fl oz/can	Reconstituted Volume 87 fl oz/can		
3	21	93	1	1	1	1	1	_	_
6	42	186	2	2	2	2	2	_	_
9	63	279	3	3	3	2	3	_	_
12	84	372	4	4	4	3	4	_	_
15*	105	465	5	5	5	4	5	18	_
18*	126	558	6	6	6	5	6	21	_
21*	147	651	7	7	7	6	7	25	_
24*	168	744	8	8	8	7	8	29	_
25.5*	178	790	8	8	9	7	9	30	_

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

SYMBOLS, ACRONYMS, ABBREVIATIONS, and DEFINITIONS

X= Issue/Eligible to Program Category.	WIC Cert = WIC Certifier	PWD = Powder
G1 = See Guideline A.1. on Page 1.	Nutri. = Local WIC Nutritionist	Conc. = Liquid Concentrate
N/A = Not Available.	CPA = Competent Professional Authority	R-T-F = Ready To Feed
N = WIC 29 form is not required.	RD = WIC Registered Dietitian	R-T-U = Ready To Use
Y = WIC 29 is required.	State Nutri. = State WIC Nutritionist	

1. Contract Infant Formulas (Rebate Formulas/Standard)		Type of Formula	Type of Protein Source [Milk, Soy, Neither]	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
1	Enfamil LIPIL with Iron	Standard	Milk	MJN	PWD	12.9 oz.	X	G1	N/A	9	9	11	N	WIC Cert, CPA, Nutri or RD	12
2	Enfamil LIPIL with Iron	Standard	Milk	MJN	Conc.	13 fl oz.	X	G1	N/A	31	31	35	N	WIC Cert, CPA, Nutri or RD	12
3	Prosobee LIPIL	Standard	Milk	MJN	PWD	12.9 oz.	X	G1	N/A	9	9	11	N	WIC Cert, CPA, Nutri or RD	12
4	ProSobee LIPIL	Standard	Milk	MJN	Conc.	13 fl oz.	X	G1	N/A	31	31	35	N	WIC Cert, CPA, Nutri or RD	12
5	Enfamil Gentlease LIPIL	Standard	Milk	MJN	PWD	12 oz.	X	G1	N/A	10	10	12	N	CPA or Nutri or RD	12
6	Enfamil LIPIL with Iron	Standard	Milk	MJN	R-T-U	32 fl oz.	X	G1	N/A	25	25	28	N	CPA or Nutri or RD	12
7	Prosobee LIPIL	Standard	Milk	MJN	R-T-U	32 fl oz.	X	G1	N/A	25	25	28	N	CPA or Nutri or RD	12
8	Enfamil A.R. LIPIL	Standard	Milk	MJN	PWD	12.9 oz.	X	G1	N/A	9	9	11	Y	CPA or Nutri or RD	4
9	Enfamil A.R. LIPIL	Standard	Milk	MJN	R-T-U	32 fl oz.	X	G1	N/A	25	25	28	Y	CPA or Nutri or RD	4
10	Enfamil Next Step LIPIL	Standard	Milk	MJN	PWD	24 oz.	N/A	X	N/A	N/A	5	6	Y	CPA or Nutri or RD	4
11	Enfamil Next Step Prosobee LIPIL	Standard	Soy	MJN	PWD	24 oz.	N/A	X	N/A	N/A	5	6	Y	CPA or Nutri or RD	4

