

Food & Formula Reference Guide

(FFRG)

WIC Foods, Infant Formulas, Exempt Infant Formulas, Medical Foods,
and Food Packages

Effective August 15, 2011

Missouri Department of Health and Senior Services
WIC and Nutrition Services

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A. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods)

1. Acronyms, Abbreviations, Symbols, and Changes

a. Acronyms and Abbreviations							
WIC Cert = WIC Certifier	MJN = Mead Johnson Nutrition	PWD = Powder	WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form				
Nutri = Local WIC Nutritionist	Nestlé = Nestlé Nutrition	Conc. = Concentrated Liquid					
CPA = Competent Professional Authority (Nutritionist, Registered Nurse, and Registered Dietitian)	Abbott/Ross = Abbott Nutrition (formerly Ross) in MOWINS, "Ross" is used instead of Abbott.	RTF = Ready To Feed					
RD = Registered Dietitian at Local WIC Provider	Nutricia = Nutricia North America	RTU = Ready To Use					
State RD = Registered Dietitian at State WIC Office	PBM = PBM Product	W/O = Without					
b. Symbols							
\geq	Greater than OR Equal to	\leq	Less than OR Equal to	$>$	Greater than	$<$	Less than
c. Changes							
i. Name Changes & Can Size Changes							
Product Name		Descriptions to be Printed on WIC Checks					
Enfamil Gentlease – Powder*		12.4 OZ OR 12 OZ ENFAMIL GENTLEASE POWDER Effective Aug. 15, 2011 - Oct. 31, 2011					
EleCare Jr. (Unflavored/Vanilla)		14 OZ ELECARE JR. OR ELECARE (14 OZ) (VANILLA/UNFLAVORED)					
PediaSure Peptide 1.0 Cal (Formerly Vital Jr.)		8 OZ PEDIASURE PEPTIDE 1.0 CAL OR VITAL JR (8 OZ)					
* Enfamil Gentlease Powder							
<ul style="list-style-type: none"> ▪ Checks with 12.4 oz OR 12 oz: The new description allows participants to purchase Enfamil Gentlease powder in 12 oz cans or 12.4 oz cans. The quantity printed on the WIC check is based on the new size. For example, if the WIC vendor has only 12 oz cans, a participant (3 month old; non-breastfeeding) will get 9 cans. ▪ Checks with 12 oz can: When Enfamil Gentlease in the old can (12 oz) is not available at a WIC vendor, participants can purchase new cans (12.4 oz) of Gentlease in the amounts printed on their WIC checks. Purchasing a combination of 12 oz cans and 12.4 oz cans in the amounts printed on the WIC check is acceptable. 							
ii. Discontinued Products		iii. Products Newly Added in FFRG/MOWINS Effective August 15, 2011					
EleCare (w/o DHA/ARA)		PediaSure Peptide 1.5 Cal	Abbott/Ross	8 fl oz	RTU		
NeoCate Infant Formula (w/o DHA/ARA)		Nutren 2.0	Nestlé	14 oz	Powder		
A Soy		Enfamil Premature High Protein	MJN	2 fl oz	RTU		
Ensure (Powder)		Phlexy-10 System	Nutricia North America	20 g. (0.7 oz)	Powder		
iv. Enfagrow PREMIUM Toddler/Enfagrow Soy Toddler/Enfagrow Gentlease Toddler (Effective August 15, 2011)							
1. Enfagrow Toddler products are no longer contract formulas and will be categorized medical foods. 2) Enfagrow Toddler products have new labels.							
v. Approval Authority Effective August 15, 2011							
CPA's approval authority has been expanded to include the following products: Boost, Boost Kid Essentials (Retail version, 8.25 fl oz), Bright Beginnings Soy Pediatric Drink, EleCare DHA/ARA Infant, EleCare Jr., Ensure, PediaSure, and PediaSure with Fiber.							
vi. Enfamil Newborn: Missouri WIC program does not approve Enfamil Newborn.							
vii. Change to MOWINS (Food Package III Check Box in Health Information Screen in MOWINS) Important!							
You must check the Food Package III Check Box on the Health Information Screen when issuing any special formulas including the following contract formulas: Enfamil AR, and Enfamil LIPIL W/ Iron Non-Premature (24 cal) which are categorized as a special formula in MO WIC.							

2. INFANTS – CONTRACT FORMULAS Updated!

Type	#	Contract Formulas	Container Size & Packaging Size	Form	Unit in MOWIN	Yield/can fl oz	Manufacturer	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				Children ³	Approval Authority
								See Age Table Below			See Age Table Below				See Age Table Below					
								Age in Months			Age in Months				Age in Months					
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1 ³	1-3	4-5	6-11		
Contract Formulas (Rebate)	1	Enfamil Premium Infant	12.5 oz (6/case)	PWD	1 can	90	MJN	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD
	2	Enfamil Gentlease* (New/old)* See below.	12.4 oz (6/case)	PWD	1 can	90 ⁶	MJN	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD
	4	Enfamil ProSobee	12.9 oz (6/case)	PWD	1 can	92	MJN	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri, RD
	5	Enfamil Premium Infant	13 fl oz (12/case)	Conc.	1 can	26	MJN	31	34	24	n/a ⁴	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri, RD
	6	Enfamil ProSobee	13 fl oz (12/case)	Conc.	1 can	26	MJN	31	34	24	n/a ⁴	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri, RD
	7	Enfamil Premium Infant	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	8	Enfamil ProSobee	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	9	Enfamil Gentlease	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	10	Enfamil A.R. ⁵	12.9 oz (6/case)	PWD	1 can	91 ⁶	MJN	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri, RD
	11	Enfamil A.R. ⁵	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	12	Enfamil LIPIL with Iron Non-Premature (24 cal) ⁵	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD

- ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.
- > (Greater than) the maximum amount of formula allowed for partially breastfed infants.
- C= Children. Issuing infant formula to children requires medical documentation.
- N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.
- Issuing formulas (e.g. Enfamil AR, Enfamil LIPIL w/ Iron Non-Premature 24 cal, Enfamil Premium Infant (20 cal) and Enfamil Gentlease 20 cal) to infants requires WIC 27. - **Important!**
- Yield (fl oz) per can has been updated. (Enfamil A.R. from 93 fl oz to 91 fl oz; Enfamil Gentlease powder from 87 fl oz (12 oz) to 90 fl oz (21.4 oz).

Important! You must check the Food Package III Check Box on the health screen when issuing formulas (#10 - #12) highlighted in yellow.

*** Enfamil Gentlease Powder:**

- Checks with 12.4 oz OR 12 oz:** The new description allows participants to purchase Enfamil Gentlease powder in 12 oz cans or 12.4 oz cans. The quantity printed on the WIC check is based on the new size. For example, if the WIC vendor has only 12 oz cans, a participant (3 month old; non-breastfeeding) will get 9 cans.
- Checks with 12 oz can:** When Gentlease in the old can (12 oz) is not available at a WIC vendor, participants can purchase new cans (12.4 oz) of Gentlease in the amounts printed on their WIC checks. Purchasing a combination of 12 oz cans and 12.4 oz cans in the amounts printed on the WIC check is acceptable.

3. INFANTS – Exempt Formulas (Special Formulas) Updated!

Important! You must check the Food Package III check box on the Health Information Screen when issuing any formulas in this section.

Type	#	Special Formulas • Medical Documentation Required • Max. Length of Approval: 6 months	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manuf acturer	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				Children ³	Approval Authority Updated!
								See Age Table			See Age Table				See Age Table					
								(Age in Months)			(Age in Months)				(Age in Months)					
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Premature Formulas & Formulas in Nursette	1	Enficare LIPIL	12.8 oz (6/case)	PWD	1 can	82	MJN	10	11	8	n/a ⁴	1-5	1-6	1-4	1-10	6-10	7-11	5-8	11	CPA, Nutri, RD
	2	Similac Expert Care Neosure	13.1 oz (6/case)	PWD	1 can	87	Abbott/Ross	10	11	8	n/a ⁴	1-5	1-6	1-4	1-10	6-10	7-11	5-8	10	CPA, Nutri, RD
	3	Enficare LIPIL	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a ⁴	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri, RD
	4	Similac Expert Care Neosure	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a ⁴	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri, RD
	5	Enfamil Premature With Iron (20 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1-32	1-37	1-26	1-69	33-69	38-74	27-53	0	Nutri. RD
	6	Enfamil Premature With Iron (24 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1-32	1-37	1-26	1-69	33-69	38-74	27-53	0	Nutri. RD
	7	Enfamil Premature High Protein (24 cal) New!	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1-32	1-37	1-26	1-69	33-69	38-74	27-53	0	Nutri. RD
	8	Pregestimil LIPIL (20 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1-32	1-37	1-26	1-69	33-69	38-74	27-53	0	CPA, Nutri, RD
	9	Pregestimil LIPIL (24 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a ⁴	1-32	1-37	1-26	1-69	33-69	38-74	27-53	0	CPA, Nutri, RD
	10	Similac Special Care with Iron (20 cal)	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a ⁴	1-24	1-28	1-20	1-52	25-52	29-56	21-40	0	Nutri. RD
	11	Similac Special Care with Iron (24 cal)	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a ⁴	1-24	1-28	1-20	1-52	25-52	29-56	21-40	0	Nutri. RD
	12	Similac Special Care with Iron (30 cal)	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a ⁴	1-24	1-28	1-20	1-52	25-52	29-56	21-40	0	Nutri. RD
	13	EleCare DHA/ARA (Unflavored)	14.1 oz. 6/case	PWD	1 can	95	Abbott/Ross	9	10	7	n/a ⁴	1-4	1-5	1-4	1-9	5-9	6-10	5-7	9	CPA, Nutri, RD
	14	NeoCate Infant Formula DHA/ARA	14 oz (4/case)	PWD	1 can	85	Nutricia	10	11	8	n/a ⁴	1-5	1-6	1-4	1-10	6-10	7-11	5-8	10	CPA, Nutri, RD
	15	Nutramigen AA	14.1 oz (4/case)	PWD	1 can	98	MJN	8	9	7	n/a ⁴	1-4	1-5	1-3	1-8	5-8	6-9	4-7	9	CPA, Nutri, RD

