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**Food & Formula Reference Guide  
[FFRG]**

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**Formula Listing**

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**Effective February 1, 2016**

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**A. ACRONYMS SYMBOLS, ABBREVIATIONS, DEFINITIONS, AND CHANGES**

**B. MISSOURI WIC APPROVED INFANT FORMULAS AND SPECIAL FORMULAS (EXEMPT INFANT FORMULAS AND MEDICAL FOODS)**

1. Infants - Contract Formulas **Updated!**
2. Infants - Exempt Formulas (Special Formulas) **Updated!**
3. WIC Eligible Nutritionals (Special Formulas) for Children and Women **Updated!**
4. Guidelines for Issuing Metabolic Formulas
5. Missouri Department of Health & Senior Services - Metabolic Formula Program **Updated!**
6. Formula Manufacturers (Contact Information and Websites)
7. Food Package Overview for All WIC Categories **Updated!**
8. Maximum Monthly Allowance of Supplemental Foods for "Food Package III" **Updated!**

**A. Acronyms, Abbreviations, Symbols, and Changes Updated!**

a. Acronyms and Abbreviations		
WIC Cert = WIC Certifier	MJN = Mead Johnson Nutrition	PWD = Powder
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: RTU = Ready To Use
RD = Registered Dietitian at Local WIC Provider	Nutricia = Nutricia North America	HCP= Health Care Provider
State RD = Registered Dietitian at State WIC Office	PBM = PBM Product – Perrigo Nutritionals	W/O = Without
WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form		
b. Symbols		
≥ Greater than OR Equal to	≤ Less than OR Equal to	> Greater than
		< Less than
c. Change to Contract Formulas Effective February 1, 2016		
<b>A Change to Issuing <u>Enfamil A.R. to Infants:</u></b> <ul style="list-style-type: none"> <li>• Medical Documentation (WIC 27) from a health care provider will <b>no longer</b> be required for issuing Enfamil A.R. to infants.</li> <li>• Approval Authority: See Page 4.</li> </ul>		<b><u>Enfamil Reguline</u></b> (Powder and Ready To Use): <ul style="list-style-type: none"> <li>• A new infant contract formula.</li> <li>• Powder (<b>12.4 oz can</b>) and Ready to Use (8 oz, 6-pack) will be available in MOWINS.</li> <li>• Approval Authority: See Page 4.</li> </ul>
About Enfamil Infant, Enfamil Reguline, and Enfamil Gentlease		About Enfamil ProSobee
Milk-Based:	<ul style="list-style-type: none"> <li>• All three formulas are milk-based formulas.</li> </ul>	<ul style="list-style-type: none"> <li>• A soy protein isolate formula.</li> <li>• It has DHA and ARA.</li> <li>• Lactose-free.</li> </ul>
Protein:	<ul style="list-style-type: none"> <li>• Enfamil Infant has intact or whole protein.</li> <li>• Enfamil Reguline and Enfamil Gentlease have partially hydrolyzed protein.</li> <li>• The whey:casein ratio in all three formulas is 60:40.</li> </ul>	
DHA/ARA:	<ul style="list-style-type: none"> <li>• All three formulas have DHA and ARA and the same blend of oils.</li> </ul>	About Enfamil A.R.
Carbohydrate:	<ul style="list-style-type: none"> <li>• Most of the carbohydrate (~95%) in Enfamil Infant comes from lactose.</li> <li>• Enfamil Reguline: About 50% of the carbohydrate comes from lactose.</li> <li>• Enfamil Gentlease: About 20% of the carbohydrate comes from lactose.</li> </ul>	<ul style="list-style-type: none"> <li>• Thickened milk-based infant formula.</li> <li>• For Spit-Up</li> <li>• Reduce frequent regurgitation.</li> </ul>
Prebiotics:	<ul style="list-style-type: none"> <li>• Enfamil Infant and Enfamil Reguline have the same prebiotics (galactooligosaccharides at 2 g/L of 20 Cal/fl. oz. formula, and polydextrose at 2 g/L. of 20 Cal/fl. oz. formula).</li> <li>• Enfamil Gentlease does not have prebiotics.</li> </ul>	

