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

**Formula
Listing**

Effective August 1, 2019

A. ACRONYMS, ABBREVIATIONS, SYMBOLS, AND CHANGES Updated!

B. MISSOURI WIC APPROVED INFANT FORMULAS AND SPECIAL FORMULAS (EXEMPT INFANT FORMULAS AND WIC-ELIGIBLE NUTRITIONALS)

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

A. Acronyms, Abbreviations, Symbols, and Changes

| Acronyms and Abbreviations | | |
|--|--|------------|
| WIC Cert. = WIC certifier | Abbott/Ross = Abbott Nutrition (formerly Ross) | fl = fluid |
| Nutri. = local agency WIC nutritionist | MJN = Mead Johnson Nutrition | g = grams |
| CPA = competent professional authority (nutritionist, registered nurse, or registered dietitian) | Nestlé = Nestlé Nutrition | lb = pound |
| RD = registered dietitian at local agency | Nutricia = Nutricia North America | oz = ounce |
| State RD = registered dietitian at state agency | PBM = PBM Product – Perrigo Nutritionals | qt = quart |
| HCP = health care provider | Conc. = concentrated liquid | |
| FBF = fully breastfeeding | PWD = powder | |
| WIC-27 = Medical Documentation Form - Health Care Provider Authorization Form | RTF = ready-to-feed | |
| CVB = cash value benefit | RTU = ready-to-use | |

| Changes | | | |
|---|---------|------------------|---|
| 1. Changes to MJN Products: Changes shown below will be implemented in MOWINS <i>Effective October 1, 2019.</i> | | | |
| Product | Status | Size | Check Description in MOWINS |
| Enfamil | Current | (8 fl oz) 6-pack | 6-PACK (8 OZ) ENFAMIL PROSOBEE RTU |
| ProSobee | New | 32 fl oz bottle | 32 OZ ENFAMIL PROSOBEE RTU |
| 2. Changes to Abbott Products: Changes shown below will be implemented in MOWINS <i>Effective August 1, 2019.</i> | | | |
| SIMILAC SPECIAL CARE 30 | Current | 8-PACK (2 OZ) | 8-PACK (2 OZ) SIMILAC SPECIAL CARE 30 W/IRON |
| | New | 4-PACK (2 OZ) | 4-PACK (2 OZ) SIMILAC SPECIAL CARE 30 |
| SIMILAC SPECIAL CARE 24 | Current | 8-PACK (2 OZ) | 8-PACK (2 OZ) SIMILAC SPECIAL CARE 24 W/IRON/LUTEIN/DHA |
| | New | 4-PACK (2 OZ) | 4-PACK (2 OZ) SIMILAC SPECIAL CARE 24 |
| 3. Description change to EleCare for Infants DHA/ARA <i>Effective August 31, 2019</i> | | | |
| ELECARE FOR INFANTS DHA/ARA | Current | 14.1 OZ | ELECARE FOR INFANTS DHA/ARA (ALL FLAVORS) |
| | New | 14.1 OZ | ELECARE FOR INFANTS DHA/ARA |
| Discontinuation <i>Effective August 31, 2019</i> | | | |
| Enfamil A.R. 6-packs will be discontinued on Saturday, August 31 st 2019. The ready-to-use form of Enfamil A.R. will no longer be available. | | | |

B. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and WIC-Eligible Nutritionals)

1. INFANTS – CONTRACT FORMULAS (Enfamil Infant (PWD) is the primary contract infant formula to be issued unless another formula is requested.)