Type	#	Special Formulas <ul style="list-style-type: none"> • Medical Documentation Required • Max. Length of Approval: 6 months 	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				Children ³	Approval Authority Updated!
								See Age Table (Age in Months)			See Age Table (Age in Months)				See Age Table (Age in Months)					
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Hypoallergenic Formulas	16	Nutramigen LIPIL	13 fl oz (6/case)	Conc	1 can	26	MJN	31	34	24	n/a ⁴	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	CPA, Nutri, RD
	17	Nutramigen LIPIL	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	18	Nutramigen LIPIL with Enflora LGG	12.6 oz (6/case)	PWD	1 can	87	MJN	10	11	8	n/a ⁴	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD
	19	Pregestimil LIPIL	16 oz (6/case)	PWD	1 can	112	MJN	7	8	6	n/a ⁴	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	8	CPA, Nutri, RD
	20	Similac Expert Care Alimentum	16 oz (6/case)	PWD	1 can	115	Abbott/Ross	7	8	6	n/a ⁴	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	7	CPA, Nutri, RD
	21	Similac Expert Care Alimentum	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
Other Exempt	22	Monogen ⁵ (Based on 22 cal/fl oz)	14 oz 6/case	PWD	14 oz	56	Nutricia	11	12	9	n/a ⁴	1-5	1-6	1-5	1-11	6-11	7 - 12	6-9	11	State RD
	23	Calcilo XD	13.2oz 6/case	PWD	1 can	96	Abbott/Ross	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	RD, State RD
	24	Enfaport LIPIL	8 fl oz 24/case	RTU	1 can	8	MJN	104	112	80	n/a ⁴	1 - 48	1 - 56	1 - 40	1 - 104	49 - 104	57 - 112	41 - 80	113	RD, State RD
	25	Similac PM 60/40	14.1 oz. 6/case	PWD	1 can	102	Abbott/Ross	8	9	6	n/a ⁴	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 6	8	RD, State RD

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.
2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.
3. C= Children. Issuing infant formula to children requires medical documentation. **Maximum quantity allowance is based on the yield per can for infant standard dilution.**
4. N/A - Not applicable. Partial Breastfeeding Infants (<= Max amount of formula) are not given any formula in the 1st month.
5. Monogen = Contact State Nutritionist for approval. Reconstituted yield per can is dependent on the desired concentration which must be prescribed by a physician.

4. Medical Foods (Special Formulas) for Children and Women Updated!

Important! You must check the Food Package III Check Box on the Health Information Screen when issuing any formulas in this section.

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
1	Boost - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Nestlé	0	18x6-pack	CPA, Nutri, RD
2	Boost Kid Essentials All Flavors – Vanilla, Chocolate, Strawberry (With Probiotic Straw; Retail Store version] (1.0 cal)	8.25 fl oz (4-pack)	RTU	4-pack	33	Nestlé	27x4-pack	0	CPA, Nutri, RD
3	Boost Kid Essentials 1.5 cal – Vanilla, Strawberry, Chocolate (Recommended Direct Shipment)	8 fl oz. (27/case)	RTU	1 can	8	Nestlé	113 cans	0	State RD
4	Boost Kid Essentials with Fiber 1.5 cal Vanilla (Direct Shipment Only)	8 fl oz.(27/case)	RTU	1 can	8	Nestlé	113 cans	0	State RD
5	Boost Kid Essentials 1.0 cal - Vanilla, Strawberry, Chocolate (Direct Shipment Only)	8 fl oz.(27/case)	RTU	1 can	8	Nestlé	113 cans	0	State RD
6	Bright Beginnings Soy Pediatric Drink	8 fl oz (6-pack, 24/case)	RTU	6-pack	48	PBM** [Nestlé]	18 cans	0	CPA, Nutri, RD
7	E028 Splash - All Flavors	8 fl oz (27/case)	RTU	1 can	8	Nutricia	113 cans	0	RD, State RD
8	EleCare Jr. (Unflavored/Vanilla) (Formerly EleCare)	14.1 oz (6/case)	PWD	1 can	62	Abbott/Ross	14 cans	0	CPA, Nutri, RD
9	Enfagrow Premium Toddler Milk Drink (Natural Milk Flavor)	24 oz (4/case)	PWD	1 can	147	MJN	6 cans	0	CPA, Nutri, RD
10	Enfagrow Premium Toddler Milk Drink (Unflavored)	32 fl oz (6/case)	RTU	1 can	32	MJN	28 cans	0	CPA, Nutri, RD
11	Enfagrow Soy Toddler Milk Drink	24 oz (4/case)	PWD	1 can	161	MJN	5 cans	0	CPA, Nutri, RD
12	Enfagrow Gentlease Toddler Milk Drink	24 oz (4/case)	PWD	1 can	169	MJN	5 cans	0	CPA, Nutri, RD
13	Ensure - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Abbott/Ross	0	18x6-pack	CPA, Nutri, RD
14	KetoCal (3:1)	11 oz. (6/case)	PWD	1 can	≈ 71	Nutricia	12 cans	0	RD, State RD
15	KetoCal (4:1)	11 oz. (6/case)	PWD	1 can	≈ 51	Nutricia	17 cans	0	RD, State RD
16	Neocate Junior (Unflavored/Chocolate/Tropical)	14 oz (4/case)	PWD	1 can	66	Nutricia	13 cans	0	RD, State RD
17	NeoCate Jr. W/ Prebiotics (Neocate One + -Discontinued)	14 oz (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
18	Monogen ¹ [Note: Monthly QTY is Based on 30 cal/fl oz]	14 oz (6/case)	PWD	14 oz	56 ¹	Nutricia	16 cans	16 cans	State RD
19	Nutren Junior - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	Nutri., RD
20	Nutren Junior with Fiber - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	Nutri., RD

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
21	Nutren 2.0 – Vanilla New!	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	Nutri., RD
22	Pediasure - All Flavors	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	CPA, Nutri, RD
23	Pediasure with Fiber - Vanilla	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	CPA, Nutri, RD
24	Pediasure 1.5 – Vanilla (Direct shipment)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	Nutri., RD
25	Pediasure 1.5 with Fiber - Vanilla (Direct shipment)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	Nutri., RD
26	Pediasure Enteral (Vanilla) (Direct shipment)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	Nutri., RD
27	PediaSure Enteral Formula W/ Fiber & scFOS (Direct shipment)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	Nutri., RD
28	PediaSure Peptide 1.0 Cal (Formerly Vital Jr.) (Vanilla, Strawberry, Unflavored)	8 fl oz (24/case)	RTU	1 bottle	8	Abbott/Ross	113 btls	0	RD, State RD
29	PediaSure Peptide 1.5 Cal (Vanilla) New!	8 fl oz (24/case)	RTU	1 bottle	8	Abbott/Ross	113 btls	0	RD, State RD
30	Pepdite Junior (Unflavored, Banana)	1.8 oz (15/case)	PWD	1 can	8	Nutricia	113 btls	0	RD, State RD
31	Peptamen Jr. – Unflavored Vanilla, Chocolate, Strawberry	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	CPA, Nutri, RD
32	Peptamen Jr. 1.5 Unflavored	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	CPA, Nutri, RD
33	Peptamen Jr. with Fiber Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	CPA, Nutri, RD
34	Peptamen Jr. with Prebio Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107 cans	0	CPA, Nutri, RD
35	Peptamen – Unflavored /Vanilla	8.45 fl oz (24/case).	RTU	1 can	8.45	Nestlé	0	107 cans	CPA, Nutri, RD
36	Peptamen with Prebio - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107 cans	CPA, Nutri, RD
37	Peptamen 1.5 Unflavored /Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107 cans	CPA, Nutri, RD
38	Portagen	16 oz (6/case)	PWD	1 can	72	MJN	12 cans	12 cans	RD, State RD
39	Resource Breeze	8 fl oz (27/case)	RTU	1 container	8	Nestlé	113 containers	113 cans	RD, State RD
40	Super Soluble Duocal ¹	14.1 oz (6/case)	PWD	1 can	Varies ¹ (91)	Nutricia	10 cans	10 cans	State RD
41	Suplena with Carb Steady	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	113 cans	RD, State RD
42	Tolerex	2.82 oz 60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD
43	Vivonex Pediatric (Unflavored)	1.7 oz (36/case)	PWD	1 can	8.4	Nestlé	108 packets	0	RD, State RD
44	Vivonex T.E.N. (Unflavored)	2.84 oz (60-2.84 oz packets/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD

1. Reconstituted yield per can varies and it is dependent on age, body weight and medical condition of the participant. A dilution rate must be determined by a physician.

5. Guidelines for Issuing Metabolic Formulas
Updated!

Important! You must check the Food Package III check box on the Health Information Screen when issuing any formulas in this section.