**d. Changes To Descriptions To Be Implemented Effective February 1, 2016**

Products with Two Approved Sizes	Descriptions in MOWINS	Current Descriptions	New Descriptions
EnfaCare (Ready To Use)	1 QT/32 OZ ENFACARE RTU	6-PACK (2 OZ) ENFAMIL 24 OR 24 CAL (NON-PREMATURE)	6-PACK (2 OZ) ENFAMIL 24 (NON-PREMATURE)
	6-pack (8 OZ) ENFACARE RTU <i>New!</i>	14 OZ OR 14.1 OZ (400 GRAMS) SUPER SOLUBLE DUOCAL	14 OZ (400 GRAMS) SUPER SOLUBLE DUOCAL
Enfamil A.R. (Ready To Use)	1 QT/32 OZ ENFAMIL AR RTU	8 OZ NEOCATE SPLASH OR E028 SPLASH (ALL FLAVORS)	8 OZ NEOCATE SPLASH (ALL FLAVORS)
	6-pack (8 OZ) ENFAMIL AR RTU <i>New!</i>	12.5 OZ ENFAMIL INFANT OR ENFAMIL PREMIUM INFANT PWD	12.5 OZ ENFAMIL INFANT PWD
Enfamil ProsoBee (Ready To Use)	1 QT/32 OZ ENFAMIL PROSOBEE RTU	13 OZ ENFAMIL INFANT OR ENFAMIL PREMIUM INFANT CONC	13 OZ ENFAMIL INFANT CONC
	6-pack (8 OZ) ENFAMIL PROSOBEE RTU <i>New!</i>	14.1 OZ PURAMINO OR NUTRAMIGEN AA PWD	14.1 OZ PURAMINO PWD
Simliac Alimentum (Powder)	16 OZ SIMILAC ALIMENTUM PWD	12.4 OZ OR 12 OZ ENFAMIL GENTLEASE PWD	12.4 OZ ENFAMIL GENTLEASE PWD
	12.1 OZ SIMILAC ALIMENTUM PWD		

**e. Changes Implemented on October 1, 2015**

Old Description	New Descriptions
16 OZ WIC APPROVED BREAD, TORTILLAS OR BROWN RICE	16 OZ APPROVED BREAD, TORTILLAS, BROWN RICE OR WHEAT PASTA
1 QT/32 OZ OR (8 OZ 4-PACK) ENFAMIL INFANT RTU	1 QT/32 OZ ENFAMIL INFANT RTU
1 QT/32 OZ OR (8 OZ 4-PACK) ENFAMIL PROSOBEE RTU	1 QT/32 OZ ENFAMIL PROSOBEE RTU
1 QT/32 OZ OR (8 OZ 4-PACK) ENFAMIL AR RTU	1 QT/32 OZ ENFAMIL AR RTU
1 QT/32 OZ OR (8 OZ 4-PACK) ENFAMIL GENTLEASE RTU	1 QT/32 OZ ENFAMIL GENTLEASE RTU
14.1 OZ NEOCATE INFANT WITH DHA/ARA PWD	14.1 OZ (400 GMS) NEOCATE INFANT WITH DHA/ARA PWD
14.1 OZ OR 14 OZ NEOCATE JR (UNFLAVORED/CHOCOLATE/TROPICAL)	14.1 OZ (400g) NEOCATE JR (UNFLAVORED/CHOCOLATE/TROPICAL)
14.1 OZ OR 14 OZ NEOCATE JR W/PREBIOTICS-VANILLA/UNFLAVORED	14.1 OZ (400g) NEOCATE JR W/PREBIOTICS-VANILLA/UNFLAVORED
6-PACK (8 OZ) PEDIASURE ENTERAL 1.0 CAL	8 OZ PEDIASURE ENTERAL 1.0 CAL
6-PACK (8 OZ) PEDIASURE ENTERAL 1.0 W/FIBER	8 OZ PEDIASURE ENTERAL 1.0 W/FIBER
16 OZ PORTAGEN PWD (In activated – Effective October 1, 2015)	14.4 OZ PORTAGEN PWD (activated October 1, 2015)

	Product Name	Container Size/Packaging Size	Yield/ Unit in MOWINS (fl oz)	Children	Women
80	Portagen (Old Can size)	16 oz (6/case)	72 fl oz	12 cans	12 cans
80	Portagen (New Can Size)	14.4 oz (6/case)	64 fl oz	14 cans	14 cans
67	Pediasure Enteral Formula 1.0 Cal	8 fl oz (24/case)	8 fl oz	113	0
68	PediaSure Enteral Formula 1.0 Cal w/ Fiber	8 fl oz (24/case)	8 fl oz	113	0