| Type | # | Contract Formula | Container Size and Packaging Size | Form | Unit in MOWINS | Yield/Unit in MOWINS (fl oz) | Manufacturer | Nonbreastfeeding | | | Mostly Breastfeeding | | | | Some Breastfeeding | | | | Children ¹ | Approval Authority |
|---------------------------|---|------------------------------|-----------------------------------|-------|----------------|------------------------------|--------------|------------------|-----|------|----------------------|--------|--------|--------|--------------------|---------|---------|---------|-----------------------|----------------------------|
| | | | | | | | | 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 | | |
| Contract Formula (Rebate) | 1 | Enfamil Infant | 12.5 oz (6/case) | PWD | 1 can | 90 | MJN | 9 | 10 | 7 | N/A | 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 | 1 - 4 | 1 - 5 | 1 - 4 | 1 - 9 | 5 - 9 | 6 - 10 | 5 - 7 | 10 | WIC Cert., CPA, Nutri., RD |
| | 3 | Enfamil ProSobee | 12.9 oz (6/case) | PWD | 1 can | 93 | MJN | 9 | 10 | 7 | N/A | 1 - 4 | 1 - 5 | 1 - 4 | 1 - 9 | 5 - 9 | 6 - 10 | 5 - 7 | 9 | WIC Cert., CPA, Nutri., RD |
| | 4 | Enfamil A.R. | 12.9 oz (6/case) | PWD | 1 can | 91 | MJN | 9 | 10 | 7 | N/A | 1 - 4 | 1 - 5 | 1 - 4 | 1 - 9 | 5 - 9 | 6 - 10 | 5 - 7 | 9 | WIC Cert., CPA, Nutri., RD |
| | 5 | Enfamil Reguline | 12.4 oz (6/case) | PWD | 1 can | 90 | MJN | 9 | 10 | 7 | N/A | 1 - 4 | 1 - 5 | 1 - 4 | 1 - 9 | 5 - 9 | 6 - 10 | 5 - 7 | 10 | WIC Cert., CPA, Nutri., RD |
| | 6 | Enfamil Infant | 13 fl oz (12/case) | Conc. | 1 can | 26 | MJN | 31 | 34 | 24 | N/A | 1 - 14 | 1 - 17 | 1 - 12 | 1 - 31 | 15 - 31 | 18 - 34 | 13 - 24 | 35 | WIC Cert., CPA, Nutri., RD |
| | 7 | Enfamil ProSobee | 13 fl oz (12/case) | Conc. | 1 can | 26 | MJN | 31 | 34 | 24 | N/A | 1 - 14 | 1 - 17 | 1 - 12 | 1 - 31 | 15 - 31 | 18 - 34 | 13 - 24 | 35 | WIC Cert., CPA, Nutri., RD |
| | 8 | Enfamil Infant | 1 qt (32 fl oz) (6/case) | RTU | 1 can | 32 | MJN | 26 | 28 | 20 | N/A | 1 - 12 | 1 - 14 | 1 - 10 | 1 - 26 | 13 - 26 | 15 - 28 | 11 - 20 | 28 | CPA, Nutri., RD |
| | 9 | Enfamil ProSobee New Package | 1 qt (32 fl oz) (6/case) | RTU | 1 can | 32 | MJN | 26 | 28 | 20 | N/A | 1 - 12 | 1 - 14 | 1 - 10 | 1 - 26 | 13 - 26 | 15 - 28 | 11 - 20 | 28 | CPA, Nutri., RD |

¹Issuing infant formula to children requires medical documentation (WIC-27). Quantity is based on 20 cal./fl oz.

2. **INFANTS – Exempt Formulas (Special Formulas) Maximum Length of Approval: Last Day of the 6th Month. Updated!**

- The Food Package III check box on the MOWINS Health Information screen must be checked when issuing any formula in this section.