2. Premature Formulas		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
12	EnfaCare LIPIL (22 calories)	Exempt Infant Formula	Milk	MJN	PWD	12.8 oz.	X	G1	N/A	10	10	11	Y	CPA or Nutri or RD	4
13	EnfaCare LIPIL (22 calories)	Exempt Infant Formula	Milk	MJN	R-T-U	32 fl oz.	X	G1	N/A	25	25	28	Y	CPA or Nutri or RD	4
14	Enfamil LIPIL with Iron (20 calories) - **Non-Premature**	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	67x6-pack	75x6-pack	Y	Nutri. or RD	4
15	Enfamil LIPIL with Iron (24 calories) - **Non-Premature**	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	67x6-pack	75x6-pack	Y	Nutri. or RD	4
16	Similac NeoSure (22 calories)	Exempt Infant Formula	Milk	Ross	PWD	12.8 oz.	X	G1	N/A	10	10	11	Y	CPA or Nutri or RD	4
17	Similac NeoSure (22 calories)	Exempt Infant Formula	Milk	Ross	R-T-F	32 fl oz.	X	G1	N/A	25	25	28	Y	CPA or Nutri or RD	4
18	Enfamil **Premature** LIPIL with Iron (20 calories)	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	N/A	N/A	Y	Nutri. or RD	4
19	Enfamil **Premature** LIPIL with Iron (24 calories)	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	N/A	N/A	Y	Nutri. or RD	4
20	Similac Special Care with Iron (20 calories)	Exempt Infant Formula	Milk	Ross	R-T-F	2 fl oz (6 x 8-pack/case)	X	G1	N/A	50x8-pack	N/A	N/A	Y	Nutri. or RD	4
21	Similac Special Care with Iron (24 calories)	Exempt Infant Formula	Milk	Ross	R-T-F	2 fl oz (6 x 8-pack/case)	X	G1	N/A	50x8-pack	N/A	N/A	Y	Nutri. or RD	4

3. Hypoallergenic Formulas		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
22	Similac Alimentum	Exempt Infant Formula	Milk	Ross	PWD	16 oz.	X	G1	N/A	8	8	9	Y	CPA or Nutri or RD	4
23	Similac Alimentum	Exempt Infant Formula	Milk	Ross	R-T-F	32 fl oz.	X	G1	N/A	25	25	28	Y	CPA or Nutri or RD	4
24	Neocate Infant Formula	Exempt Infant Formula	Soy*	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	9	9	10	Y	RD or State Nutri.	4
25	Neocate Infant Formula With DHA and ARA	Exempt Infant Formula	Soy*	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	9	9	10	Y	RD or State Nutri.	4
26	Nutramigen LIPIL (Not Available after August 1, 2009)	Exempt Infant Formula	Milk	MJN	PWD	16 oz.	X	G1	N/A	8	8	9	Y	CPA or Nutri or RD	4
27	Nutramigen LIPIL	Exempt Infant Formula	Milk	MJN	Conc.	13 fl oz.	X	G1	N/A	31	31	35	Y	CPA or Nutri or RD	4
28	Nutramigen LIPIL	Exempt Infant Formula	Milk	MJN	R-T-U	32 fl oz.	X	G1	N/A	25	25	28	Y	CPA or Nutri or RD	4
29	Nutramigen LIPILwith Enflora LGG- **New**	Exempt Infant Formula	Milk	MJN	PWD	12.6 oz.	X	G2	N/A	10	10	11	Y	CPA or Nutri or RD	4
30	Nutramigen AA LIPIL	Exempt Infant Formula	Soy*	MJN	PWD	14.1 oz.	X	G1	N/A	9	9	10	Y	CPA or Nutri or RD	4
31	Pregestimil LIPIL	Exempt Infant Formula	Milk	MJN	PWD	16 oz.	X	G1	N/A	8	8	9	Y	CPA or Nutri or RD	4
32	Pregestimil LIPIL (20 calories)	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	67x6-pack	75x6-pack	Y	CPA or Nutri or RD	4
33	Pregestimil LIPIL (24 calories)	Exempt Infant Formula	Milk	MJN	R-T-U	2 fl oz (8 x 6-pack/case)	X	G1	N/A	67x6-pack	67x6-pack	75x6-pack	Y	CPA or Nutri or RD	4

