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

Formula Listing

Effective May 1, 2016

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 **Updated!**
5. Missouri Department of Health & Senior Services - Metabolic Formula Program **Updated!**
6. Formula Manufacturers (Contact Information and Websites) **Updated!**
7. Food Package Overview for All WIC Categories
8. Maximum Monthly Allowance of Supplemental Foods **Updated!**

A. Acronyms, Abbreviations, Symbols, and Changes

a. Acronyms and Abbreviations			b. Symbols				
WIC Cert = WIC Certifier	MJN = Mead Johnson Nutrition	PWD = Powder	≥ Greater than OR Equal to				
Nutri = Local WIC Nutritionist	Nestlé = Nestlé Nutrition	Conc. = Concentrated Liquid	≤ Less than OR Equal to				
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	> Greater than				
RD = Registered Dietitian at Local WIC Provider	Nutricia = Nutricia North America	RTU = Ready To Use	< Less than				
State RD = Registered Dietitian at State WIC Office	PBM = PBM Product – Perrigo Nutritionals	HCP = Health Care Provider					
FBF = Fully Breastfeeding	CVV = Cash Value Voucher	W/O = Without					
WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form							
c. Issuing Ready To Use (RTU) formulas (ER# 2.07000, 2.07600, and 2.08100) – Update!							
Circumstances when Ready-To-Use (feed) Formula Can Be Issued							
i. There is an unsanitary, unsafe or restricted water supply. ii. The participant's household has poor refrigeration facilities. iii. The person caring for an infant may have difficulty in correctly diluting the concentrated liquid formula or reconstituting powder formula. iv. The prescribed formula is only available in the ready-to-use (feed) form.		v. The ready-to-use (feed) form accommodates the participant's condition better. The participant must have a qualifying condition (Food Package III) and the WIC 27 must state the reason RTU is needed. vi. The ready-to-use (feed) form improves the participant's compliance in consuming the prescribed WIC formula. The participant must have a qualifying condition (Food Package III) and the WIC-27 must state the reason RTU is needed.					
d. Discontinued WIC Eligible Nutritionals Update!							
EnfaGrow Toddler Transitions 6-PACK (8.25 OZ)							
e. Product Name Changes Update!							
Current Name		New Name		Current Name		New Name	
SIMILAC EXPERT CARE ALIMENTUM		SIMILAC ALIMENTUM		SIMILAC EXPERT CARE NEOSURE		SIMILAC NEOSURE	
e. Description & Container Size Changes Update!							
Current Descriptions		New Descriptions		Can Size Changes			
1 QT/32 OZ SIMILAC EXPERT CARE ALIMENTUM RTU		1 QT/32 OZ SIMILAC ALIMENTUM (EXPERT CARE ALIMENTUM) RTU		PORTAGEN: OLD (14.4 OZ.) NEW (14.46 OZ.)			
12.1 OZ SIMILAC EXPERT CARE ALIMENTUM PWD		12.1 OZ SIMILAC ALIMENTUM PWD		MONOGEN: OLD (14 OZ.) NEW (14.3 OZ.)			
1 QT/32 OZ SIMILAC EXPERT CARE NEOSURE RTU		1 QT/32 OZ SIMILAC NEOSURE (EXPERT CARE NEOSURE) RTU					
13.1 OZ SIMILAC EXPERT CARE NEOSURE PWD		13.1 OZ SIMILAC NEOSURE (EXPERT CARE NEOSURE) PWD					

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

1. INFANTS – CONTRACT FORMULAS Updated!

Type	#	Contract Formulas	Container Size & Packaging Size	Form	Unit in MOWIN	Yield/can fl oz	Manufacturer	Non Breastfeeding			Mostly Breastfeeding ¹				Some Breastfeeding ²				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 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	12.4 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
	4	Enfamil ProSobee	12.9 oz. (6/case)	PWD	1 can	93	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 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 Infant	1 QT (32 fl. oz.) (6/case)	RTU	1 can / bottle	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
			8oz (4x6-packs)	RTU	6-pack	48	MJN	17	19	13	n/a ⁴	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 ⁴	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 ⁴	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 ⁴	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
			8 oz. (4x 6-packs)	RTU	6-pack	48	MJN	17	19	13	n/a ⁴	1-8	1-9	1-7	1-17	9-17	10-19	8-13	18	CPA, Nutri, RD
114	Enfamil Reguline	12.4 oz. (6/can)	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	
115	Enfamil Reguline	8 oz. (4x6-packs)	RTU	6-pack	48	MJN	17	19	13	n/a ⁴	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) ⁵	2 fl. oz. (8x6-packs)	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	