| Type | # | Special Formula Medical Documentation (WIC-27) Required | Container Size and Packaging Size | Form | Unit in MOWINS | Yield/Unit in MOWINS (fl oz) | Manufacturer | Nonbreastfeeding | | | Mostly Breastfeeding | | | | Some Breastfeeding | | | | Children ¹ | Approval Authority |
|---|--|--|-----------------------------------|--------|----------------|------------------------------|--------------|------------------|-----|------|----------------------|--------|--------|---------|--------------------|----------|----------|---------|-----------------------|--------------------|
| | | | | | | | | 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 Formula and Formula in Nursette | 10 | EnfaCare NeuroPro | 12.8 oz (6/case) | PWD | 1 can | 82 | MJN | 10 | 11 | 8 | N/A | 1 - 5 | 1 - 6 | 1 - 4 | 1 - 10 | 6 - 10 | 7 - 11 | 5 - 8 | 11 | CPA, Nutri., RD |
| | 11 | EnfaCare NeuroPro <i>Effective 10-01-19</i> | 1 qt (32 fl oz) (6/case) | RTU | 1 bottle | 32 | MJN | 26 | 28 | 20 | N/A | 1 - 12 | 1 - 14 | 1 - 10 | 1 - 26 | 13 - 26 | 15 - 28 | 11 - 20 | 28 | CPA, Nutri., RD |
| | | EnfaCare <i>Ending 09-30-19</i> | 8 fl oz (4 x 6-packs) | RTU | 6-pack | 48 | MJN | 17 | 19 | 13 | N/A | 1 - 8 | 1 - 9 | 1 - 7 | 1 - 17 | 9 - 17 | 10 - 19 | 8 - 13 | 18 | CPA, Nutri., RD |
| | 12 | Similac NeoSure | 13.1 oz (6/case) | PWD | 1 can | 87 | Abbott/Ross | 10 | 11 | 8 | N/A | 1 - 5 | 1 - 6 | 1 - 4 | 1 - 10 | 6 - 10 | 7 - 11 | 5 - 8 | 10 | CPA, Nutri., RD |
| | 13 | Similac NeoSure | 1 qt (32 fl oz) (6/case) | RTU | 1 bottle | 32 | Abbott/Ross | 26 | 28 | 20 | N/A | 1 - 12 | 1 - 14 | 1 - 10 | 1 - 26 | 13 - 26 | 15 - 28 | 11 - 20 | 28 | CPA, Nutri., RD |
| | 14 | Enfamil <u>Premature</u> with Iron (20 cal.) | 2 fl oz (8 x 6-packs) | RTU | 6-pack | 12 | MJN | 69 | 74 | 53 | N/A | 1 - 32 | 1 - 37 | 1 - 26 | 1 - 69 | 33 - 69 | 38 - 74 | 27 - 53 | 0 | Nutri., RD |
| | 15 | Enfamil <u>Premature</u> with Iron (24 cal.) | 2 fl oz (8 x 6-packs) | RTU | 6-pack | 12 | MJN | 69 | 74 | 53 | N/A | 1 - 32 | 1 - 37 | 1 - 26 | 1 - 69 | 33 - 69 | 38 - 74 | 27 - 53 | 0 | Nutri., RD |
| | 16 | Enfamil <u>Premature</u> with Iron (30 cal.) | 2 fl oz (8 x 6-packs) | RTU | 6-pack | 12 | MJN | 69 | 74 | 53 | N/A | 1 - 32 | 1 - 37 | 1 - 26 | 1 - 69 | 33 - 69 | 38 - 74 | 27 - 53 | 0 | Nutri., RD |
| | 17 | Pregestimil (20 cal.) | 2 fl oz (8 x 6-packs) | RTU | 6-pack | 12 | MJN | 69 | 74 | 53 | N/A | 1 - 32 | 1 - 37 | 1 - 26 | 1 - 69 | 33 - 69 | 38 - 74 | 27 - 53 | 0 | CPA, Nutri., RD |
| | 18 | Pregestimil (24 cal.) | 2 fl oz (8 x 6-packs) | RTU | 6-pack | 12 | MJN | 69 | 74 | 53 | N/A | 1 - 32 | 1 - 37 | 1 - 26 | 1 - 69 | 33 - 69 | 38 - 74 | 27 - 53 | 0 | CPA, Nutri., RD |
| | 19 | Similac Special Care with Iron (20 cal.) | 2 fl oz (6 x 8-packs) | RTF | 8-pack | 16 | Abbott/Ross | 52 | 56 | 40 | N/A | 1 - 24 | 1 - 28 | 1 - 20 | 1 - 52 | 25 - 52 | 29 - 56 | 21 - 40 | 0 | Nutri., RD |
| | 20 | Similac Special Care with Iron (24 cal.) <i>New Package</i> | 2 fl oz (12 x 4-packs) | RTF | 4-pack | 8 | Abbott/Ross | 104 | 114 | 80 | N/A | 1 - 48 | 1 - 59 | 1 - 42 | 1 - 104 | 49 - 104 | 60 - 114 | 43 - 80 | 0 | Nutri., RD |
| 21 | Similac Special Care with Iron (30 cal.) <i>New Package</i> | 2 fl oz (12 x 4-packs) | RTF | 4-pack | 8 | Abbott/Ross | 104 | 114 | 80 | N/A | 1 - 48 | 1 - 59 | 1 - 42 | 1 - 104 | 48 - 104 | 60 - 114 | 43 - 80 | 0 | Nutri., RD | |
| 22 | EleCare For Infants DHA/ARA | 14.1 oz (6/case) | PWD | 1 can | 95 | Abbott/Ross | 9 | 10 | 7 | N/A | 1 - 4 | 1 - 5 | 1 - 4 | 1 - 9 | 5 - 9 | 6 - 10 | 5 - 7 | 9 | CPA, Nutri., RD | |