3. **Metabolic Formulas**		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
34	BCAD 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
35	GA	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	X	8	8	9	Y	RD or State Nutri.	4
36	HCY 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
37	HCY 2	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	N/A	X	X	N/A	8	9	Y	RD or State Nutri.	4
38	Ketonex 1	Metabolic Formula	Soy*	Ross	PWD	14.1 oz [6/case]	N/A	X	X	N/A	9	10	Y	RD or State Nutri.	4
39	Ketonex 2	Metabolic Formula	Soy*	Ross	PWD	14.1 oz [6/case]	N/A	X	X	N/A	9	10	Y	RD or State Nutri.	4
40	LMD	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	X	8	8	9	Y	RD or State Nutri.	4
41	MSUD Analog	Metabolic Formula	Soy*	Nutricia	PWD	14 oz. [4/case]	X	G1	N/A	9	9	10	Y	RD or State Nutri.	4
42	MSUD Maxamaid	Metabolic Formula	Soy*	Nutricia	PWD	14 oz. [4/case]	N/A	X	N/A	N/A	9	10	Y	RD or State Nutri.	4
43	MSUD Maxamum	Metabolic Formula	Soy*	Nutricia	PWD	14 oz. 4/case]	N/A	N/A	X	N/A	9	10	Y	RD or State Nutri.	4
44	OA 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
45	OA 2	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	N/A	X	X	N/A	8	9	Y	RD or State Nutri.	4
46	PFD 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
47	PhenexTM 1	Metabolic Formula	Soy*	Ross	PWD	14.1 oz. (6/case)	X	X	N/A	9	9	10	Y	RD or State Nutri.	4
48	PhenexTM 2 [Unflavored and Vanilla]	Metabolic Formula	Soy*	Ross	PWD	14.1 oz. (6/case)	N/A	X	X	N/A	9	10	Y	RD or State Nutri.	4
49	Phenyl-Free 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
50	TYROS 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
51	WND 1	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	X	X	N/A	8	8	9	Y	RD or State Nutri.	4
52	WND 2	Metabolic Formula	Soy*	MJN	PWD	16 oz [6/case]	N/A	X	X	N/A	8	9	Y	RD or State Nutri.	4
53	Periflex Infant (Formerly XPhe Analog)	Metabolic Formula	Soy*	Nutricia	PWD	14 oz [4/case]	X	G1	N/A	9	9	10	Y	RD or State Nutri.	4
54	XPhe Maxamaid	Metabolic Formula	Soy*	Nutricia	PWD	16 oz. [4/case]	N/A	X	N/A	N/A	8	9	Y	RD or State Nutri.	4
55	XPhe Maxamum	Metabolic Formula	Soy*	Nutricia	PWD	16 oz. [4/case]	N/A	N/A	X	N/A	8	9	Y	RD or State Nutri.	4