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 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. **Updated!**

Type	#	Special Formulas Medical Documentation (WIC 27) Required	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Non Breastfeeding			Mostly Breastfeeding ¹				Some Breastfeeding ²				Children ³	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 ⁴	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	11	CPA, Nutri, RD
	14	Similac Neosure/ 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
	15	Enfacare	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 oz. (4x6-packs)	RTU	6-pack	48	MJN	17	19	13	n/a ⁴	1 - 8	1 - 9	1 - 7	1 - 17	9 - 17	10 - 19	8 - 13	18	CPA, Nutri, RD
	16	Similac Neosure/ Expert Care Neosure	1 QT (32 fl. oz.) (6/case)	RTF	1 bottle	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
	17	Enfamil <u>Premature</u> With Iron (20 cal)	2 fl. oz. (8x6-packs)	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
	18	Enfamil <u>Premature</u> With Iron (24 cal)	2 fl. oz. (8x6-packs)	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
	19	Enfamil <u>Premature</u> High Protein (24 cal)	2 fl. oz. (8x6-packs)	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
	20	Enfamil <u>Premature</u> 30 cal	2 fl. oz. (8x6-packs)	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
	21	Pregestimil (20 cal) <u>Non-premature</u>	2 fl. oz. (8x6-packs)	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
	22	Pregestimil (24 cal) <u>Non-premature</u>	2 fl. oz. (8x6-packs)	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
	23	Similac Special Care with Iron (20 cal)	2 fl. oz. (6x8-packs)	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
	24	Similac Special Care with Iron, Lutein, DHA (24 cal)	2 fl. oz. (6x8-packs)	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
25	Similac Special Care 30 with Iron and Lutein & DHA	2 fl. oz. (6x8-packs)	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	
26	EleCare For Infant 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	

Type	#	Special Formulas Medical Documentation (WIC 27) Required	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manu- facturer	Non Breastfeeding			Mostly Breastfeeding ¹				Some Breastfeeding ²				Children ³	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	27	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
	28	PurAmino	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
	29	Nutramigen	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	CPA, Nutri, RD
	30	Nutramigen	1 QT (32 fl. oz.) (6/case)	RTU	1 can / bottle	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
	31	Nutramigen 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
	32	Pregestimil	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
	33	Similac Alimentum / 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
			12.1 oz. new size (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
34	Similac Alimentum / Expert Care Alimentum	1 QT (32 fl oz) (6/case)	RTF	1 bottle	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	35	Monogen ⁵ (Based on 22 cal/fl oz)	400g./14.3 oz (6/case)	PWD	1 can	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
	36	Calcilo XD	13.2 oz (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
	37	Enfaport	6 fl oz. (4x6-packs)	RTU	6-pack	36	MJN	23	25	17	n/a ⁴	1-10	1-13	1-9	1-23	11-23	14-25	10-17	25	RD, State RD
	38	RCF - Ross Carbo- hydrate Free	13 fl oz (12/case)	Conc.	1 can	26	Abbott/ Ross	31	34	24	n/a ⁴	1-14	1-17	1-12	1-31	15-31	18-34	13-24	35	RD, State RD
	39	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
<p>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. Issuing infant formula to children requires medical documentation. Maximum quantity allowance is based on the yield per can for infant standard dilution.</p>								<p>4. N/A - Not applicable. Mostly breastfeeding infants (<= Max amount of formula) are not given any formula in the 1st month. 5. Monogen = Contact State Nutritionist for approval. [Note] Reconstituted yield per can is dependent on the desired concentration which must be prescribed by a physician.</p>												