**B. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods) Updated!**

**1. INFANTS – CONTRACT FORMULAS**

Type	#	Contract Formulas	Container Size & Packaging Size	Form	Unit in MOWIN	Yield/can fl oz	Manufacturer	Non Breastfeeding			Mostly Breastfeeding <sup>1</sup>				Some Breastfeeding <sup>2</sup>				Children <sup>3</sup>	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 <sup>3</sup>	1-3	4-5	6-11		
Contract Formulas (Rebate)	1	Enfamil Infant	12.5 oz (6/case)	PWD	1 can	90	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD
	2	Enfamil Gentlease	12.4 oz (6/case)	PWD	1 can	90	MJN	9	10	7	n/a <sup>4</sup>	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	93	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri, RD
	5	Enfamil Infant	13 fl oz (12/case)	Conc	1 can	26	MJN	31	34	24	n/a <sup>4</sup>	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 <sup>4</sup>	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri, RD
	7	Enfamil Infant	1 QT (32 fl oz) (6/case)	RTU	1 can / bottle	32	MJN	26	28	20	n/a <sup>4</sup>	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 <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
			8oz <b>New!</b> 6-pack	RTU	6-pack	48	MJN	17	19	13	n/a <sup>4</sup>	1-8	1-9	1-7	1-17	9-17	10-19	8-13	18	CPA, Nutri, RD
	9	Enfamil Gentlease	1 QT (32 fl oz) (6/case)	RTU	1 can / bottle	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	10	Enfamil A.R.	12.9 oz (6/case)	PWD	1 can	91	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri, RD
	11	Enfamil A.R.	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
			8oz <b>New!</b> 6-pack	RTU	6-pack	48	MJN	17	19	13	n/a <sup>4</sup>	1-8	1-9	1-7	1-17	9-17	10-19	8-13	18	CPA, Nutri, RD
114	Enfamil Reguline <b>New!</b>	12.4 oz (6/can)	PWD	1 can	90	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD	
115	Enfamil Reguline <b>New!</b>	8oz 6-pack	RTU	6-pack	48	MJN	17	19	13	n/a <sup>4</sup>	1-8	1-9	1-7	1-17	9-17	10-19	8-13	18	CPA, Nutri, RD	
12	Enfamil 24 Non-Premature (24 cal) <sup>5</sup>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. 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 (WIC 27).

4. N/A - Not applicable. Mostly breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.  
 5. Issuing formulas (e.g. Enfamil AR and Enfamil with Iron Non-Premature 24 cal.) to infants requires WIC 27. - Important!

**2. INFANTS – Exempt Formulas (Special Formulas) Max. Length of Approval: Last Day of the 6th Month 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	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manuf acturer	Non Breastfeeding			Mostly Breastfeeding <sup>1</sup>				Some Breastfeeding <sup>2</sup>				Children <sup>3</sup>	Approval Authority
								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		
Premature Formulas & Formulas in Nursette	13	Enfacare	12.8 oz (6/case)	PWD	1 can	82	MJN	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	11	CPA, Nutri, RD
	14	Similac Expert Care Neosure	13.1 oz (6/case)	PWD	1 can	87	Abbott/Ross	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD
	15	Enfacare	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
			8 oz <b>New!</b> 6-pack	RTU	6-pack	48	MJN	17	19	13	n/a <sup>4</sup>	1 - 8	1 - 9	1 - 7	1 - 17	9 - 17	10 - 19	8 - 13	18	CPA, Nutri, RD
	16	Similac Expert Care Neosure	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	17	Enfamil <u>Premature</u> With Iron (20 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD
	18	Enfamil <u>Premature</u> With Iron (24 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD
	19	Enfamil <u>Premature</u> High Protein (24 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD
	112	Enfamil <u>Premature</u> 30 cal	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD
	20	Pregestimil (20 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri, RD
	21	Pregestimil (24 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri, RD
	22	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 <sup>4</sup>	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. RD
	23	Similac Special Care with Iron, Lutein, DHA (24 cal)	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a <sup>4</sup>	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. RD
	24	Similac Special Care 30 with Iron and Lutein & DHA	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a <sup>4</sup>	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. RD