| Type | # | Special Formula Medical Documentation (WIC-27) Required | Container Size and Packaging Size | Form | Unit in MOWINS | Yield/Unit in MOWINS (fl oz) | Manufacturer | Nonbreastfeeding | | | Mostly Breastfeeding | | | | Some Breastfeeding | | | | Children ¹ | Approval Authority |
|------------------------|----------------------------|---|-----------------------------------|-------|----------------|------------------------------|--------------|---------------------|-----|------|----------------------|---------------------|------|------|---------------------|-------|-------|-------|-----------------------|--------------------|
| | | | | | | | | 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 | | |
| | 23 | 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 |
| Hypoallergenic Formula | 24 | Nutramigen | 13 fl oz (12/case) | Conc. | 1 can | 26 | MJN | 31 | 34 | 24 | N/A | 1-14 | 1-17 | 1-12 | 1-31 | 15-31 | 18-34 | 13-24 | 35 | CPA, Nutri., RD |
| | 25 | Nutramigen | 1 qt (32 fl oz) (6/case) | RTU | 1 bottle | 32 | MJN | 26 | 28 | 20 | N/A | 1-12 | 1-14 | 1-10 | 1-26 | 13-26 | 15-28 | 11-20 | 28 | CPA, Nutri., RD |
| | 26 | Nutramigen with Enflora LGG | 12.6 oz (6/case) | PWD | 1 can | 87 | MJN | 10 | 11 | 8 | N/A | 1-5 | 1-6 | 1-4 | 1-10 | 6-10 | 7-11 | 5-8 | 10 | CPA, Nutri., RD |
| | 27 | Pregestimil | 16 oz (6/case) | PWD | 1 can | 112 | MJN | 7 | 8 | 6 | N/A | 1-3 | 1-4 | 1-3 | 1-7 | 4-7 | 5-8 | 4-6 | 8 | CPA, Nutri., RD |
| | 28 | PurAmino | 14.1 oz (4/case) | PWD | 1 can | 98 | MJN | 8 | 9 | 7 | N/A | 1-4 | 1-5 | 1-3 | 1-8 | 5-8 | 6-9 | 4-7 | 9 | CPA, Nutri., RD |
| | 29 | Similac Alimentum | 12.1 oz (6/case) | PWD | 1 can | 87 | Abbott/Ross | 10 | 11 | 8 | N/A | 1-5 | 1-6 | 1-4 | 1-10 | 6-10 | 7-11 | 5-8 | 10 | CPA, Nutri., RD |
| | 30 | Similac Alimentum | 1 qt (32 fl oz) (6/case) | RTU | 1 can | 32 | Abbott/Ross | 26 | 28 | 20 | N/A | 1-12 | 1-14 | 1-10 | 1-26 | 13-26 | 15-28 | 11-20 | 28 | CPA, Nutri., RD |
| | 31 | 3232A | 16 oz | PWD | 1 can | varies | MJN | varies ² | | | N/A | varies ² | | | varies ² | | | | | State RD |
| | 32 | Calcilo XD | 13.2 oz (6/case) | PWD | 1 can | 96 | Abbott/Ross | 9 | 10 | 7 | N/A | 1-4 | 1-5 | 1-4 | 1-9 | 5-9 | 6-10 | 5-7 | 9 | RD, Nutri. |
| | 33 | Enfaport | 6 fl oz (4 x 6-pack) | RTU | 6-pack | 36 | MJN | 23 | 25 | 17 | N/A | 1-10 | 1-13 | 1-9 | 1-23 | 11-23 | 14-25 | 10-17 | 25 | RD, Nutri. |
| 34 | RCF-Ross Carbohydrate Free | 13 fl oz (12/case) | Conc. | 1 can | 26 | Abbott/Ross | 31 | 34 | 24 | N/A | 1-14 | 1-17 | 1-12 | 1-31 | 15-31 | 18-34 | 13-24 | 35 | RD, State RD | |
| 35 | Similac PM 60/40 | 14.1 oz (6/case) | PWD | 1 can | 102 | Abbott/Ross | 8 | 9 | 6 | N/A | 1-4 | 1-5 | 1-3 | 1-8 | 5-8 | 6-9 | 4-6 | 8 | RD, Nutri. | |

1. Issuing infant formula to children requires medical documentation (WIC-27). Maximum quantity allowance is based on the yield per can for infant standard dilution.
 2. Reconstituted yield per can varies and is dependent on age, body weight, and medical condition of the participant. Contact State RD for a maximum monthly allowance.

3. **WIC– eligible Nutritionals** (Special Formulas) for Children and Women - **Maximum Length of Approval: Last Day of the 6th Month.**

- The Food Package III check box on the MOWINS Health Information screen must be checked when issuing any formula in this section.
- Descriptions in MOWINS for formula available in one or more flavors will be listed as “all flavors.”

