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.		

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) Soy* --- In MOWINS, you will need to select either "Milk-Based Formula" OR "Soy-Based Formula" when you issue checks. 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. 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