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. **Updated!**

#	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
40	Boost - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Nestlé	0	18 x 6-pack	CPA, Nutri, RD
41	Boost Kid Essentials - Retail (Vanilla, Chocolate)	8.25 fl oz (4x4-packs)	RTU	4-pack	33	Nestlé	27 x 4-pack	0	CPA, Nutri, RD
42	Boost Kid Essentials 1.5 cal (Vanilla, Strawberry, Chocolate)	8 fl oz. (27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
43	Boost Kid Essentials with Fiber 1.5 cal (Vanilla)	8 fl oz.(27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
44	Bright Beginnings Soy Pediatric Drink (Vanilla)	8 fl oz (4x6-packs)	RTU	6-pack	48	PBM** [Nestlé]	18 x 6-pack	0	CPA, Nutri, RD
45	Compleat Pediatric	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
46	Compleat Pediatric Reduced Calorie	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
47	Neocate Splash (All Flavors) - (Grape, Orange-Pineapple, Unflavored) (formerly Neocate E028 Splash)	8 fl oz (27/case)	RTU	1 can	8	Nutricia	113	0	RD, State RD
48	EleCare Jr. (Unflavored & Vanilla)	14.1 oz (6/case)	PWD	1 can	62	Abbott/Ross	14 cans	0	CPA, Nutri, RD
49	Enfagrow Toddler Transitions	20 oz. (4/case)	PWD	1 can	141	MJN	6 cans	0	CPA, Nutri, RD
51	Enfagrow Toddler Transitions Soy	20 oz. (4/case)	PWD	1 can	135	MJN	6 cans	0	CPA, Nutri, RD
52	Enfagrow Toddler Transitions Gentlease	20 oz. (4/case)	PWD	1 can	141	MJN	6 cans	0	CPA, Nutri, RD
53	Ensure - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Abbott/Ross	0	18 x 6-pack	CPA, Nutri, RD
54	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
55	Isosource 1.5 with Fiber	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	107	RD, State RD
56	KetoCal (3:1)	11 oz. (6/case)	PWD	1 can	≈ 71	Nutricia	12 cans	0	RD, State RD
57	KetoCal (4:1)	11 oz. (6/case)	PWD	1 can	≈ 51	Nutricia	17 cans	0	RD, State RD
58	Neocate Jr. (Unflavored, Chocolate, Tropical)	14.1 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
59	NeoCate Jr. with Prebiotics (Vanilla, Unflavored)	14.1 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
60	Monogen ¹ [Note: Monthly QTY is Based on 30 cal/fl oz]	400g. (14.3 oz) (6/case)	PWD	1 can	56 ¹	Nutricia	16 cans	16 cans	State RD
61	Nutren Jr. (Vanilla)	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
62	Nutren Jr. with Fiber (Vanilla)	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
63	Nutren 2.0 (Vanilla)	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
64	Nutramigen with Enflora LGG Toddler	12.6 oz. (6/case)	PWD	1 can	86	MJN	10	0	CPA, Nutri, RD
65	Pediasure - All Flavors	8 fl. oz. (24/case)	RTU	6-pack	48	Abbott/Ross	18 x 6-pack	0	CPA, 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
66	Pediasure with Fiber (All flavors: Vanilla & Strawberry)	8 fl. oz. (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	CPA, Nutri, RD
67	Pediasure 1.5 (Vanilla)	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
68	Pediasure 1.5 with Fiber (Vanilla)	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
69	Pediasure Enteral Formula 1.0 Cal	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113	0	Nutri., RD
70	PediaSure Enteral Formula 1.0 Cal with Fiber	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113	0	Nutri., RD
71	PediaSure Peptide 1.0 Cal (Vanilla, Strawberry, Unflavored)	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113	0	RD, State RD
72	PediaSure Peptide 1.5 Cal (Vanilla)	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113	0	RD, State RD
73	PediaSure Sidekicks Product #: Vanilla: #56416; Strawberry: #62482; Chocolate: #56419	8 fl. oz. (4 x 6-pack)	RTU	6-pack	48	Abbott/Ross	18 x 6-pack	0	RD, State RD
74	Peptide Junior (Unflavored)	1.8 oz. (15/case)	PWD	1 can	8	Nutricia	113	0	CPA, Nutri, RD
75	Peptamen Jr. – Unflavored, Vanilla, Strawberry	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
76	Peptamen Jr. 1.5 Unflavored	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
77	Peptamen Jr. with Fiber - Vanilla	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
78	Peptamen Jr. with Prebio - Vanilla	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
79	Peptamen – Unflavored & Vanilla	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
80	Peptamen with Prebio - Vanilla	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
81	Peptamen 1.5 Unflavored & Vanilla	8.45 fl. oz. (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
82	Portagen	14.46 oz. (410g) (6/case)	PWD	1 can	64	MJN	14 cans	14 cans	RD, State RD
83	Boost Breeze all flavors (formerly Resource Breeze)	8 fl. oz. (27/case)	RTU	1 container	8	Nestlé	113	113	RD, State RD
84	Super Soluble Duocal ¹	14/14.1 oz. (6/case)	PWD	1 can	Varies ¹ (91)	Nutricia	10 cans	10 cans	State RD
85	Suplena with Carb Steady	8 fl. oz. (24/case)	RTU	1 can	8	Abbott/Ross	113	113	RD, State RD
86	Tolerex	2.82 oz. (60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD
87	Vivonex Pediatric (Unflavored)	1.7 oz. (36/case)	PWD	1 can	8.4	Nestlé	108	0	RD, State RD
88	Vivonex T.E.N. (Unflavored)	2.84 oz. (60-2.84 oz. /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.