#	Metabolic Formulas	Sizes	Packaging Size	Physical Form	Manufacturer	Unit in MOWINS	Yield/ in MOWINS (fl oz)	ELIGIBLE CATEGORY			Guidelines
								Infants	Children	Women	
1	3232A	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	<ul style="list-style-type: none"> ▪ Medical Documentation: Medical documentation is required to issue all metabolic formulas. ▪ Approval Length: 3 months ▪ Approval Authority: State RD ▪ Monthly Allowance: Local WIC provider should obtain instructions for the correct amount of water and powder from participant's physician. Product yield per can (fl oz) for 1 can varies. The monthly allowance for the participant can be determined based on instructions from physician and not exceed amount allowed by WIC program if WIC is a primary payer. ▪ Payer of Metabolic Formulas and Documentation: <ol style="list-style-type: none"> 1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. 2. Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral. 3. Inform the participant or the parent/guardian that WIC will only issue the metabolic formula for 3 months and issue checks for other foods in the food package as prescribed. 4. While waiting approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC food package III up to 3 months. 5. Scan the completed medical documentation form into MOWINS and document the payment source in the SOAP notes. 6. Follow-up must be done and documented in the SOAP notes to assure the nutritional needs of the participant are being met. <p>Maximum Monthly Allowance: The appropriate concentration of metabolic formulas may vary between individuals and over time. Therefore, the volume yield per can must be determined based on the mixing instructions and prescription from the physician. No single mixing ratio would suffice for the variety of genetic variations and patient conditions.</p>
2	BCAD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
3	GA	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
4	HCY 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
5	HCY 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
6	I-Valex-1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
7	Ketonex 1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
8	Ketonex 2	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
9	LMD	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
10	MSUD Analog	14 oz.	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
11	MSUD Maxamaid	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
12	MSUD Maxamum	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	
13	OA 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
14	OA 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
15	Periflex Infant	14 oz	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
16	PFD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
17	PhenexTM 1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
18	PhenexTM 2	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
19	Phlexy-10 New	20g	30 x20g	PWD	Nutricia	1 box	105/1 box	0	9	9	
20	Phenyl-Free 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
21	TYROS 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
22	WND 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
23	WND 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
24	XPhE Maxamaid	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
25	XPhE Maxamum	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	

6. Missouri Department of Health & Senior Services - Metabolic Formula Program

Website: <http://health.mo.gov/living/families/genetics/metabolicformula/index.php/>
Telephone: 573-751-6266 or 800-877-6246 or 314-877-0225
Confidential Fax: 573-751-6185
Email: Nancy.Althouse-Hill@health.mo.gov

Medical Eligibility: Medical eligibility for the Missouri Metabolic Formula Program must be documented with a written medical diagnosis of one of the conditions listed below:

1. phenylketonuria (PKU)	9. 3-hydroxy-3-methylglutaryl CoA lyase de_ficiency (HMG)
2. maple syrup urine disease (MSUD)	10. 3-methylcrotonlly CoA carboxylase deficiency (3MCC)
3. glutaric acidemia	11. propionic acidemia
4. homocystinuria	12. long-chain 3 hydroxyacyl CoA dehydrogense defciency (LCHAD)
5. methylmalonic acidemia	13. very-long-chain acyl-CoA dehydrogenase defciency (VLCAD)
6. citrullinemia	14. ornithine transcarbamylase defciency (OTC)
7. argininosuccinic acidemia	15. tyrosinemia (type I, II and III)
8. isovaleric acidemia	

7. Maximum Monthly Allowance of Supplemental Foods for “Food Package III” Updated!

Foods	Infants		Children	Women		
	0-5 Months	6-11 Months	1 - 4 years	Pregnant & Partially Breastfeeding	Non-Breastfeeding	Fully Breastfeeding
WIC Formulas*	Section A. 2, 3, 5 (Page 4– 6 & 9)		Section A. 2, 3, 4, 5 (Page 7 – 9)	Section A. 4, 5 (Page 7 – 9)	Section A. 4, 5 (Page 7 – 9)	Section A. 4, 5 (Page 7 – 9)
Infant Cereal	Not allowed	24 oz	32 oz infant cereal may be substituted for 36 oz adult cereal.	32 oz infant cereal may be substituted for 36 oz adult cereal.**	32 oz infant cereal may be substituted for 36 oz adult cereal.**	32 oz infant cereal may be substituted for 36 oz adult cereal.**
Infant Fruit and Vegetables	Not allowed	32- 4 oz. containers	Not allowed	Not allowed	Not allowed	No allowed
Juice, single strength	Not allowed	Not allowed	128 fl. oz. 2 - 64oz. container	144 fl. oz. 3 - 46 oz. can / 11.5 - 12oz. frozen	96 fl. oz. 2 - 46 oz. can / 11.5-12oz. frozen	144 fl. oz. 3 - 46 oz. can / 11.5-12oz. frozen
Milk, fluid	Not allowed	Not allowed	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	Not allowed	Not allowed	36 oz.	36 oz.	36 oz.	36 oz.
Cheese	Not allowed	Not allowed	0***	0***	0***	1 lb.
Eggs	Not allowed	Not allowed	1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables	Not allowed	Not allowed	\$6.00	\$10.00	\$10.00	\$10.00
Whole wheat bread or Other Whole Grains	Not allowed	Not allowed	2 lb.	1 lb.	Not allowed	1 lb.
Fish (canned)	Not allowed	Not allowed	Not allowed	Not allowed	Not allowed	30 oz.
Legumes, dry/canned AND/OR Peanut Butter	Not allowed	Not allowed	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 lb dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter

Food Package III is for Woman, Infant, and Child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

* See Section A. 2, 3, 4, 5 for Missouri WIC approved formulas, exempt infant formulas, and medical foods and allowances. (Page 4 – 9)

** 32 ounces infant cereal may be substituted for 36 ounces adult cereal. (ER# 2.0700)

*** See Section C. 4. For Dairy (Milk) Substitutions Chart and Medical Documentation Requirement. (Page 28)

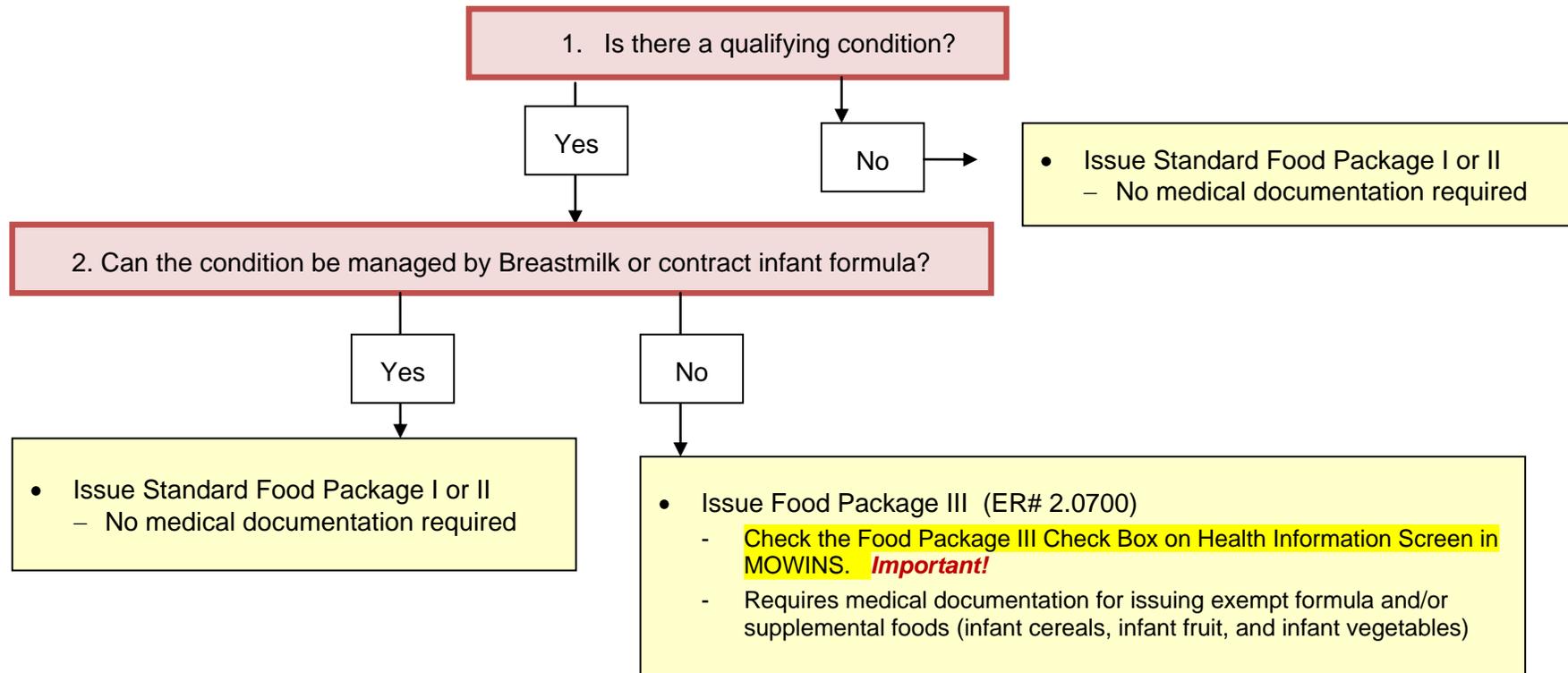
8. Formula Manufacturers (Contact Information and Websites)

WIC Works Formula Database: <http://riley.nal.usda.gov/wicworks/formulas/FormulaSearch.php>