| # | Special Formula for Children and Women Medical Documentation (WIC-27) Required | Container Size and Packaging Size | Form | Unit in MOWINS | Yield/Unit in MOWINS (fl oz) | Manufacturer | Children | Women | Approval Authority |
|----|---|--------------------------------------|------|-------------------|---------------------------------|-----------------|---------------------|-------------|-----------------------|
| 36 | 3232A | 16 oz | PWD | 1 can | varies | MJN | Varies ¹ | 0 | State RD |
| 37 | Boost (chocolate, strawberry, vanilla) | 8 fl oz (4 x 6-pack) | RTU | 6-pack | 48 | Nestlé | 0 | 18 x 6-pack | CPA, Nutri., RD |
| 38 | Boost Kid Essentials (chocolate, vanilla) | 8.25 fl oz (4 x 4-packs) | RTU | 4-pack | 33 | Nestlé | 27 x 4-pack | 0 | CPA, Nutri., RD |
| 39 | Boost Kid Essentials 1.5 cal. (chocolate, strawberry, vanilla) | 8 fl oz (27/case) | RTU | 1 can | 8 | Nestlé | 113 | 0 | Nutri., RD |
| 40 | Boost Kid Essentials with Fiber 1.5 cal. (vanilla) | 8 fl oz (27/case) | RTU | 1 can | 8 | Nestlé | 113 | 0 | Nutri., RD |
| 41 | Bright Beginnings Soy Pediatric Drink (vanilla) | 8 fl oz (4 x 6-packs) | RTU | 6-pack | 48 | PBM [Nestlé] | 18 x 6-pack | 0 | CPA, Nutri., RD |
| 42 | Compleat Pediatric | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | Nutri., RD |
| 43 | Compleat Pediatric Reduced Calorie | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | Nutri., RD |
| 44 | EleCare Jr. (banana, chocolate, unflavored, vanilla) | 14.1 oz (6/case) | PWD | 1 can | 62 | Abbott/Ross | 14 | 0 | CPA, Nutri., RD |
| 45 | Ensure (all flavors) | 8 fl oz (4 x 6-pack) | RTU | 6-pack | 48 | Abbott/Ross | 0 | 18 x 6-pack | CPA, Nutri., RD |
| 46 | Glucerna Shake (butter pecan, chocolate, strawberry, vanilla) | 8 fl oz (4 x 6-pack) | RTU | 6-pack | 48 | Abbott/Ross | 18 x 6-pack | 18 x 6-pack | RD, State RD |
| 47 | Isosource 1.5 with Fiber | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 107 | RD, State RD |
| 48 | KetoCal (3:1) | 11 oz (6/case) | PWD | 1 can | ≈ 71 | Nutricia | 12 | 0 | RD, State RD |
| 49 | KetoCal (4:1) | 11 oz (6/case) | PWD | 1 can | ≈ 51 | Nutricia | 17 | 0 | RD, State RD |
| 50 | Monogen (Monthly quantity is based on 30 cal./fl oz) | 400 g (14.1 oz) (6/case) | PWD | 1 can | 58 | Nutricia | 15 | 15 | State RD |
| 51 | Neocate Junior with Prebiotics (strawberry, unflavored, vanilla) | 400 g (14.1 oz) (4/case) | PWD | 1 can | 65 | Nutricia | 14 | 0 | RD, State RD |
| 52 | Neocate Splash (grape, orange-pineapple, tropical fruit, unflavored) | 8 fl oz (27/case) | RTU | 1 can | 8 | Nutricia | 113 | 0 | RD, State RD |
| 53 | Nutren Jr. (vanilla) | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | Nutri., RD |
| 54 | Nutren Jr. with Fiber (vanilla) | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | Nutri., RD |
| 55 | PediaSure (all flavors) | 8 fl oz (4 x 6-pack) | RTU | 6-pack | 48 | Abbott/Ross | 18 x 6-pack | 0 | CPA, Nutri., RD |
| 56 | PediaSure with Fiber (strawberry, vanilla) | 8 fl oz (4 x 6-pack) | RTU | 6-pack | 48 | Abbott/Ross | 18 x 6-pack | 0 | CPA, Nutri., RD |
| 57 | PediaSure 1.5 (vanilla) | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | Nutri., RD |
| 58 | PediaSure 1.5 with Fiber (vanilla) | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | Nutri., RD |
| 59 | PediaSure Enteral Formula 1.0 cal. | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | Nutri., RD |