4. Exempt Infant Formulas and Medical Foods		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
56	Al Soy	Medical Food	Soy	PBM** [Nestlé]	R-T-U	8 fl oz. [6-pack]	N/A	N/A	X	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
57	Boost - All Flavors	Medical Food	Milk	Nestlé	R-T-U	8 fl oz. [6-pack]	N/A	N/A	X	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
58	Boost Kid Essentials - All Flavors New	Medical Food	Milk	Nestlé	R-T-U	8.25 fl oz (6-pack)	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
59	Boost Kid Essentials 1.5 cal - All Flavors New (Direct Shipment only)	Medical Food	Milk	Nestlé	R-T-U	8 fl oz. (6-pack)	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	State Nutri.	4
60	Boost Kid Essentials with Fiber 1.5 cal Vanilla -New (Direct Shipment only)	Medical Food	Milk	Nestlé	R-T-U	8 fl oz. (6-pack)	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	State Nutri.	4
61	Bright Beginnings Soy Pediatric Drink	Medical Food	Soy	PBM** [Nestlé]	R-T-F	8 fl oz. [24/case]	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
62	Calcilo XD - New	Medical Food	Milk	Ross	PWD	13.2 oz. [6/case]	X	N/A	N/A	9	N/A	N/A	Y	Nutri. or RD	4
63	E028 Splash - All Flavors	Medical Food	Soy*	Nutricia	R-T-U	8 fl oz. [27/case]	N/A	X	N/A	N/A	100	113	Y	RD or State Nutri.	4
64	EleCare*** (Unflavored, Vanilla)	Medical Food	Soy*	Ross	PWD	14.1 oz. [6/case]	X	X	N/A	9	9	10	Y	RD or State Nutri.	4
65	EleCare*** DHA/ARA	Medical Food	Soy*	Ross	PWD	14.1 oz. [6/case]	X	X	N/A	9	9	10	Y	RD or State Nutri.	4
66	Enfaport LIPIL	Medical Food	Milk	MJN	R-T-U	8 fl oz.	X	N/A	N/A	100	N/A	N/A	Y	RD or State Nutri.	4
67	Ensure - All Flavors	Medical Food	Milk	Ross	R-T-F	8 fl oz. [6-pack]	N/A	N/A	X	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
68	Ensure - Vanilla	Medical Food	Milk	Ross	PWD	14 oz.	N/A	N/A	X	N/A	9	10	Y	Nutri. or RD	4
69	KetoCal (4:1)	Medical Food	Milk	Nutricia	PWD	11 oz. [6/case]	N/A	X	N/A	N/A	11	13	Y	RD or State Nutri.	4
70	KetoCal (3:1)	Medical Food	Milk	Nutricia	PWD	11 oz. [6/case]	N/A	X	N/A	N/A	11	13	Y	RD or State Nutri.	4
71	Neocate Junior - All Flavors	Medical Food	Milk	Nutricia	PWD	14 oz. [4/case]	N/A	X	N/A	N/A	9	10	Y	RD or State Nutri.	4
72	Neocate One + Powder	Medical Food	Soy*	Nutricia	PWD	60 g/(2.1oz) [15/case]	N/A	X	N/A	N/A	60	68	Y	RD or State Nutri.	4
73	Nutren Junior - Vanilla	Medical Food	Milk	Nestlé	R-T-F	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	Nutri. or RD	4
74	Nutren Junior with Fiber - Vanilla	Medical Food	Milk	Nestlé	R-T-F	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	Nutri. or RD	4

4. Exempt Infant Formulas and Medical Foods		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
75	Pediasure - All Flavors	Medical Food	Milk	Ross	R-T-U	8 fl oz. [6-pack] [24/case]	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
76	Pediasure with Fiber - Vanilla	Medical Food	Milk	Ross	R-T-U	8 fl oz. [6-pack] [24/case]	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
77	Pediasure Enteral	Medical Food	Milk	Ross	R-T-U	8 fl oz. [6-pack] [24/case]	N/A	X	N/A	N/A	16x6-pack	18x6-pack	Y	Nutri. or RD	4
79	Pepdite Junior (Formerly Pepdite One+)	Medical Food	Soy*	Nutricia	PWD	1.8 oz. [15/case]	N/A	X	N/A	N/A	71	80	Y	RD or State Nutri.	4
80	Peptamen Jr. - All Flavors	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	RD or State Nutri.	4
81	Peptamen Jr. 1.5	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	RD or State Nutri.	4
82	Peptamen Jr. Powder (Vanilla only)	Medical Food	Milk	Nestlé	PWD	14.1oz [12/case]	N/A	X	N/A	N/A	9	10	Y	RD or State Nutri.	4
83	Peptamen Jr. with Fiber	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	RD or State Nutri.	4
84	Peptamen Jr. with Prebio	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	X	N/A	N/A	96	107	Y	RD or State Nutri.	4
4. Exempt Infant Formulas and Medical Foods		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Fully Formula Fed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
85	Peptamen - All Flavors	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	N/A	X	N/A	96	107	Y	RD or State Nutri.	4
86	Peptamen 1.5 - All Flavors	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	N/A	X	N/A	96	107	Y	RD or State Nutri.	4
87	Peptamen with Prebio	Medical Food	Milk	Nestlé	R-T-U	8.45 fl oz. [24/case]	N/A	N/A	X	N/A	96	107	Y	RD or State Nutri.	4
88	Portagen	Medical Food	Milk	MJN	PWD	16 oz. [6/case]	N/A	X	X	N/A	8	9	Y	RD or State Nutri.	4
89	Similac PM 60/40	Exempt Infant	Milk	Ross	PWD	14.1 oz [6/case]	X	G1	N/A	9	9	10	Y	RD or State Nutri.	4
90	Super Soluble Duocal	Medical Food	Soy*	Nutricia	PWD	14.1 oz. [4/case]	N/A	X	X	N/A	9	10	Y	RD or State Nutri.	4
91	Suplena - New	Medical Food	Milk	Ross	R-T-F	8 fl oz [24/case]	N/A	X	X	N/A	100	113	Y	RD or State Nutri.	4
92	Tolerex	Medical Food	Soy*	Nestlé	PWD	2.82 oz. 60/case]	N/A	N/A	X	N/A	45	51	Y	RD or State Nutri.	4
93	Vital Jr. - New	Medical Food	Milk	Ross	R-T-F	8 fl oz. [24/case]	N/A	X	N/A	N/A	100	113	Y	RD or State Nutri.	4
94	Vivonex Pediatric	Medical Food	Soy*	Nestlé	PWD	1.7 oz. [36/case]	N/A	X	N/A	N/A	75	84	Y	RD or State Nutri.	4
95	Vivonex T.E.N.	Medical Food	Soy*	Nestlé	PWD	2.84 oz. [60/case]	N/A	N/A	X	N/A	45	50	Y	RD or State Nutri.	4