Type	#	Special Formulas Medical Documentation Required	Container Size & Packaging Size	Form	Unit in MOWIN S	Yield/ Unit in MOWI NS (fl oz)	Manuf acturer	Non Breastfeeding			Mostly Breastfeeding <sup>1</sup>				Some Breastfeeding <sup>2</sup>				Children <sup>3</sup>	Approval Authority
								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		
Hypoallergenic Formulas	25	EleCare For Infant DHA/ARA unflavored	14.1 oz. 6/case	PWD	1 can	95	Abbott/ Ross	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri, RD
	26	NeoCate Infant Formula DHA/ARA	14.1 oz (4/case)	PWD	1 can	97	Nutricia	8	9	7	n/a	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 7	9	CPA, Nutri, RD
	27	PurAmino	14.1 oz (4/case)	PWD	1 can	98	MJN	8	9	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 7	9	CPA, Nutri, RD
	28	Nutramigen	13 fl oz (12/case)	Conc	1 can	26	MJN	31	34	24	n/a <sup>4</sup>	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	CPA, Nutri, RD
	29	Nutramigen	1 QT (32 fl oz) (6/case)	RTU	1 can / bottle	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	30	Nutramigen with Enflora LGG	12.6 oz (6/case)	PWD	1 can	87	MJN	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD
	31	Pregestimil	16 oz (6/case)	PWD	1 can	112	MJN	7	8	6	n/a <sup>4</sup>	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	8	CPA, Nutri, RD
	32	Similac Expert Care Alimentum	16 oz (6/case)	PWD	1 can	115	Abbott /Ross	7	8	6	n/a <sup>4</sup>	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	7	CPA, Nutri, RD
			12.1 New! (6/case)	PWD	1 can	87	Abbott /Ross	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD
33	Similac Expert Care Alimentum	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/ Ross	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD	
Other Exempt	34	Monogen <sup>5</sup> (Based on 22 cal/fl oz)	14 oz 6/case	PWD	14 oz	56	Nutricia	11	12	9	n/a <sup>4</sup>	1-5	1-6	1-5	1-11	6-11	7 - 12	6-9	11	State RD
	35	Calcilo XD	13.2oz 6/case	PWD	1 can	96	Abbott/ Ross	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	RD, State RD
	36	Enfaport	6 fl oz. 24/case	RTU	6-pack	36	MJN	23	25	17	n/a <sup>4</sup>	1 - 10	1 - 13	1 - 9	1 - 23	11 - 23	14 - 25	10 - 17	25	RD, State RD
	37	RCF - Ross Carbo- hydrate Free	13 fl oz 12/case	Conc.	1 can	26	Abbott/ Ross	31	34	24	n/a <sup>4</sup>	1-14	1-17	1-12	1-31	15-31	18-34	13-24	35	RD, State RD
	38	Similac PM 60/40	14.1 oz. 6/case	PWD	1 can	102	Abbott/ Ross	8	9	6	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 6	8	RD, State RD
<sup>1.</sup> ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants. <sup>2.</sup> > (Greater than) the maximum amount of formula allowed for partially breastfed infants. <sup>3.</sup> Issuing infant formula to children requires medical documentation. Maximum quantity allowance is based on the yield per can for infant standard dilution.								<sup>4.</sup> N/A - Not applicable. Mostly breastfeeding infants (<= Max amount of formula) are not given any formula in the 1st month. <sup>5.</sup> Monogen = Contact State Nutritionist for approval. [Note] Reconstituted yield per can is dependent on the desired concentration which must be prescribed by a physician.												