| # | Special Formula for Children and Women Medical Documentation (WIC-27) Required | Container Size and Packaging Size | Form | Unit in MOWINS | Yield/Unit in MOWINS (fl oz) | Manufacturer | Children | Women | Approval Authority |
|----|---|--------------------------------------|------|-------------------|---------------------------------|--------------|-------------|------------|-----------------------|
| 60 | PediaSure Enteral Formula 1.0 cal. with Fiber | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | Nutri., RD |
| 61 | PediaSure Peptide 1.0 cal. (strawberry, unflavored, vanilla) | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | RD, State RD |
| 62 | PediaSure Peptide 1.5 cal. (vanilla) | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 0 | RD, State RD |
| 63 | PediaSure SideKicks (chocolate, strawberry, vanilla) | 8 fl oz (4 x 6-pack) | RTU | 1 can | 48 | Abbott/Ross | 18 x 6-pack | 0 | RD, State RD |
| 64 | Peptide Jr. | 1.8 oz (15/case) | PWD | 1 can | 8 | Nutricia | 113 | 0 | CPA, Nutri., RD |
| 65 | Peptamen Jr. 1.5 | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | CPA, Nutri., RD |
| 66 | Peptamen Jr. with Fiber (vanilla) | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | CPA, Nutri., RD |
| 67 | Peptamen Jr. with Prebio (chocolate, vanilla) | 8.45 fl oz (24/case) | RTU | 1 can | 8.45 | Nestlé | 107 | 0 | CPA, Nutri., RD |
| 68 | Portagen | 14.46 oz (6/case) | PWD | 1 can | 64 | MJN | 14 | 14 | RD, State RD |
| 69 | Super Soluble Duocal | 14.1 oz (6/case) | PWD | 1 can | varies ¹ (91) | Nutricia | 10 | 10 | State RD |
| 70 | Suplena with Carb Steady (vanilla) | 8 fl oz (24/case) | RTU | 1 can | 8 | Abbott/Ross | 113 | 113 | RD, State RD |
| 71 | Tolerex | 2.82 oz (60/case) | PWD | 1 can | 10 | Nestlé | 0 | 91 packets | RD, State RD |
| 72 | Vivonex T.E.N. | 2.84 oz (60/case) | PWD | 1 can | 10 | Nestlé | 0 | 91 packets | RD, State RD |

1. Reconstituted yield per can varies and is dependent on age, body weight, and medical condition of the participant. Contact State RD for a maximum monthly allowance.

4. Guidelines for Issuing Metabolic Formulas

- The Food Package III check box on the MOWINS Health Information screen must be checked when issuing any formula in this section.

| # | Metabolic Formula | Size | Packaging Size | Form | Manufacturer | Unit in MOWINS | Yield in MOWINS (fl oz) | Eligible Category | | | Guidelines |
|----|--------------------------|-----------------|----------------|------|--------------|----------------|-------------------------|-------------------|----------|--------|--|
| | | | | | | | | Infants | Children | Women | |
| 73 | BCAD 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | <ul style="list-style-type: none"> Medical Documentation: Medical documentation (WIC-27) is required to issue metabolic formula. Approval Length: <u>Two (2) months</u> Approval Authority: <u>State RD</u> Monthly Allowance: The local agency should obtain instructions for the correct amount of water and powder from the participant's physician. Product yield per can (fl oz) for one (1) can varies. The monthly allowance for the participant can be determined based on instructions from the physician and cannot exceed the amount allowed by the WIC program if WIC is a primary payer. Payer of Metabolic Formulas and Documentation: <ol style="list-style-type: none"> If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. (See page 8.) Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral. Inform the participant or the parent/guardian that WIC will only issue the metabolic formula for <u>two (2) months</u> and issue WIC checks for other food in the food package as prescribed. While waiting for approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC Food Package III for <u>up to two (2) months</u>. Scan the completed medical documentation (WIC-27) into MOWINS and document the payment source in the SOAP notes. Follow-up must be done and documented in the SOAP notes to ensure the nutritional needs of the participant are being met. Maximum Monthly Allowance: The appropriate concentration of metabolic formula may vary between individuals and over time. 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. |
| 74 | GA | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | varies | |
| 75 | HCY 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 76 | HCY 2 | 16 oz | 6/case | PWD | MJN | 1 can | varies | 0 | varies | varies | |
| 77 | I-Valex-1 | 14.1 oz | 6/case | PWD | Abbott/Ross | 1 can | varies | varies | varies | 0 | |
| 78 | Ketonex 1 | 14.1 oz | 6/case | PWD | Abbott/Ross | 1 can | varies | 0 | varies | varies | |
| 79 | Ketonex 2 | 14.1 oz | 6/case | PWD | Abbott/Ross | 1 can | varies | 0 | varies | varies | |
| 80 | LMD | 454 g (1 lb) | 6/case | PWD | MJN | 1 can | varies | varies | varies | varies | |
| 81 | MSUD ANAMIX Early Years | 400 g (14.1 oz) | 6/case | PWD | Nutricia | 1 can | varies | varies | varies | 0 | |
| 82 | MSUD Maxamum | 454 g (1 lb) | 6/case | PWD | Nutricia | 1 can | varies | 0 | 0 | varies | |
| 83 | OA 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 84 | OA 2 | 16 oz | 6/case | PWD | MJN | 1 can | varies | 0 | varies | varies | |
| 85 | PKU Periflex Early Years | 400 g (14.1 oz) | 6/case | PWD | Nutricia | 1 can | varies | varies | varies | 0 | |
| 86 | PFD Toddler | 454 g (1 lb) | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 87 | Phenex-1 | 14.1 oz | 6/case | PWD | Abbott/Ross | 1 can | varies | varies | varies | 0 | |
| 88 | Phenex-2 | 14.1 oz | 6/case | PWD | Abbott/Ross | 1 can | varies | 0 | varies | varies | |
| 89 | Phenyl-Free 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 90 | TYROS 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 91 | WND 1 | 16 oz | 6/case | PWD | MJN | 1 can | varies | varies | varies | 0 | |
| 92 | WND 2 | 16 oz | 6/case | PWD | MJN | 1 can | varies | 0 | varies | varies | |
| 93 | XPhe Maxamum | 16 oz | 6/case | PWD | Nutricia | 1 can | varies | 0 | 0 | varies | |