Formula Manufacturer	Websites	Customer Service Phone Numbers
Mead Johnson Nutritionals (MJN)	http://www.meadjohnson.com/	1-800-457-3550
Nutricia North America (Nutricia)	http://www.shsna.com/	1-800-365-7354 OR 1-877-482-7845
Nestlé Infant Nutrition (Gerber)	http://www.gerber.com/	1-800-284-9488
Nestlé HealthCare Nutrition	http://www.nestle-nutrition.com/	1-877-463-7853
	Product Information: http://www.nestle-nutrition.com/ Packaging Information: http://www.nestlenutritionstore.com/	1-800-422-ASK2 (2752) or 1-800-285-2889
PBM Products, LLC (PBM)	http://www.pbmproducts.com/	1-800-272-5095 or 540-832-3282 (x1113)
Abbott Nutrition (Formerly Ross Pharmaceuticals)	Product Information: http://abbottnutrition.com/ Packaging Information: http://www.abbottstore.com/	1-800-551-5838

9. Decision Trees **Updated!**

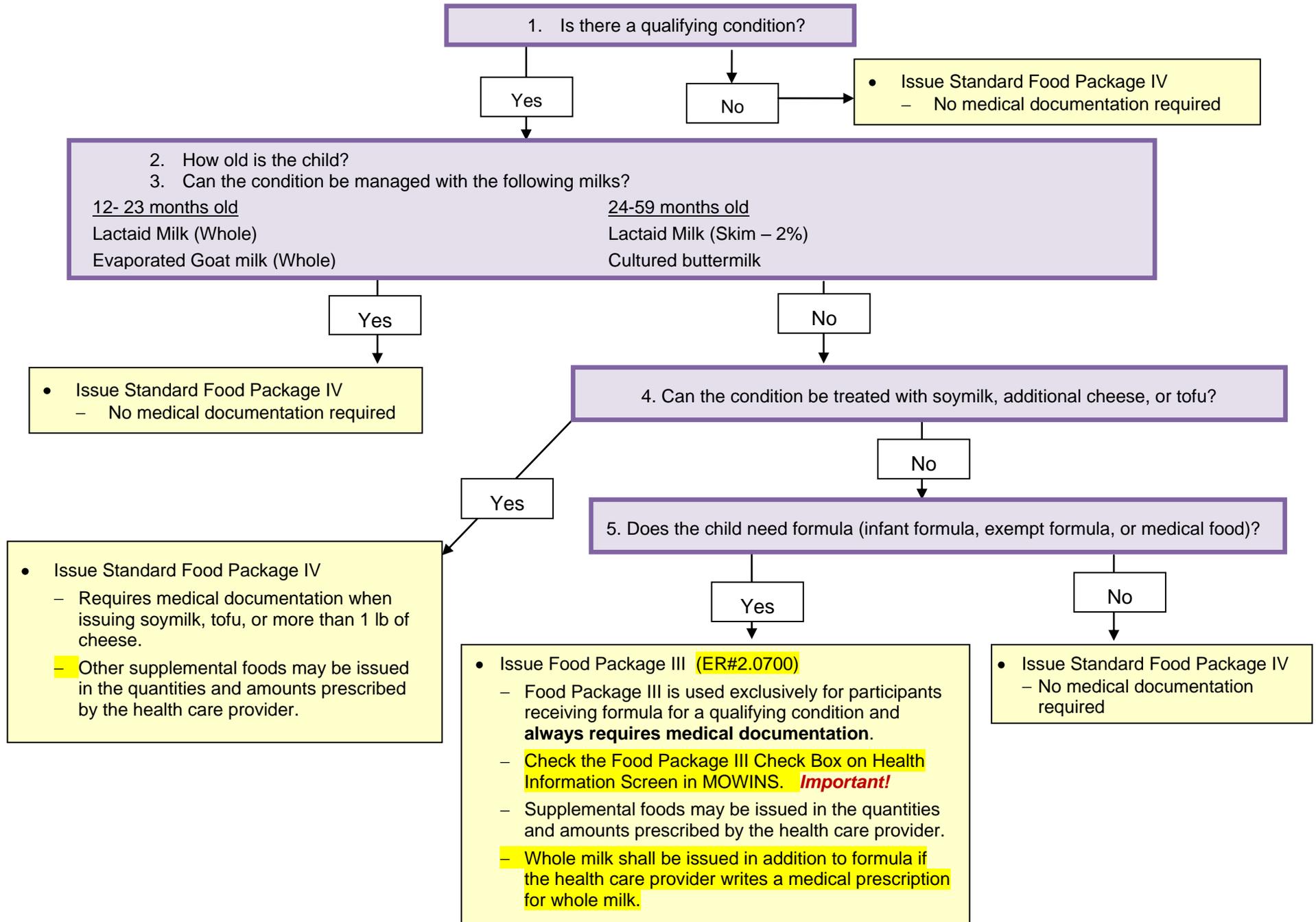
a. Decision Tree - Food Packages for Infants **Updated!**



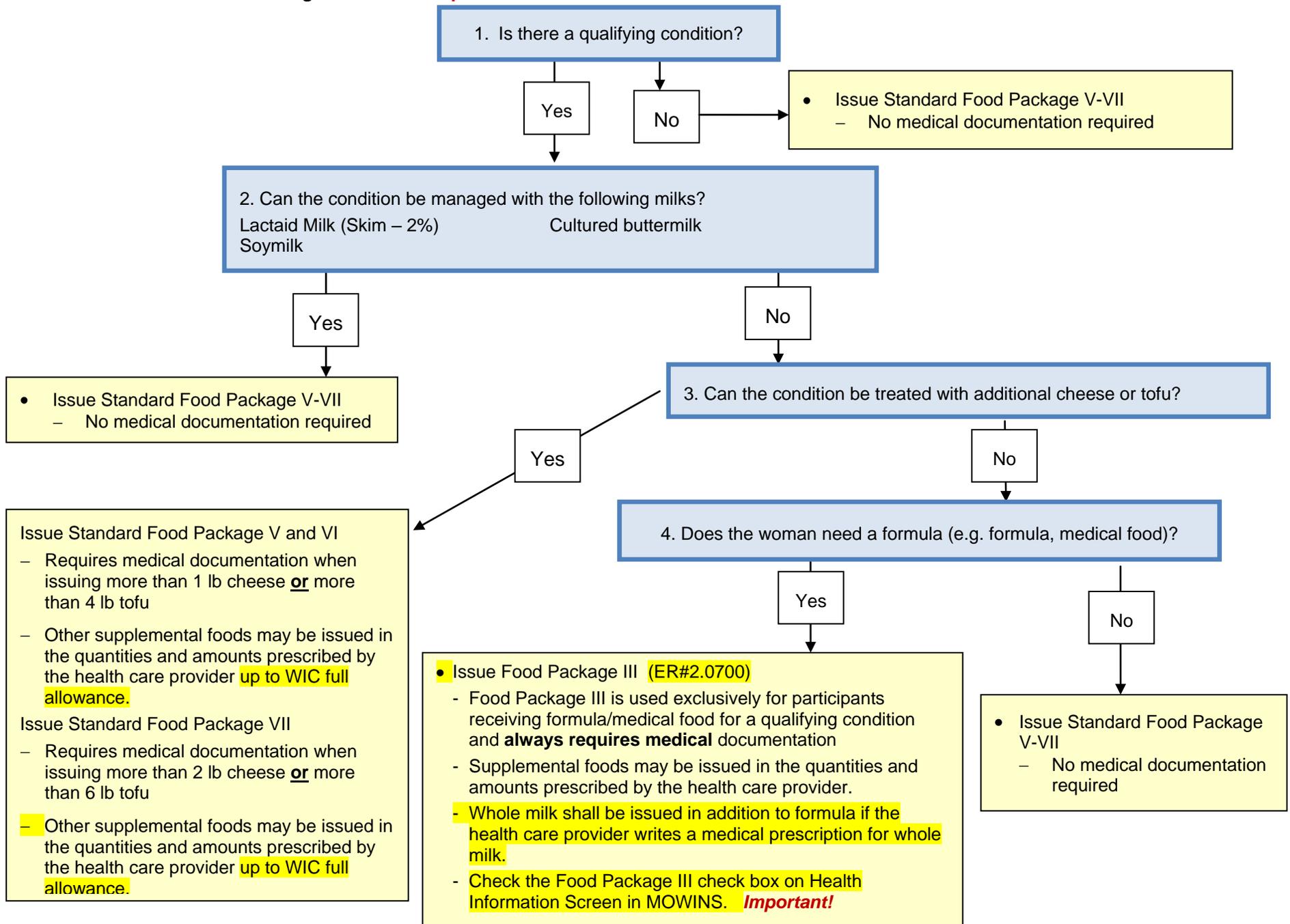
[Note]

See Section A. 2 for the contracted formulas (e.g. Enfamil A.R., Enfamil LIPIL W/ Iron Non-Premature 24 cal) that are categorized as “Special Formulas” in MOWINS. (Page 3) **Updated!**
Issuing these formulas requires medical documentation (WIC 27).

b. Decision Tree - Food Packages for Children Updated!