**3. WIC Eligible Nutritionals (Special Formulas) for Children and Women “Max. Length of Approval: Last Day of the 6th Month” 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 (WIC 27) Required	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
39	Boost - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Nestlé	0	18x6-pack	CPA, Nutri, RD
40	Boost Kid Essentials - Retail (Vanilla, Chocolate, Strawberry)	8.25 fl oz (4-pack)	RTU	4-pack	33	Nestlé	27x4-pack	0	CPA, Nutri, RD
41	Boost Kid Essentials 1.5 cal (Vanilla, Strawberry, Chocolate)	8 fl oz. (27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
42	Boost Kid Essentials with Fiber 1.5 cal (Vanilla)	8 fl oz.(27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
43	Bright Beginnings Soy Pediatric Drink (Vanilla)	8 fl oz (6-pack, 24/case)	RTU	6-pack	48	PBM** [Nestlé]	18x6-pack	0	CPA, Nutri, RD
44	Compleat Pediatric	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
45	Compleat Pediatric Reduced Calorie	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
46	Neocate Splash OR E028 Splash All Flavors (Grape, Tropical Fruit, Orange-Pineapple)	8 fl oz (27/case)	RTU	1 can	8	Nutricia	113	0	RD, State RD
47	EleCare Jr. (Unflavored & Vanilla)	14.1 oz (6/case)	PWD	1 can	62	Abbott/Ross	14 cans	0	CPA, Nutri, RD
48	Enfagrow Toddler Transitions	20 oz. or 21 oz. (4/case)	PWD	1 can	141	MJN	6 cans	0	CPA, Nutri, RD
49	Enfagrow Toddler Transitions	6-pack (8.25 oz.) (4/case)	RTU	6-pack	49.5.	MJN	18 x 6-pack	0	CPA, Nutri, RD
50	Enfagrow Toddler Transitions Soy	20 oz. or 21 oz. (4/case)	PWD	1 can	135	MJN	6 cans	0	CPA, Nutri, RD
51	Enfagrow Toddler Transitions Gentlease	20 oz. or 21 oz. (4/case)	PWD	1 can	141	MJN	6 cans	0	CPA, Nutri, RD
52	Ensure - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Abbott/Ross	0	18x6-pack	CPA, Nutri, RD
53	Glucerna Shake (Retail Bottle)	8 fl oz (4x6-pack)	RTU	6-pack	48	Abbott/Ross	18 x 6-pack	18 x 6-pack	RD, State RD
54	Isosource 1.5 with Fiber	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	107	RD, State RD
55	KetoCal (3:1)	11 oz. (6/case)	PWD	1 can	≈ 71	Nutricia	12 cans	0	RD, State RD
56	KetoCal (4:1)	11 oz. (6/case)	PWD	1 can	≈ 51	Nutricia	17 cans	0	RD, State RD
57	Neocate Jr. (Unflavored, Chocolate, Tropical)	14.1 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
58	NeoCate Jr. with Prebiotics (Vanilla, Unflavored)	14.1 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
59	Monogen <sup>1</sup> [Note: Monthly QTY is Based on 30 cal/fl oz]	14 oz (6/case)	PWD	1 can	56 <sup>1</sup>	Nutricia	16 cans	16 cans	State RD
60	Nutren Jr. (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
61	Nutren Jr. with Fiber (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
62	Nutren 2.0 (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD

#	Special Formulas for Children and Women ▪ Medical Documentation (WIC 27) Required	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
113	Nutramigen with Enflora LGG Toddler	12.6 oz (6/case)	PWD	1 can	86	MJN	10	0	CPA, Nutri, RD
63	Pediasure - All Flavors	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	CPA, Nutri, RD
64	Pediasure with Fiber (All flavors: Vanilla & Strawberry)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	CPA, Nutri, RD
65	Pediasure 1.5 (Vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
66	Pediasure 1.5 with Fiber (Vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
67	Pediasure Enteral Formula 1.0 Cal	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113	0	Nutri., RD
68	PediaSure Enteral Formula 1.0 Cal with Fiber	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113	0	Nutri., RD
69	PediaSure Peptide 1.0 Cal (Vanilla, Strawberry, Unflavored)	8 fl oz (24/case)	RTU	EACH	8	Abbott/Ross	113	0	RD, State RD
70	PediaSure Peptide 1.5 Cal (Vanilla)	8 fl oz (24/case)	RTU	EACH	8	Abbott/Ross	113	0	RD, State RD
71	PediaSure Sidekicks Product #: Vanilla: #56416; Strawberry: #62482; Chocolate: #56419	8 fl oz (4 x 6-pack)	RTU	EACH	48	Abbott/Ross	18 x 6-pack	0	RD, State RD
72	Peptide Junior (Unflavored)	1.8 oz (15/case)	PWD	1 can	8	Nutricia	113	0	CPA, Nutri, RD
73	Peptamen Jr. – Unflavored Vanilla, Chocolate, Strawberry	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
74	Peptamen Jr. 1.5 Unflavored	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
75	Peptamen Jr. with Fiber - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
76	Peptamen Jr. with Prebio - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
77	Peptamen – Unflavored & Vanilla	8.45 fl oz (24/case).	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
78	Peptamen with Prebio - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
79	Peptamen 1.5 Unflavored & Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
80	Portagen	14.4	PWD	1 can	64	MJN	14 cans	14 cans	RD, State RD
81	Boost Breeze all flavors (formerly Resource Breeze)	8 fl oz (27/case)	RTU	1 container	8	Nestlé	113	113	RD, State RD
82	Super Soluble Duocal <sup>1</sup>	14/14.1 oz. (6/case)	PWD	1 can	Varies1 (91)	Nutricia	10 cans	10 cans	State RD
83	Suplena with Carb Steady	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113	113	RD, State RD
84	Tolerex	2.82 oz 60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD
85	Vivonex Pediatric (Unflavored)	1.7 oz (36/case)	PWD	1 can	8.4	Nestlé	108	0	RD, State RD
86	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

<sup>1</sup>. 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.