5. Human Milk Fortifier		Type of Formula	Milk-Based Soy-Based	MANU-FACTURER	PHYSICAL FORM	SIZES [Container & Packaging]	ELIGIBLE CATEGORY			Partially Breastfed Infants	Children & Women		WIC 29	Approval AUTHORITY	APPROVAL LENGTH (month)
							I	C	W	Max Qty for (Month)	Standard QTY (Month)	Max QTY (Month)			
96	Enfamil Human Milk Fortifier	Exempt Infant Formula	Milk	MJN	PWD	0.025 oz. [200/case]	0-1 month	N/A	N/A	200 pkts	N/A	N/A	X	State Nutri.	1

[NOTE]

1) 1) Soy* --- In MOWINS, you will need to select either "Milk-Based Formula" OR "Soy-Based Formula" when you issue checks. The categories are based on the protein source. Because there are only two choices in the current MOWINS, the State WIC office has chosen "Soy-based Formula" for the Exempt Infant Formulas and Medical Foods which do not fit either category, i.e. formulas with extensively hydrolyzed protein or free amino acids. You must choose "Soy" for the products with "Soy*" as indicated in this table. "Soy*" in the table above indicates products which are neither a milk-based formula nor a soy-based formula.

2) PBM** ----- In MOWINS, you will need to select the manufacturer's name for each Infant Formula, Exempt Formula, and Medical Food when you issue checks. Because there are only four choices of manufacturers (Mead Johnson, Ross, Nestle, and Nutricia) in MOWINS, the State WIC office has chosen "Nestle" for PBM. Therefore, you must choose "Nestle" for "Bright Beginnings Soy Pediatric Drink" which is a product of PBM when you issue checks.

3) EleCare*** --- In MOWINS, you will need to select one category from the four categories (Standard Formula, Exempt Infant Formula, Metabolic Formula, and Medical food) when you issue checks for EleCare. Therefore, the State WIC office has chosen "Medical Food" for products which belong to two categories (Exempt Infant Formula and Medical Foods). Based on the WIC Eligibility Category in the USDA WIC formula data base, EleCare is an Exempt Infant Formula and also a Medical Food. You must choose "Medical Food" when you issue a check for EleCare.

4) **Discontinued Items:** See the Summary of Update.