c. Decision Tree - Food Packages for Women **Updated!**



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

1. Food Package Overview for All WIC Categories

Food Packages	Eligibility	
Food Package I	Infant participants (Birth - 5 months) who do not have a condition qualifying them to receive Food Package III.	
	<p><u>Birth - 1 month:</u></p> <ul style="list-style-type: none"> • Fully breastfeeding. • Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) • Non-breastfeeding. 	<p><u>1 – 5 months:</u></p> <ul style="list-style-type: none"> • Fully breastfeeding. • Partially breastfeeding - (Breastfed infants who receive <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants. • Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) • Non-breastfeeding.
Food Package II	<p><u>Infant participants (6 - 11 months)</u> who do not have a condition qualifying them to receive Food Package III.</p> <ul style="list-style-type: none"> • Fully breastfeeding. • Partially breastfeeding – (The infant is breastfed but also receives <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants.) • Partially breastfeeding - (The infant is breastfed but also receives <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants. • Non-breastfeeding. 	
Food Package III	<p>Participants with qualifying conditions: This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements. (See ER# 2.07000)</p>	
Food Package IV	<p>This food package is designed for issuance to participants 1 through 4 years of age who do not have a condition qualifying them to receive Food Package III.</p>	
Food Package V	<ul style="list-style-type: none"> • Pregnant women with singleton pregnancies, who do not have a condition qualifying them to receive Food Package III. • Breastfeeding women, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose <u>partially breastfed infants</u> receive formula from the WIC program in amounts that do not exceed the maximum allowances. 	
Food Package VI	<ul style="list-style-type: none"> • Women up to 6 months postpartum who are not breastfeeding their infants. • Breastfeeding women <u>up to 6 months postpartum</u> whose participating infant receives <u>more than the maximum amount of formula allowed for partially breastfed infants.</u> 	
Food Package VII	<ul style="list-style-type: none"> • Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC. • Women participants pregnant with two or more fetuses. • Women participants partially breastfeeding multiple infants. 	
Food Package VII (x 1.5)	<ul style="list-style-type: none"> • Women participants fully breastfeeding multiple infants from the same birth receive 1.5 times the supplemental foods provided in Food Package VII. 	

2. Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ol style="list-style-type: none"> 1. Premature birth 2. Low birth weight 3. Failure to thrive 4. Inborn errors of metabolism/metabolic disorders 5. Gastrointestinal disorders 6. Malabsorption syndromes 7. Immune system disorders 8. Severe food allergies requiring an elemental formula 9. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic) 2. Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children and Women	<ol style="list-style-type: none"> 1. Premature birth --- <i>children only</i> 2. Failure to thrive --- <i>children only</i> 3. Inborn errors of metabolism/metabolic disorders 4. Gastrointestinal disorders 5. Malabsorption syndromes 6. Immune system disorders 7. Severe food allergies requiring an elemental formula 8. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages 2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

3. Contract Formulas which Require Medical Documentation ----- **Updated!**

In addition to exempt infant formulas and medical foods, the contracted items below are categorized as "Special Formulas" in MOWINS. Issuing these formulas requires medical documentation (WIC 27). The completed WIC 27 form must be scanned in MOWINS.

Required Medical Documentation (WIC 27)	
Enfamil A.R.- Powder & RTU	Enfamil LIPIL Non-premature 24 cal in 2 fl oz container

4. **No formula for Breastfed Infants (0-1 month old) (ER# 2.07600)**

No formula should routinely be provided to breastfeeding infants (fully breastfeeding and partially breastfeeding) in the first month after birth in order for the mother to establish her milk supply.

5. **Issuance of Milk-Based Contract Formulas**

Enfamil Premium Infant (Powder) will be the primary contract infant formula and should be issued unless another formula is requested. Enfamil Gentlease may be issued without a trial of Enfamil Premium Infant if the participant requests it.

6. **6-11 month old infants (Non-breastfeeding and Partially Breastfed) Who Do Not Receive Complementary Infant Foods (Infant Cereal, Infant Fruit, And Infant Vegetables) (ER# 2.07000)**

a. **Exempt Infant Formulas**

6-11 month old infants (Non-breastfeeding and partially breastfed) whose medical condition prevents them from consuming complementary infant foods may receive **exempt infant formula** at the same maximum monthly allowance as infants age 4 - 5 months of the same feeding option. This would be in lieu of receiving complementary foods. CPA/Nutritionist staff are able to add the number of cans to the maximum allowed (4-5 months of age for the exempt formula) in MOWINS and to print checks.

IMPORTANT NOTE

Local WIC providers must **NOT** use “**ADD/REPLACE**” to issue additional formula. Please see MOWINS screen shots for the new procedure available at the WIC updates link http://health.mo.gov/living/families/wic/wicupdates/2010/november8_2010.php

b. **Contract Infant Formulas**

6-11 month old infants (non-breastfeeding and partially breastfed) who receive contract infant formula and do not receive complementary infant foods must **NOT** receive additional cans of formula in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months). (Section A. 22) (Page 24)

6-11 month old infants (non-breastfeeding and partially breastfed) who receive **contract infant formula** (e.g. Enfamil A.R., Enfamil LIPIL 24 cal (2 fl oz container, Enfamil Gentlease 20 cal in 2 fl oz container, Enfamil Premium Infant 20 cal in 2 fl oz container) which requires medical documentation (WIC 27) and **DO NOT** receive complementary infant foods **MUST NOT** receive additional cans of formulas in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months).

7. **Issuance of Two Formulas (A Combination of Two Formulas: Formula A + Formula B) **New!****

Local WIC provider must contact the State WIC office 1-800-392-8209 for approval. This does not apply for issuing a formula with more than one flavor. (Formula A with Grape Flavor and Formula B with Strawberry Flavor)

8. **Dilution – Handling Requests for Infant Formulas, Exempt Formulas and Medical Foods with Dilutions Different from that Indicated on the Label.**

- Any dilutions that deviate from the standard dilution indicated on the label of the product require registered dietitian’s approval (Local WIC provider OR State WIC office). Examples are:
 - i. Enfamil Premium Infant (20 cal/fl oz) mixed to 24 cal/fl oz.
 - ii. Similac Expert Care NeoSure (22 cal/fl oz) mixed to 24 cal/fl oz
- Obtain the mixing instructions from a health care provider and document in the General Notes in MOWINS.
- Ensure that the participant has the mixing instructions from the health care provider.
- Issue the maximum allowance for participant category (feeding option) based on the standard reconstitution rate.
- Require a completed medical documentation form (WIC 27) by a health care provider. Scan it in MOWINS.

9. Issuance of Medical Foods to Infants

The Missouri WIC program does **NOT** approve requests for medical foods issued to infants when the medical foods are intended to be used for children and/or women.

10. Issuance of Infant Formulas and Exempt Infant Formulas to Children

Medical documentation must be completed. The maximum approval length per request is 6 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 listed in Scan the medical documentation (WIC 27) in MOWINS.

11. Issuance of Ready-To-Use/Feed Formulas (ER# 2.07000, 2.07600, and 2.08100) Updated!

a. Infant Formulas/Exempt Infant Formulas in 6 or 8 or 32 fl oz Containers

Infant formulas and exempt infant formulas in 6 or 8 or 32 fl oz containers are allowed to be issued to infants and children who meet criteria and/or circumstances in the policies above. Contact the State WIC office for issuing formula in 6 or 8 fl oz individual serving size containers.

b. Infant Formulas/Exempt Infant Formulas in 2 fl oz individual serving containers

Allowed:

- Infant formulas and exempt infant formulas in 2 fl oz individual serving containers are allowed to be issued to infants with qualifying medical condition(s) if the formula requested is **NOT** available in the 32 oz container. (e.g. Enfamil LIPIL Non-premature 24 cal; Enfamil LIPIL Premature 20 cal & 24 cal; Pregestimil LIPIL 20 cal & 24 cal)

Not allowed:

- Formula in 2 fl oz individual serving containers is **NOT** allowed to be issued to infants if the formula is available in the 32 oz container.

Not Allowed Formulas in 2 fl oz container				
Enfamil ProSobee 20 Cal	Enfamil Premium Infant 20 Cal	Nuramigen LIPIL 20 Cal	Enfamil A.R. 20 Cal	Enfamil Gentlease 20 Cal

- Infant formulas/exempt formulas in 2 fl oz individual serving containers are not allowed to be issued to children.

12. Formulas Not Listed on the Food & Formula Reference Guide (FFRG)

Contact the State WIC office at 1-800-392-8209 for approval.

13. Non-Contract Infant Formulas

The Missouri WIC program does **NOT** approve requests for any non-contract infant formulas. Examples are listed below:

Similac Advance	Similac® Lactose Free Advance	Gerber® Good Start® Soy Plus
Similac Advance EarlyShield	Similac® Sensitive R.S.	Gerber® Good Start® Gentle Plus
Similac® Isomil® Advance	Similac® Sensitive (formerly Similac® Lactose-Free)	Gerber® Good Start® Protect Plus

14. Extra Formulas/Unused Formulas (Contact person: Ellen Whittington) Important! Updated!

a. Contact Ellen Whittington at Ellen.Whittington@health.mo.gov (573-751-3661 or 800-392-8209) when you have extra/unused formula. The unused formulas can be used by another agency. When you have unused formula to report, please give the following:

- | | | | |
|------------------------------|--------------------------|-------------------|------------------|
| 1. Formula Name | 2. Expiration Date | 3. Agency Name, | 4. Phone Number. |
| 5. Type (powder, RTU, conc.) | 6. Can size (ounces/lb), | 7. Contact person | |

b. At least once a month, a listing of extra/unused formulas including expiration date, quantities, and contact information will be included in the WIC Weekly UPDATE.

c. When your agency needs to ship unused formulas to another agency, you must contact Ellen.Whittington@health.mo.gov (573-751-3661 or 800-392-8209). Your agency will receive shipping instructions and shipping labels from Ellen. **Important!** Your agency will **no longer** receive UPS labels by the US mail.