**4. Guidelines for Issuing Metabolic Formulas**

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	
87	3232A	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	<ul style="list-style-type: none"> <li>▪ <b>Medical Documentation:</b> Medical documentation is required to issue all metabolic formulas.</li> <li>▪ <b>Approval Length:</b> <a href="#">2 months (Effective 10-1, 2013)</a></li> <li>▪ <b>Approval Authority:</b> <a href="#">State RD</a></li> <li>▪ <b>Monthly Allowance:</b> 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.</li> <li>▪ <b>Payer of Metabolic Formulas and Documentation:</b> <ol style="list-style-type: none"> <li>1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. (See page 9)</li> <li>2. Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral.</li> <li>3. Inform the participant or the parent/guardian that WIC will only issue the metabolic formula for <b>2 months</b> and issue checks for other foods in the food package as prescribed.</li> <li>4. While waiting approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC food package III <a href="#">up to 2 months</a>.</li> <li>5. Scan the completed medical documentation form into MOWINS and document the payment source in the SOAP notes.</li> <li>6. Follow-up must be done and documented in the SOAP notes to assure the nutritional needs of the participant are being met.</li> </ol> </li> </ul> <p><b>Maximum Monthly Allowance:</b> 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>
88	BCAD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
89	GA	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
90	HCY 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
91	HCY 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
92	I-Valex-1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
93	Ketonex 1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
94	Ketonex 2	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
95	LMD	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
96	MSUD Analog	14 oz.	6/case	PWD	Nutricia	1 can	varies	varies	<u>varies</u>	0	
97	MSUD Maxamaid	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
98	MSUD Maxamum	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	
99	OA 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
100	OA 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
101	Periflex Infant	14 oz	6/case	PWD	Nutricia	1 can	varies	varies	<u>varies</u>	0	
102	PFD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
103	PhenexTM 1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
104	PhenexTM 2	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
105	Phlexy-10	20g	30 x20g	PWD	Nutricia	1 box	105/1 box	0	9	9	
106	Phenyl-Free 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
107	TYROS 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
108	WND 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
109	WND 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
110	XPhe Maxamaid	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
111	XPhe Maxamum	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	

5. Missouri Department of Health & Senior Services - Metabolic Formula Program **Updated!**

**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](mailto: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 <b>deficiency</b> (HMG)
2. maple syrup urine disease (MSUD)	10. 3- <b>methylcrotonyl</b> CoA carboxylase deficiency (3MCC)
3. glutaric acidemia	11. propionic acidemia
4. homocystinuria	12. long-chain 3 hydroxyacyl CoA <b>dehydrogenase deficiency</b> (LCHAD)
5. methylmalonic acidemia	13. very-long-chain acyl-CoA dehydrogenase <b>deficiency</b> (VLCAD)
6. citrullinemia	14. ornithine transcarbamylase <b>deficiency</b> (OTC)
7. argininosuccinic acidemia	15. tyrosinemia (type I, II and III)
8. isovaleric acidemia	

6. Formula Manufacturers (Contact Information and Websites)

WIC Works Formula Database: [http://wicworks.nal.usda.gov/nal\\_web/wicworks/formulas/FormulaSearch.php](http://wicworks.nal.usda.gov/nal_web/wicworks/formulas/FormulaSearch.php)