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	
89	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: 2 months (Effective October 1, 2013) ▪ 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. (See page 9) 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 2 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 2 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>
90	BCAD 1	16 oz.	6/case	PWD	MJN	1 can	varies	varies	varies	0	
91	GA	16 oz.	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
92	HCY 1	16 oz.	6/case	PWD	MJN	1 can	varies	varies	varies	0	
93	HCY 2	16 oz.	6/case	PWD	MJN	1 can	varies	0	varies	varies	
94	I-Valex-1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
95	Ketonex 1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
96	Ketonex 2	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
97	LMD	454 g. (1 lb.)	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
98	MSUD ANAMIX Early Years	400 g. (14.1 oz.)	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
99	MSUD Maxamaid	454 g. (1 lb)	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
100	MSUD Maxamum	454 g. (1 lb.)	6/case	PWD	Nutricia	1 can	varies	0	0	varies	
101	OA 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
102	OA 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
103	Periflex Infant/ PKU Periflex Early Years	400 g. (14.1 oz.)	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
104	PFD 1 Toddler	454 g. (1 lb. oz.)	6/case	PWD	MJN	1 can	varies	varies	varies	0	
105	Phenex 1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
106	Phenex 2	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
107	Phlexy-10	20g	30 x20g	PWD	Nutricia	1 box	105/1 box	0	9	9	
108	Phenyl-Free 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
109	TYROS 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
110	WND 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
111	WND 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
112	XPhe Maxamaid	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
113	XPhe Maxamum	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	

5. 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 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. Formula Manufacturers (Contact Information and Websites) Updated!

WIC Works Formula Database: <https://wicworks.fns.usda.gov/wic-formula>

Formula Manufacturer	Websites	Customer Service Phone Numbers
Mead Johnson Nutritionals (MJN)	http://www.meadjohnson.com/pediatrics/us-en/	1-800-457-3550
Nutricia North America (Nutricia)	http://www.nutricia-na.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	Product Information https://www.nestlehealthscience.us/ Packaging Information: http://www.nestlenutritionstore.com/	1-800-422-ASK2 (2752)
Perrigo Nutritionals, PBM Products	http://www.perrigonutritionals.com/	1-800-272-5095 or 540-832-3282 (x1113)
VitaFlo (metabolic formulas)	http://www.vitaflousa.com/	1-888-VITAFLO (888-848-2356) Direct Line: 703-519-1282 Monday through Friday 9:00 am – 5:00 pm EST Email: vitaflo@vitaflousa.com
Abbott Nutrition (Formerly Ross Pharmaceuticals)	Product Information: http://abbottnutrition.com/ Packaging Information: http://www.abbottstore.com/	1-800-551-5838

7. Food Package Overview for All WIC Categories [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"> • Fully breastfeeding: The infant doesn't receive formula. • Mostly breastfeeding: 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. • Some breastfeeding: The infant is <u>some</u> breastfed and receives formula <u>in excess of the quantity allowed</u> for mostly breastfed infants. • Non-breastfeeding
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"> • 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 year, whose infants are mostly breastfed.
Food Package VI	<ul style="list-style-type: none"> • Non Breastfeeding Women • Some Breastfeeding Women 	This food package is designed for issuance to: <ul style="list-style-type: none"> • Women up to 6 months postpartum whose infants are <u>fully formula fed</u>. (no breastfeeding) • Women up to 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 1 year postpartum whose infants do not receive infant formula from WIC. • Mostly breastfeeding women with multiple infants from the same pregnancy. • Pregnant women who are fully or mostly breastfeeding • Pregnant women with two or more fetuses. <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 Updated!