15. Dented Cans of Formula **(Contact Person: Ellen Whittington) Updated!**

- a. Participants should be educated to NOT purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented. 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 all cans. Dented cans should not be accepted. Contact **Ellen Whittington** at Ellen.Whittington@health.mo.gov (573-751-3661 or 800-392-8209).
- b. If the shipment of formula was signed for and the can damage was noticed later, leave case together and contact **Ellen Whittington** at Ellen.Whittington@health.mo.gov to follow up with the manufacturer on the replacement for the dented cans. In most cases, the manufacturer will send a recall slip to the LWP to pay for return shipping. The Missouri WIC office does not issue dented cans of formula or pay for dented cans. If you need assistance, contact **Ellen Whittington** at Ellen.Whittington@health.mo.gov (573-751-3661 or 800-392-8209).

16. Direct Shipment **Updated!**

Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) on [Section A. 21 \(Page 23\)](#)

a. **Local WIC Provider's Responsibilities**

- 1) The local WIC provider is responsible for verifying the shipment.
 - 2) Make sure the participant is in a current certification. Do not issue formula to terminated participants.
 - 3) **Do NOT** print checks for direct ship formulas.
 - 4) **Do NOT** exceed the monthly maximum allowance as indicated in FFRG.
 - 5) Documentation Requirements
 - i. If your agency uses a packing slip, you **must** indicate the following information on it:

▪ Date issued	▪ Participant Signature/Date
▪ Amount Given to the Participant	▪ Staff Signature/Date
▪ First-Date-To-Use(FDTU) & Last-Date-To-Use (LDTU)	

You **MUST** scan the packing slip into MOWINS after the required information is recorded on it.
 - ii. If your agency uses the Participant Receipt of Formula Form (WIC 80), you **must** complete the form and scan the completed WIC 80 into MOWINS.
 - 6) In case the local WIC provider has unused formula from direct shipment (participant no longer requires it), document in General Notes in MOWINS and contact the State WIC office to add to the extra formula database.
- b. **Confidentiality** If the local WIC provider receives more than one order per packing slip, you **must:**
- i. Maintain client confidentiality.
 - ii. Make a copy of the packing slip or use the Participant Receipt of Formula Form (WIC 80)
 - iii. Have participant sign the packing slip or the WIC 80 form.
 - iv. Scan the signed packing slip or the WIC 80 form into MOWINS.

c. Holding Back Extra Formulas:

The LWP shall issue only the maximum allowed amount of formula based on the participants WIC category or as indicated by the participant's physician's orders on the WIC 27 form. Extra cans/bottles of formula remaining from the order must be kept in the WIC clinic for the client for the next time the order is made. In case no additional order of the same formula will be made, please refer to **guideline #14** above: "Extra Formulas/ Unused Formulas" for additional directions.

For example, when the State WIC office places an order **for formula**, 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 108 cans (18 six-pack) even though a physician may prescribe more than 108 cans (18 six-pack) 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 108 cans (18 six-pack) and keep 12 cans (2 six-pack) for the next month.

17. Special Formulas (Exempt Infant Formulas and Medical Foods) Which May Not Be Available at WIC Vendor (Grocery Store/Pharmacy)

When local WIC provider issues checks for special formulas (Exempt Infant Formulas and Medical Foods) which may not be available at WIC vendor (Grocery Store/Pharmacy), local WIC provider staff **must**:

- Contact WIC vendors **to check** on the availability of the special formula prescribed **before** issuing checks.
- Educate participants on the importance of getting to the WIC grocery store/pharmacy as soon (**after the First Date-To-Use**) as possible.
- Do Not order formulas from WIC vendors or manufacturers.

If a special formula needs to be ordered by WIC vendor, it **MUST** be ordered by the WIC vendor and be picked up by the participant. Formula ordered **MUST** be picked up by the participant before the Last-Date-To-Use (LDTU).

18. Human Milk Fortifier (HMF) Updated!

- a. When a local WIC provider gets a request for HMF, the LWP **must** contact the State WIC office 1-800-392-8209 for approval and direct shipment.
- b. Breastfed infants that receive HMF are considered "Partially Breastfeeding" and the mother should receive the appropriate food package.
- c. Issuing a combination of HMF and formula is **NOT** allowed.
- d. HMF can be given to infant's age of 2 weeks old to 3 months old.
- e. A monthly allowance is 240 packets per month (60 packets per week)
- f. The State office will ship a maximum of 60 packets/vials of HMF at a time to the local WIC provider. **A new request must be made each week for additional 60 packets, not to exceed 240 packets.**

Local WIC provider nutritionist must have the following information before contacting WIC State office:

1. Mother and baby's food packages
2. Age of infant in weeks
3. Medical diagnosis supporting a request for HMF
4. Body weight at hospital discharge time
5. Prescription for HMF
6. Number of packets/feeding OR Number of packets/day requested by physician

[Note]

- HMF is for very low birth weight (VLBW) infants and is specifically designed to be used as a supplement to be added to mother's own milk.
- Low birth weight infants fed human milk in the hospital will be supplemented with HMF from 2 weeks of age until they are approximately 2kg (4.4 pounds) in body weight.
- Usually the infant will not need supplementation post hospital discharge; however, if the infant is discharged prior to obtaining the 2 kg (4.4 pounds) goal or there are other medical indications determined by their physician the infant may require HMF post hospital discharge.

19. Food Items For State Office Use Only

Local WIC staff **must NOT** use the food items listed below: **(These Are for State Office Staff Only!)**

POWDER USDA EXEMPT FORMULA (VOID)	RTF USDA EXEMPT FORMULA (VOID)
LIQUID CONCENTRATE USDA EXEMPT FORMULA (VOID)	VENDOR BUY BACK FORMULA

20. Returned Infant Formula Conversion Table - From Powder To Concentrate & Ready-To-Use/Feed

This conversion table can be used when participants return an unused formula.

Powder to Powder:

Issue the same number of returned/unused cans of the requested formula when a participant returns powdered formula in exchange for another powdered formula.

- When a participant returns 3 cans of Enfamil Premium Infant (Powder) and requests Enfamil Gentlease (Powder), issue 3 cans of Enfamil Gentlease (Powder).
- When a participant returns 4 cans of Enfamil ProSobee (Powder) and requests Enfamil Premium Infant (Powder), issue 4 cans of Enfamil Premium Infant.

Powder to Concentrate:

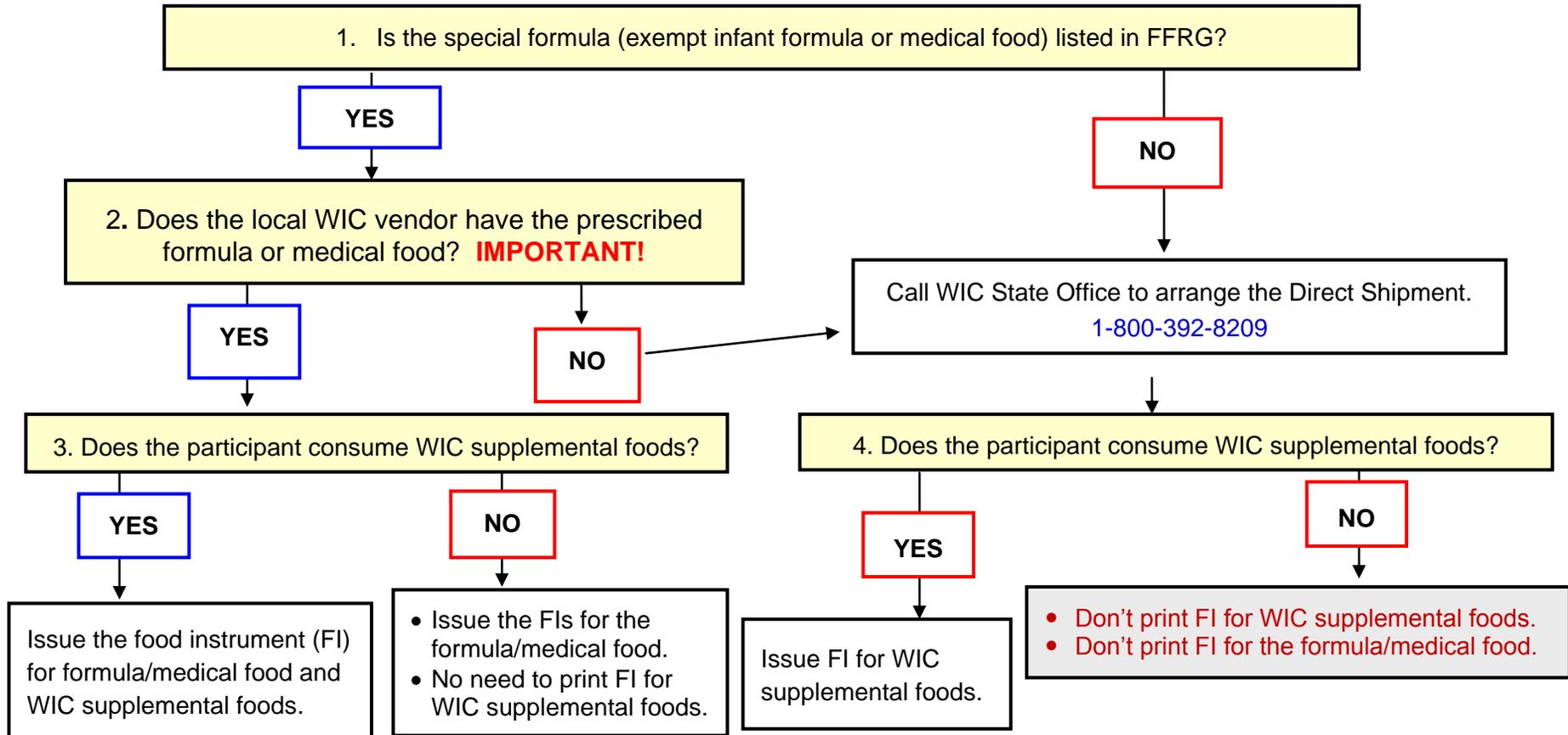
When a participant returns 3 cans of Enfamil Premium Infant (Powder) and requests Enfamil Premium Infant (Conc.), issue 9 cans of Enfamil Premium Infant (Conc.).