Formula Manufacturer	Websites	Customer Service Phone Numbers
Mead Johnson Nutritionals (MJN)	<a href="http://www.meadjohnson.com/pediatrics/us-en/">http://www.meadjohnson.com/pediatrics/us-en/</a>	1-800-457-3550
Nutricia North America (Nutricia)	<a href="http://www.nutricia-na.com/">http://www.nutricia-na.com/</a>	1-800-365-7354 OR 1-877-482-7845
Nestlé Infant Nutrition (Gerber)	<a href="http://www.gerber.com/">http://www.gerber.com/</a>	1-800-284-9488
Nestlé HealthCare Nutrition	<a href="http://www.nestle-nutrition.com/">http://www.nestle-nutrition.com/</a>	1-877-463-7853
	Product Information: <a href="http://www.nestle-nutrition.com/">http://www.nestle-nutrition.com/</a>  Packaging Information: <a href="http://www.nestlenutritionstore.com/">http://www.nestlenutritionstore.com/</a>	1-800-422-ASK2 (2752) or 1-800-285-2889
Perrigo Nutritionals, PBM Products	<a href="http://www.pbmnutritionals.com/">http://www.pbmnutritionals.com/</a>	1-800-272-5095 or 540-832-3282 (x1113)
VitaFlow (metabolic formulas)	<a href="http://www.vitaflousa.com/">http://www.vitaflousa.com/</a>	1-888-VITAFLO (888-848-2356) Direct Line: 703-519-1282 Monday through Friday 9:00am – 5:00pm EST Email: <a href="mailto:vitaflo@vitaflousa.com">vitaflo@vitaflousa.com</a>
Abbott Nutrition (Formerly Ross Pharmaceuticals)	Product Information: <a href="http://abbottnutrition.com/">http://abbottnutrition.com/</a>  Packaging Information: <a href="http://www.abbottstore.com/">http://www.abbottstore.com/</a>	1-800-551-5838

7. Food Package Overview for All WIC Categories **Updated!** [Note: The table below was updated]

Food Package	Category	Eligibility
Food Package I & II	Infants	This food package is designed for issuance to infant participants from birth through age 11 months: <ul style="list-style-type: none"> <li>• <b>Fully breastfeeding:</b> The infant doesn't receive formula.</li> <li>• <b>Mostly breastfeeding:</b> This infant is <u>mostly</u> breastfed but also receives infant formula up to <u>the maximum quantity allowed</u> for mostly breastfed infants. This food package is not available for infants 0-1 month.</li> <li>• <b>Some breastfeeding:</b> The infant is <u>some</u> breastfed and receives formula <u>in excess of the quantity allowed</u> for mostly breastfed infants.</li> <li>• <b>Non-breastfeeding</b></li> </ul>
Food Package III	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 WIC-eligible nutritional) Medical Documentation (WIC 27) is required.
Food Package IV	Children 12-59 months	This food package is designed for issuance to participants 12 months to 59 months of age.
Food Package V	<ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Mostly Breastfeeding Women</li> </ul>	This food package is designed for issuance to: <ul style="list-style-type: none"> <li>• Women participants with singleton pregnancies.</li> <li>• Women, up to one year, whose infants are mostly breastfed.</li> </ul>
Food Package VI	<ul style="list-style-type: none"> <li>• Non Breastfeeding Women</li> <li>• Some Breastfeeding Women</li> </ul>	This food package is designed for issuance to: <ul style="list-style-type: none"> <li>• Women up to 6 months postpartum whose infants are <u>fully formula fed</u>. (no breastfeeding)</li> <li>• Women up to 6 months postpartum whose infants receive formula <u>in excess of the quantity allowed</u> for mostly breastfed infants. (some breastfeeding)</li> </ul>
Food Package VII	<ul style="list-style-type: none"> <li>• Fully Breastfeeding Women</li> <li>• Women Qualified for Food Package III</li> </ul>	This food package is designed for issuance to: <ul style="list-style-type: none"> <li>• Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC.</li> <li>• Mostly breastfeeding women with multiple infants from the same pregnancy.</li> <li>• Pregnant women who are fully or mostly breastfeeding</li> <li>• Pregnant women with two or more fetuses.</li> </ul> <p>[Note] Women participants fully breastfeeding multiple infants from the same pregnancy receive 1.5 times the supplemental foods provided in Food Package VII.</p>

Mostly and Some Breastfeeding Women with Twins	Mother's Food Package
Twins: Some breastfeeding under 6 months old.	The mother would receive <u>Food Package VI</u> .
Twins: Some breastfeeding older than 6 months old.	If the infants are over 6 months of age, the mother would not receive a food package.
Twins: One infant (some breastfeeding) and the other infant (mostly breastfeeding).	The mother would receive <u>Food Package V</u> because one of her infants qualifies to receive the mostly breastfeeding package.
[Note] Food Package VII does not apply to a mother tandem-breastfeeding multiples (Example: A 2-month-old infant and an 11-month-old infant).	