[Note] Infants (9-11 months) get WIC checks to purchase fresh fruits/vegetables instead of infant fruits/vegetables. **CPA's assessment, determination and documentation is required.**

Food Items	Infant 6-8 Months	Infant 9-11 Months	Children (1 – 4)	Pregnant Mostly Breastfeeding	Non-Breastfeeding Some Breastfeeding	Fully Breastfeeding Mostly Breastfeeding Multiples Pregnant with Multiples Pregnant women who are still breastfeeding.
WIC formulas ¹	(Pages 3-5 & 8)	(Pages 3-5 & 8)	(Pages 6 –8)	(Pages 6 –8)	(Pages 6 –8)	(Pages 6 –8)
Infant cereal	24 oz.	24oz.	32 oz. ²	32 oz. ²	32 oz. ²	32 oz. ²
Infant food (fruits & vegetables)	64-4 oz. (FBF) 32-4 oz.*	64-4 oz. (FBF) 32-4 oz.*	Allowed ⁴	Allowed ⁴	Allowed ⁴	Allowed ⁴
Fresh fruits and vegetables (CVV)	Not allowed	32-4 oz.+ \$8 CVV (FBF) 16-4 oz. + \$4 CVV*	\$8.00 ⁶	\$11.00 ⁶	\$11.00 ⁶	\$11.00 ⁶
Infant meats (FBF only)	31- 2.5 oz.	31- 2.5 oz.	Not allowed	Not allowed	Not allowed	Not allowed
Juice, single strength	Not allowed	Not allowed	128 fl. oz. 2 - 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 ⁵	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 ⁵	0 ⁵	0 ⁵	1 lb.
Eggs	Not allowed	Not allowed	1 dozen	1 dozen	1 dozen	2 dozen
Whole wheat bread or other 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/OR peanut butter	Not allowed	Not allowed	1 pound dry beans <u>OR</u> 4 x16 oz. cans <u>OR</u> 1 x 16-18 oz. Peanut butter	1 pound dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 x 16-18 oz. peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 x 16-18 oz. peanut butter	1 lb dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 x 16 - 18 oz. peanut butter

* refers to food items and quantities for Mostly Breastfeeding Infants, Some Breastfeeding Infants, and Non-Breastfeeding Infants

FBF=Fully Breastfeeding; CVV=Cash Value Voucher

[Note]

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)
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 also receives a formula/WIC-eligible nutritional from the Missouri WIC program under Food Package III. Completion of 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.
3. Cash Value Voucher (CVV) For Fresh Fruits & Vegetables to Substitute for Infant fruits/vegetables (Food Package II & III)
 - CVV for purchase of fresh fruits and vegetables can be substituted for infant fruits/vegetables in food package II & III based upon a thorough individual assessment conducted by a CPA.
 - Fully breastfed infants have the option to receive \$8 CVV and 128 oz. infant fruits/vegetables (4 oz. x 32 jars).
 - Partially breastfed and fully formula fed infants have the option to receive \$4 CVV and 64 oz. of infant fruits/vegetables.
4. Infant Foods to Children and Women with Qualifying Conditions - Infant Foods Instead of the CVV. (Food Package III)
 - Children - Maximum substitution of 128 oz. of infant fruits/vegetables (4 oz. x 32 jars) for \$8 CVV.
 - Women – Maximum substitution of 160 oz. infant fruits/vegetables (4 oz. x 40 jars) in place of \$11 CVV.
5. Standard food packages for children and women, allow cheese to be issued as a milk substitute (2 pounds for fully breastfeeding women and 1 pound for all other categories). See the FFRG – Guidelines for more information.
6. Food Package III for Children and Women with Qualifying Conditions - Infant Foods Instead of the Cash Value Voucher
 - Children- Maximum substitution of 128 oz. of infant fruits/vegetables (4 oz. x 32 jars) for \$8 CVV.
 - Women – Maximum substitution of 160 oz. infant fruits/vegetables in place of \$11 CVV.