B. GUIDELINES FOR ISSUING WIC APPROVED FOODS

1. Whole Milk For Children and Women

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].

2. Additional Cheese for Children and Women

No additional cheese is allowed for participants with Risk Factor 355 (lactose intolerance). Specialty milks are available for participants with lactose intolerance.

3. Additional Juice for Children

a. Addition **two** 46 oz-cans or 12 oz-frozen concentrate juice to children who have the following nutritional risk factors:

   i. 103 [Underweight or At risk of Becoming Underweight]

   ii. 135 [Inadequate Growth]

b. The CPA must document the need in the general note in MOWINS.

4. Goat Milk (Meyenberg)

Whole goat milk can be issued to all children and women. Low fat goat milk may not available at WIC vendors in some areas.

5. Infant Juice and Cereal For Children

Infant Juice	Not Available
Infant Cereal	32 oz per month

Missouri WIC Approved Foods and Maximum Allowance for Program Categories

#	Food Items	WIC Approved Sizes	Maximum Allowance for Program Categories					
			1 y/o	2 y/o	3-4 y/o	Prenatal & BF	Non-BF Women	Enhanced BF Women
1	Whole Milk (White/Unflavored)	Gallon	05	_	_	_	_	_
2	Milk: Skim THRU 2% (White)	Gallon	_	05	06	07	05	07
3	Milk: 2% Only (White)	Gallon	_	05	06	07	05	07
4	Milk: Skim Only (White)	Gallon	_	05	06	07	05	07
5	Cultured Buttermilk	Quart	20	20	24	28	20	28
6	Evaporated Milk - Store Brand	12 fl oz. Can	20	20	24	28	20	28
7	Non-Fat Dry Milk - Store Brand	3 Qt. Box	_	06	08	09	06	09
8	Non-Fat Dry Milk - Store Brand	8 Qt. Box	_	02	02	03	02	03
9	Eggs – Large White	Dozen	02	02	02	02	02	02
10	Cheese – Store Brand (8 or 16 oz size)	Pound	01	01	01	01	01	02
11	Cereal – Approved Types/Sizes	Ounce	36	36	36	36	36	36
12	Juice - Approved Brands (Can/Frozen)	46 oz/12 oz/11.5 oz.	04	04	04	06	04	07
13	Dried Beans/Peas OR Peanut Butter (Store Brand)	Pound or 18 oz. Jar	01	01	01	01	_	01
14	Dried Beans/Peas - Store Brand	Pound	_	_	_	_	_	01
15	Tuna – Water Pack only	5 oz OR 6 oz. can	_	_	_	_	_	05 or 04
16	Carrots - Fresh/Frozen/Baby	Pound	_	_	_	_	_	02
17	Nutrish A/B Acidophilus Milk (1%)	½ Gallon or Quart	_	10 (20)	12 (24)	14 (28)	10 (20)	14 (28)
18	Lactaid Milk: Whole	½ Gallon or Quart	10 (20)	_	_	_	_	_

#	Food Items	WIC Approved Sizes	Maximum Allowance for Program Categories					
			1 y/o	2 y/o	3-4 y/o	Prenatal & BF	Non-BF Women	Enhanced BF Women
19	Lactaid Milk: Skim thru 2%	½ Gallon or Quart	_	10 (20)	12 (24)	14 (28)	10 (20)	14 (28)
20	Dairy Ease Milk: Whole	½ Gallon or Quart	10 (20)	_	_	_	_	_
21	Dairy Ease Milk: Skim thru 2%	½ Gallon or Quart	_	10 (20)	12 (24)	14 (28)	10 (20)	14 (28)
22	Evaporated Goat Whole Milk - (Meyenberg)	12 fl oz.	20	20	24	28	20	28
23	Goat Milk - Whole (Meyenberg)	Quart	20	20	24	28	20	28
24	Goat Milk- Low Fat (Meyenberg)	Quart	_	20	24	28	20	28