5. Missouri Department of Health and 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 DHSS Metabolic Formula Program must be documented and include a written medical diagnosis for one of the conditions listed below:

| | |
|-------------------------------------|---|
| 1. Phenylketonuria (PKU) | 9. 3-Hydroxy-3-Methylglutaryl CoA lyase Deficiency (HMG) |
| 2. Maple Syrup Urine Disease (MSUD) | 10. 3-Methylcrotonyl CoA Carboxylase Deficiency (3MCC) |
| 3. Glutaric Acidemia | 11. Propionic Acidemia |
| 4. Homocystinuria | 12. Long-chain 3-Hydroxyacyl CoA Dehydrogenase Deficiency (LCHAD) |
| 5. Methylmalonic Acidemia | 13. Very-long-chain Acyl-CoA Dehydrogenase Deficiency (VLCAD) |
| 6. Citrullinemia | 14. Ornithine Transcarbamylase Deficiency (OTC) |
| 7. Argininosuccinic Acidemia | 15. Tyrosinemia (Type I, II, and III) |
| 8. Isovaleric Acidemia | |

6. Food Package Overview for All WIC Categories

| Food Package | Category | Eligibility |
|-----------------------|---|--|
| Food Package I and II | Infants | This food package is designed for issuance to infant participants from birth through 11 months of age: <ul style="list-style-type: none"> • Fully breastfeeding: The infant does not receive formula from WIC. • Mostly breastfeeding: This infant is <u>mostly</u> breastfed, but also receives infant formula up to <u>the maximum quantity allowed</u> for partially breastfed infants. This food package is not available for infants 0-1 month. • Some breastfeeding: The infant is <u>some</u> breastfed and receives formula <u>in excess of the quantity allowed</u> for partially breastfed infants. • Nonbreastfeeding: The infant is fully formula fed. |
| Food Package III | Participants with qualifying conditions | This food package is reserved for issuance to women, infants, and children 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 to 59 months of age. |
| Food Package V | <ul style="list-style-type: none"> • Pregnant • Mostly Breastfeeding Women | This food package is designed for issuance to: <ul style="list-style-type: none"> • Women participants with singleton pregnancies. • Women, up to one (1) year, whose infant is mostly breastfed. (Mostly Breastfeeding) |
| Food Package VI | <ul style="list-style-type: none"> • Nonbreastfeeding Women • Some Breastfeeding Women | This food package is designed for issuance to: <ul style="list-style-type: none"> • Women up to six (6) months postpartum whose infants are <u>fully formula fed</u>. (Nonbreastfeeding) • Women up to six (6) months postpartum whose infants receive formula <u>in excess of the quantity allowed</u> for mostly breastfed infants. (Some Breastfeeding) |
| Food Package VII | <ul style="list-style-type: none"> • Fully Breastfeeding Women • Women qualified for Food Package III | This food package is designed for issuance to: <ul style="list-style-type: none"> • Breastfeeding women up to one (1) year postpartum whose infants do not receive infant formula from WIC. (Fully Breastfeeding) • Mostly breastfeeding women with multiple infants from the same pregnancy. • Pregnant women who are fully or mostly breastfeeding. • Pregnant women with two (2) or more fetuses. <p>[Note] Women participants fully breastfeeding multiple infants from the same pregnancy receive one and a half (1.5) times the supplemental food provided in Food Package VII.</p> |

| Mostly and Some Breastfeeding Women with Twins | Mother's Food Package |
|---|--|
| Twins: Some breastfeeding under six (6) months of age. | The mother would receive <u>Food Package VI</u> . |
| Twins: Some breastfeeding older than six (6) months of age. | If the infants are over six (6) months of age, the mother would not receive a food package. |
| Twins: One (1) infant (some breastfeeding) and the other infant (mostly breastfeeding). | The mother would receive <u>Food Package V</u> because one (1) of her infants qualifies to receive the mostly breastfeeding package. |

[Note] Food Package VII does not apply to a mother tandem-breastfeeding multiples (Example: An infant two (2) months of age and an infant 11 months of age).