Powder to Ready-To-Use:

When a participant returns 3 cans of Enfamil Premium Infant (Powder), issue 6 bottles/cans of Enfamil Premium Infant (R-T-U).

Conversion Table - Powder, Concentrate and Ready-To-Use (RTU)/Ready To Feed Formulas (RTF)			
Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula (13 fl oz)	Ready-To-Use/Feed Formulas (32 fl oz)
Enfamil ProSobee (12.9 oz)	1 can (92 fl oz)	3 cans	2 bottles/cans
Enfamil Premium Infant (12.5 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil Gentlease (12.4 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil A.R. (12.9 oz)	1 can (91 fl oz)	3 cans	2 bottles/cans

21. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) Updated!



[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
 - Date issued
 - Participant Signature/Date
 - Staff Signature/Date
 - Amount Given to the Participant
 - **First Date To Use & Last Date To Use**
3. Scan the packing slip in MOWINS.

B. Issuing formula/medical food that was received from another LWP

Issue FIs for cereal and/or juice and quantity of formula to be purchased from WIC vendor.

22. Maximum Monthly Allowances

Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
Non-Breastfeeding Infant	Reconstituted Liquid Concentrate	806 fl oz	806 fl oz	884 fl oz	624 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	896 fl oz	640 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Partially Breastfed Infants (Infant who receives <u>less than or equal to the maximum</u> amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	n/a	≤ 364 fl oz	≤ 442 fl oz	≤ 312 fl oz
	Ready-To-Use/Feed	n/a	≤ 384 fl oz	≤ 448 fl oz	≤ 320 fl oz
	Reconstituted Powder	n/a	≤ 435 fl oz	≤ 522 fl oz	≤ 384 fl oz
Partially Breastfed Infants (Infant who receives <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	> 104 fl oz	> 364 fl oz	> 442 fl oz	> 312 fl oz
	Ready-To-use/Feed	> 104 fl oz	> 384 fl oz	> 448 fl oz	> 320 fl oz
	Reconstituted Powder	> 104 fl oz	> 435 fl oz	> 522 fl oz	> 384 fl oz

Category	Powder (Reconstituted Yield /Can)	Liquid Concentrate (Reconstituted Yield /Can)	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month
Women with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month

[Note] **New!**

> Greater than

≤ Less than or Equal to

C. WIC Approved Food and Food Packages

1. Mom & Baby Dyad

New!

Powdered Formula = Quantity indicated in this chart is based on Enfamil Premium Infant (Powdered, 12.5 can)

B = Breastfeeding; **N** = Non-Breastfeeding; **≤** = Less than or equal to; **>** = Greater than

Feeding Choice		Birth- 1 Month (30 days)	1 -3 Months	4-5 Months	6-11 Months
Fully Breastfeeding Mom's Program Category/Code: B	Each Month Baby Gets:	Mom's Milk- The only thing baby needs! 😊			<ul style="list-style-type: none"> Breast Milk 24 oz. infant cereal Up to 64 (4 oz) containers of infant fruits & veggies Up to 31 (2.5 oz) containers of infant meats
	Each Month Mom gets: (Food Package)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)
Partially Breastfeeding ≤ Max Mom's Program Category/Code: B	Each Month Baby Gets:	Option is not available	Breast milk Powdered formula (up to 4 cans)	Breast milk Powdered formula (up to 5 cans)	<ul style="list-style-type: none"> Breast milk Powdered formula (Up to 4 cans) 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)		Partially Breastfeeding Food Package (V)	Partially Breastfeeding Food Package (V)	Partially Breastfeeding Food Package (V)
Non-Breastfeeding Mom's Program Category/Code: N	Each Month Baby Gets:	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 10 cans) (29-30 oz. per day)	<ul style="list-style-type: none"> Powdered formula (Up to 7 cans) (20-21 oz. per day) 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits and vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Mother no longer eligible for the WIC program
Partially Breastfeeding > Max Mom's Program Category/Code: B <i>When the mother wants to provide more than the maximum amount of formula allowed to a partially breastfeeding infant.</i>	Each Month Baby Gets:	Breast milk Powdered formula (1 - 9 cans)	Breast milk Powdered formula (5 - 9 cans)	Breast milk and Powdered formula (6-10 cans)	<ul style="list-style-type: none"> Breast milk 5 - 7 cans of powdered formula 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	<ul style="list-style-type: none"> Mother no longer receives food benefits. Receives all other benefits (Nutrition education/Counseling, Breastfeeding support, Referrals). Counts in breastfeeding caseload.

2. Standard and Default Food Packages – Children and Women **Updated!**

	Food Items	Food Package IV	Food Package V	Food Package VI	Food Package VII
		Children (1 – 4)	Pregnant & Partially Breastfeeding (≤ Max Allowed)	Non-Breastfeeding & Partially Breastfeeding (> Max Allowed)	Fully Breastfeeding
Standard Food Packages	Juice	2 – 64 oz. containers	3 – 46 oz. can or 12 oz. frozen	2 – 46 oz. can or 12 oz. frozen	3 – 46 oz. can or 12 oz. frozen
	Milk, fluid	4 gallons (16 quarts)	5 ½ gallons (22 quarts)	4 gallons (16 quarts)	6 gallons (24 quarts)
	Cheese	none	none	none	1 pound
	Breakfast Cereal	36 oz.	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$10.00	\$10.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
	Legumes, dry/canned and/or Peanut Butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter
Default Food Packages	Juice	2 – 64 oz. containers	3 – 46 oz. can or 11.5 / 12 oz. frozen	2 – 46 oz. can or 11.5 / 12 oz. frozen	3 – 46 oz. can or 11.5 / 12 oz. frozen
	Milk, fluid	3 gallons (12 quarts)	4 1/2 gallons (18 quarts)	3 gallons (12 quarts)	5 gallons (20 quarts)
	Evaporated milk	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can
	Cheese	1 pound	1 pound	1 pound	2 pounds
	Breakfast Cereal	36 ounces	36 ounces	36 ounces	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$10.00	\$10.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
Legumes, dry/canned and/or Peanut Butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 2 - 18 oz. jar peanut butter	

3. Allowed Milk Listing and Medical Documentation Requirement **Updated!**

#	Milk	Allowed Size	Children		Pregnant Breastfeeding Partial ≤ max	Non-Breastfeeding Breastfeeding Partial > max	Fully Breastfeeding Women
			12-23 months	24-59 months			
1	Whole Milk	Gallon	Allowed	*	*	*	*
2	Evaporated Whole Milk	12 oz can	Allowed	*	*	*	*
3	Lactaid Whole Milk	½ gallon	Allowed	*	*	*	*
4	Evaporated Goat Milk (Whole)	12 oz can	Allowed	*	*	*	*
5	Soy milk – ORIGINAL/ <i>Vanilla</i> (8 th Continent brand) <i>Effective October 1, 2011.</i>	½ gallon	*	*	Allowed	Allowed	Allowed
6	Milk (Skim – 2%)	½ gallon	**	**	Allowed	**	**
7	Milk (Skim – 2%)	Gallon	**	Allowed	Allowed	Allowed	Allowed
8	Skim Milk	Gallon	**	Allowed	Allowed	Allowed	Allowed
9	Evaporated Low Fat / Fat Free Milk	12 oz can	**	Allowed	Allowed	Allowed	Allowed
10	Cultured Buttermilk	Quart	**	Allowed	Allowed	Allowed	Allowed
11	Non-Fat Dry Milk (powdered milk)	8 Quart-Box	**	Allowed	Allowed	Allowed	Allowed
12	Lactaid (Skim – 2%)	½ gallon	**	Allowed	Allowed	Allowed	Allowed