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

Foods	Infants		Children	Women		
	0-5 Months	6-11 Months	Children (1 – 4)	Pregnant Mostly Breastfeeding (≤ Max Allowed)	Non-Breastfeeding Some Breastfeeding (> Max Allowed)	<ul style="list-style-type: none"> <li>▪ Fully Breastfeeding</li> <li>▪ Mostly Breastfeeding Multiples</li> <li>▪ Pregnant with Multiples</li> <li>▪ Pregnant women who are still breastfeeding.</li> </ul>
WIC Formulas <sup>1</sup>	(Page 3-5, & 8)		(Page 6 –8)	(Page 6 –8)	(Page 6 –8)	(Page 6 –8)
Infant Cereal	Not allowed	24 oz	32 oz. <sup>2</sup>	32 oz. <sup>2</sup>	32 oz. <sup>2</sup>	32 oz. <sup>2</sup>
Infant Food (Fruits & Vegetables)	Not allowed	32- 4 oz. <sup>3</sup> containers	Allowed <sup>4</sup>	Allowed <sup>4</sup>	Allowed <sup>4</sup>	Allowed <sup>4</sup>
Juice, single strength	Not allowed	Not allowed	128 fl. oz. 2 - 64oz. container	144 fl. oz. 3 x 11.5 - 12oz. frozen	96 fl. oz. 2 x 11.5-12oz. frozen	144 fl. oz. 3 x 11.5-12oz. frozen
Milk, fluid <sup>5</sup>	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 <sup>5</sup>	0 <sup>5</sup>	0 <sup>5</sup>	1 lb.
Eggs	Not allowed	Not allowed	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables	Not allowed	Not allowed	\$8.00 <sup>6</sup>	\$11.00 <sup>6</sup>	\$11.00 <sup>6</sup>	\$11.00 <sup>6</sup>
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 <b>OR</b> 4 x16 oz. cans <b>OR</b> 1 x 16-18 oz. Peanut butter	1 pound dry beans <b>or</b> 4-16 oz. cans <b>AND</b> 1 x 16-18 oz. Peanut butter	1 pound dry beans <b>OR</b> 4-16 oz. cans <b>OR</b> 1 x 16-18 oz Peanut Butter	1 lb dry beans <b>or</b> 4-16 oz. cans <b>AND</b> 1 x 16 - 18 oz. Peanut butter

[Note] Updated!

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.

1. See the Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods) (FFRG Formula Listing Page 4-9)

2. 32 oz. infant cereal may be substituted for 36 ounces adult cereal. (ER# 2.07000)

- Infant cereal can be given to children and women only if the participant receives Food Package III, which requires that a child or woman also are prescribed and receive a formula/WIC-eligible nutritional from the Missouri WIC program. The medical documentation form (WIC 27) is required.
  - Issuing Infant cereal to children or women through food package IV, V, VI, VII is not allowed.
  - Health care providers are not allowed to prescribe only infant cereal to children and women using the medical documentation form (WIC 27).
3. Cash Value Voucher (CVV) For Fresh Fruits & Vegetables in Lieu of Jarred Infant Foods (Food Package II & III)
- CVV for purchase of fresh fruits & vegetables can be given in lieu of infant foods fruits/vegetables in food package II & III based upon a thorough individual assessment conducted by CPA.
  - Fully breastfed infant may opt to receive \$8 CVV and 128 oz. jarred infant fruits/vegetables (4 oz. x 32 jars).
  - Partially breastfed and fully formula fed infants may opt to receive \$4 CVV and 64 oz. of infant food fruits/vegetables.
4. Infant Foods to Children and Women With Qualifying Conditions - Infant Foods In Lieu of the CVV. (Food Package III)
- Children - Maximum substitution of 128 oz. of jarred fruits/vegetables (4 oz. x 32 jars) for \$8 CVV.
  - Women – Maximum substitution of 160 oz. jarred infant fruits/vegetables (4 oz. x 40 jars) in place of \$11 CVV.
5. Standard food packages for children women, except fully breastfeeding women do have cheese however, 1 pound of cheese is allowed to issue as a milk substitute. See the FFRG – Guidelines (Page 15-18) for more information.
6. Food Package III for Children and Women With Qualifying Conditions - Infant Foods In Lieu of the Cash Value Voucher
- Children- Maximum substitution of 128 oz. of jarred fruits or vegetables (4 oz. x 32 jars) for \$8 CVV.
  - Women – Maximum substitution of 160 oz. jarred infant fruit and vegetables in place of \$11 CVV.