7. Maximum Monthly Allowance of Supplemental Foods

| Food Items | Infant 6-8 Months | Infant 9-11 Months | Children (1-4) | <ul style="list-style-type: none"> ▪ Pregnant ▪ Mostly breastfeeding | <ul style="list-style-type: none"> ▪ Nonbreastfeeding ▪ Some breastfeeding | <ul style="list-style-type: none"> ▪ Fully breastfeeding ▪ Mostly breastfeeding multiples ▪ Pregnant with multiples ▪ Pregnant and fully or mostly breastfeeding |
|---------------------------------------|---|--|---|--|--|--|
| | Food Package II and III | Food Package II and III | Food Package IV | Food Package V | Food Package VI | Food Package VII |
| WIC formula | Pages 2-4 and 7 ¹ | Pages 2-4 and 7 ¹ | Pages 5-7 ¹ | Pages 5-7 ¹ | Pages 5-7 ¹ | Pages 5-7 ¹ |
| Infant cereal | 24 oz | 24 oz | 32 oz ² | 32 oz ² | 32 oz ² | 32 oz ² |
| Infant food (fruit and vegetables) | 64 - 4 oz (FBF) 32 - 4 oz ³ | <u>Infant Food Only</u> 64 - 4 oz (FBF) 32 - 4 oz ³ | 36 - 4 oz for \$9 ⁴ | 40 - 4 oz for \$11 ⁴ | 40 - 4 oz for \$11 ⁴ | 40 - 4 oz for \$11 ⁴ |
| Fresh fruit and vegetables (CVB) | Not allowed | <u>Infant Food and CVB</u> 32 - 4 oz and \$8 (FBF) ⁵ 16 - 4 oz and \$4 ^{3,5} | \$9 | \$11 | \$11 | \$11 |
| Infant meats (FBF only) | 31 x 2.5 oz | 31 x 2.5 oz | Not allowed | Not allowed | Not allowed | Not allowed |
| Juice, single strength | Not allowed | Not allowed | 128 fl oz 2 x 64oz container | 144 fl oz 3 x 11.5/12 oz frozen | 96 fl oz 2 x 11.5/12 oz frozen | 144 fl oz 3 x 11.5/12 oz frozen |
| Milk, fluid ⁶ | Not allowed | Not allowed | 16 qt ⁶ | 22 qt ⁶ | 16 qt ⁶ | 24 qt ⁶ |
| Cheese ⁶ | Not allowed | Not allowed | 0 ⁶ | 0 ⁶ | 0 ⁶ | 1 lb ⁶ |
| Breakfast cereal | Not allowed | Not allowed | 36 oz | 36 oz | 36 oz | 36 oz |
| Eggs | Not allowed | Not allowed | 1 dozen | 1 dozen | 1 dozen | 2 dozen |
| Whole grains | Not allowed | Not allowed | 2 lb | 1 lb | 0 | 1 lb |
| Fish (canned) | Not allowed | Not allowed | 0 | 0 | 0 | 30 oz |
| Legumes, dry/canned AND peanut butter | Not allowed | Not allowed | 1 x [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans] | 2 x [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans] | 1 x [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans] | 2 x [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans] |

[Note- see page 11]

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

1. Food and Formula Reference Guide (FFRG) Formula Listing.
2. 32 ounces of infant cereal may be substituted for 36 ounces of adult cereal if the participant also receives a formula/WIC-eligible nutritional from the Missouri WIC program under Food Package III. Completion of the medical documentation (WIC-27) is required.
3. Food items and quantities for mostly breastfeeding, some breastfeeding, and nonbreastfeeding infants.
4. Infant food may be issued to children and women with qualifying conditions instead of the CVB. (Food Package III)
 - Children – 144 ounces (36 – 4 oz) of infant food fruit/vegetables may be substituted for the \$9 CVB.
 - Women – 160 ounces (40 – 4 oz) of infant food fruit/vegetables may be substituted for the \$11 CVB.
5. CVB for fresh fruit and vegetables may be substituted for infant food fruit and vegetables for infants nine (9) to 11 months of age. (Food Package II and III)
 - CVB for fresh fruit and vegetables can be substituted for a proportion of infant food fruit and vegetables in Food Packages II and III based upon an individual assessment conducted by a CPA.
 - Fully breastfed infants have the option to receive an \$8 CVB for fresh fruit and vegetables and up to 128 ounces (32 – 4 oz) infant food fruit and vegetables.
 - Partially breastfed and fully formula fed infants have the option to receive a \$4 CVB for fresh fruit and vegetables and up to 64 ounces (16 – 4 oz) of infant food fruit and vegetables.
6. Standard food packages for children and women allow cheese to be issued as a milk substitute (two (2) pounds for fully breastfeeding women and one (1) pound for all other categories). Refer to the FFRG – Guidelines for more information.