* Medical Documentation Required ** Not allowed to issue

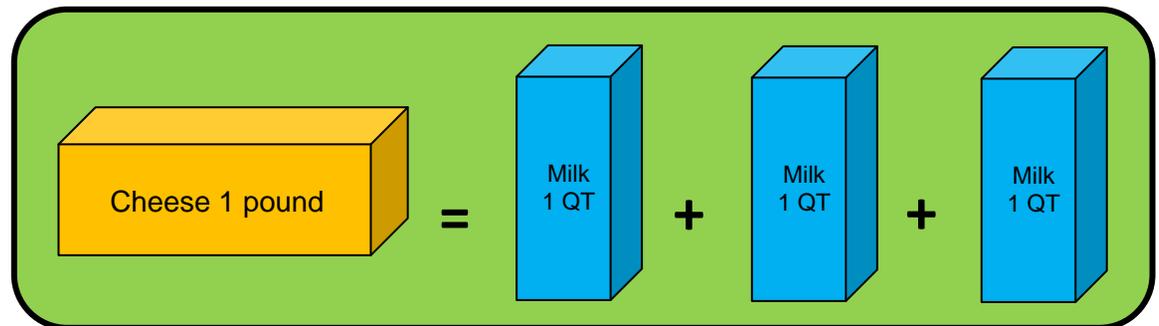
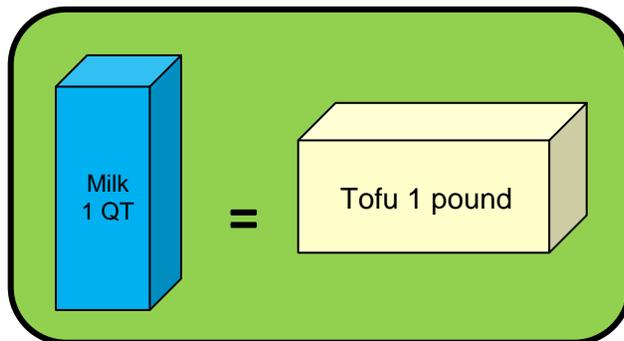
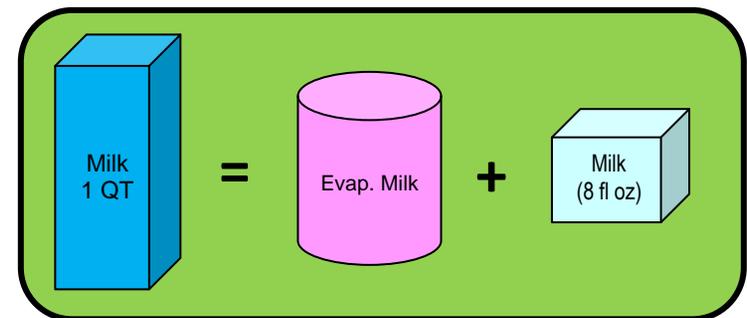
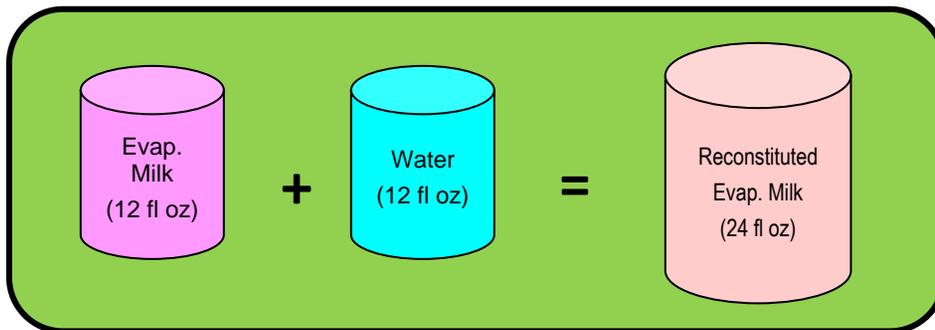
[Note]

- 1) 1% Nutrish a/B Acidophilus Milk is no longer available through the Missouri WIC program. (Effective: October 1, 2011)
- 2) Whole milk shall be issued to children (24 – 59 months) and women in addition to formula if the health care provider writes a medical prescription for whole milk. (ER# 2.0700)

4. Dairy (Milk) Substitutions Chart and Medical Documentation Requirement

Food Item	<u>Without Medical Documentation</u> (Maximum Substitution)	<u>With Medical Documentation</u> (Maximum Substitution)
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (2 lbs.) All Other Women (1 lb.) Children (1 lb.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 3 - 8 lbs. Pregnant & Partially BF Women 2 - 7 lbs. Postpartum Women 2 - 5 lbs. Children 2 - 5 lbs.
Tofu 1 qt. milk = 1 lb. of tofu	<ul style="list-style-type: none"> Fully Breastfeeding Women (6 lbs.) All Other Women (4 lbs.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 7 – 24 lbs. Pregnant & Partially BF Women 5 –22 lbs. Postpartum Women 5–16 lbs. Children 1– 16 lbs.
Soy Milk 1 qt. milk = 1 qt. soy milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (24 qts.) Pregnant & Partially BF Women (22 qts.) Postpartum Women (16 qts.) 	<ul style="list-style-type: none"> Children 1 - 16 qts.

5. Milk, Evaporated Milk/Evaporated Goat Milk And Cheese Conversions



6. Conversion of Fluid Milk to Evaporated Milk/Evaporated Goat Milk (12 fl oz. can) and Cheese

Milk	Cheese AND Evaporated Milk (Evaporated Goat Milk)	Evaporated Milk (Evaporated Goat Milk)
1 qt milk		Issue 1 can Evaporated Milk
2 qt milk		Issue 2 cans Evaporated Milk
3 qt milk	Cheese 1 pound	Issue 4 cans Evaporated Milk
4 qt milk (1 gallons)	Cheese 1 pound + 1 can Evaporated Milk	Issue 5 cans Evaporated Milk
5 qt milk	Cheese 1 pound + 2 cans Evaporated Milk	Issue 6 cans Evaporated Milk
6 qt milk	Cheese 2 pounds	Issue 8 cans Evaporated Milk
7 qt milk	Cheese 2 pounds + 1 can Evaporated Milk	Issue 9 cans Evaporated Milk
8 qt milk (2 gallons)	Cheese 2 pounds + 2 cans Evaporated Milk	Issue 10 cans Evaporated Milk
9 qt milk	Cheese 3 pounds	Issue 12 cans Evaporated Milk
10 qt milk	Cheese 3 pounds + 1 can Evaporated Milk	Issue 13 cans Evaporated Milk
11 qt milk	Cheese 3 pounds + 2 cans Evaporated Milk	Issue 14 cans Evaporated Milk
12 qt milk (3 gallons)	Cheese 4 pounds	Issue 16 cans Evaporated Milk
13 qt milk	Cheese 4 pounds + 1 can Evaporated Milk	Issue 17 cans Evaporated Milk
14 qt milk	Cheese 4 pounds + 2 cans Evaporated Milk	Issue 18 cans Evaporated Milk
15 qt milk	Cheese 5 pounds	Issue 20 cans Evaporated Milk
16 qt milk (4 gallons)	Cheese 5 pounds + 1 can Evaporated Milk	Issue 21 cans Evaporated Milk
17 qt milk	Cheese 5 pounds + 2 cans Evaporated Milk	Issue 22 cans Evaporated Milk
18 qt milk	Cheese 6 pounds	Issue 24 cans Evaporated Milk
19 qt milk	Cheese 6 pounds + 1 can Evaporated Milk	Issue 25 cans Evaporated Milk
20 qt milk (5 gallons)	Cheese 6 pounds + 2 cans Evaporated Milk	Issue 26 cans Evaporated Milk
21 qt milk	Cheese 7 pounds	Issue 28 cans Evaporated Milk
22 qt milk	Cheese 7 pound + 1 can Evaporated Milk	Issue 29 cans Evaporated Milk
23 qt milk	Cheese 7 pound + 2 cans Evaporated Milk	Issue 30 cans Evaporated Milk
24 qt milk (6 gallons)	Cheese 8 pounds	Issue 32 cans Evaporated Milk

7. Food Item Descriptions In MOWINS Updated!

#	Food Items in MOWINS	NOTE
1	OUNCES INFANT CEREAL - APPROVED BRANDS	▪ Issuing infant cereal to children requires medical
2	4 OZ JARS INFANT FRUITS/VEGGIES APPROVED ITEMS ONLY	-- New Description – TBD Important!
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	
4	OUNCES CEREAL - APPROVED TYPES/SIZES	
5	POUND CHEESE - STORE BRAND/GENERIC	• See Section C. 4 for medical documentation requirement.
6	DOZEN EGGS - LARGE, WHITE	
7	1 LB DRY BEANS OR 4 - 16 OZ CAN BEANS OR 18 OZ PEANUT BUTTER	
8	ONE POUND DRY BEANS OR 4 - 16 OZ CAN BEANS	
9	18 OZ JAR PEANUT BUTTER - STORE BRAND	
10	11.5 – 12 OZ Frozen OR 46 oz can (WIC APPROVED Juice)*	• Not allowed for children.
11	64 OZ JUICE APPROVED TYPES/SIZES	• Not allowed for women.
12	16 OZ WIC APPROVED BREAD, TORTILLAS OR BROWN RICE*	
13	16 OZ BROWN RICE STORE BRAND ONLY	
14	32 OZ BROWN RICE STORE BRAND ONLY	• Allowed for only children.
15	6 (5 OZ CANS) OR 5 (6 OZ CANS) TUNA WATERPACK	• A combination of canned tuna, salmon, and sardines is not allowed.
16	6 (5 OZ) OR 5 (6 OZ) OR 4 (7.5 OZ) CANS PINK SALMON	• A participant must choose one item among tuna, salmon, and sardines.
17	8 (3.75 OZ) SARDINES WATER PACK	
19	FOR FRESH/FROZEN FRUITS OR VEGETABLES	
18	12-16 OZ PKG TOFU APPROVED ITEMS ONLY	• Number of tofu packages is determined based on milk to tofu conversion rate of 1 qt = 1 lb. • Participants are allowed to purchase any size of WIC approved tofu.
20	OUNCES GENERAL MILLS GLUTEN FREE CEREAL RICE OR CORN CHEX*	• Can be issued only to participants with Risk Factor 354 .
21	QUART SOY MILK 8TH CONTINENT ORIGINAL PLAIN OR VANNILA*	• See Section C. 3 for medical documentation requirement. (Page 27)

* Food Item Description changes: **Effective October 1, 2011**

18. Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER# 2.08100)

Refer to the homeless default food packet set-up in MOWINS.