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





**Formula
Listing**

Effective January 1, 2021

A. UPDATES – Please see a complete list of acronyms and abbreviations in Section F.

Changes shown below will be implemented in MOWINS on the effective date.

1. Contract Infant Formula Changes:

OLD Contract – Mead Johnson Products	Effective January 1, 2021 participants will be issued:	NEW Contract – Abbott Products	[NOTE] Number of cans/bottles issued for Abbott products are the same as Mead Johnson products in each corresponding form (i.e., PWD, Conc, and RTF).
Enfamil Infant OR Enfamil Reguline		Similac Advance	
Enfamil Gentlease		Similac Sensitive OR Similac Total Comfort	
Enfamil Prosobee		Similac Soy Isomil	
Enfamil A.R.		Similac for Spit-Up	

2. Exempt Formula Changes:

Product	Previous FFRG Row#	Status	Size	Description in MOWINS	Effective Date:
Enficare Neuropro (RTU)	11	Discontinued	1 qt (32 fl oz) (6/case)	32 OZ ENFACARE NEUROPRO RTU	01/28/20
Similac Special Care with Iron 20 cal. (RTU)	19	Discontinued	2 fl oz (6 x 8-packs)	8-PACK (2 OZ) SIMILAC SPECIAL CARE W/IRON (20 CAL)	10/01/20
Similac Special Care with Iron 30 cal. (RTU)	21	Discontinued	2 fl oz (12 x 4-packs)	4-PACK (2 OZ) SIMILAC SPECIAL CARE 30	01/01/21
Enfamil Premature with Iron 20 cal. (RTU)	14	Discontinued	2 fl oz (8 x 6-packs)	6-PACK (2 OZ) ENFAMIL PREMATURE W/IRON (20 CAL)	01/01/21
Enfamil Premature with Iron 30 cal. (RTU)	16	Discontinued	2 fl oz (8 x 6-packs)	6-PACK (2 OZ) ENFAMIL PREMATURE W/IRON (30 CAL)	01/01/21
Nutramigen (Conc)	24	Discontinued	13 fl oz (12/case)	13 OZ NUTRAMIGEN CONC	01/01/21

3. WIC-Eligible Nutritional Changes:

Product	Previous FFRG Row#	Status	Size	Description in MOWINS	Effective Date:
Pepdite Jr. (PWD)	64	Discontinued	1.8 oz (15/case)	1.8 OZ PEPDITE JR (ALL FLAVORS) PWD	07/07/20
Boost Kid Essentials (RTU)	38 (NOW 32)	Active – New container size September 2020	8 fl oz (4 x 4-packs)	4-PACK (8 OZ) BOOST KID ESSENTIALS (ALL FLAVORS)	10/01/20

B. MISSOURI APPROVED WIC FORMULAS

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

#	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
1	Similac Advance	12.4 oz (6/case)	PWD	1 can	90	Abbott	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	Similac Advance	13 fl oz (12/case)	Conc	1 can	26	Abbott	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
3	Similac Advance	1 qt/ 32 fl oz (6/case)	RTF	1 bottle	32	Abbott	26	28	20	N/A	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri., RD
4	Similac Sensitive	12.5 oz (6/case)	PWD	1 can	90	Abbott	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
5	Similac Sensitive	1 qt/ 32 oz (6/case)	RTF	1 bottle	32	Abbott	26	28	20	N/A	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri., RD
6	Similac Soy Isomil	12.4 oz (6/case)	PWD	1 can	90	Abbott	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
7	Similac Soy Isomil	13 oz (12/case)	Conc	1 can	26	Abbott	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	Similac Soy Isomil	1 qt/ 32 oz (6/case)	RTF	1 bottle	32	Abbott	26	28	20	N/A	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri., RD
9	Similac for Spit-Up	12.5 oz (6/case)	PWD	1 can	90	Abbott	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
10	Similac Total Comfort	12.6 oz (6/case)	PWD	1 can	90	Abbott	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

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

2. INFANTS – EXEMPT FORMULAS (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.

#	Exempt Formulas 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 Formulas																			
11	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
12	Similac NeoSure	13.1 oz (6/case)	PWD	1 can	87	Abbott	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)	RTF	1 bottle	32	Abbott	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 Premature with Iron (24 cal.)	2 fl oz (8 x 6 packs)	RTF	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	Similac Special Care with Iron (24 cal.)	2 fl oz (12 x 4 packs)	RTF	4 pack	8	Abbott	104	114	80	N/A	1 - 48	1 - 59	1 - 42	1 - 104	49 - 104	60 - 114	43 - 80	0	Nutri., RD
Hypoallergenic Formulas																			
16	EleCare For Infants DHA/ARA	14.1 oz (6/case)	PWD	1 can	95	Abbott	9	10	7	N/A	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri., RD
17	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
18	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
19	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
20	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
21	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

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

#	Exempt Formulas Medical Documentation (WIC-27) Required	Container Size and Packaging Size	Form	Unit in MOWINS	Yield/Unit in MOWINS (fl oz)	Manu- facturer	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		
22	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
23	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
24	Similac Alimentum	12.1 oz (6/case)	PWD	1 can	87	Abbott	10	11	8	N/A	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri., RD
25	Similac Alimentum	1 qt (32 fl oz) (6/case)	RTU	1 can	32	Abbott	26	28	20	N/A	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri., RD
Disease Specific Formulas																			
26	3232A	16 oz	PWD	1 can	varies ²	MJN	varies ²			N/A	varies ²			varies ²					State RD
27	Calcilo XD	13.2 oz (6/case)	PWD	1 can	96	Abbott	9	10	7	N/A	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	Nutri., RD
28	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	Nutri., RD
29	RCF-Ross Carbohydrate Free	13 fl oz (12/case)	Conc	1 can	26	Abbott	31	34	24	N/A	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	RD, State RD
30	Similac PM 60/40	14.1 oz (6/case)	PWD	1 can	102	Abbott	8	9	6	N/A	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 6	8	Nutri., RD
¹ Issuing infant formula to children requires medical documentation (WIC-27). Quantity is based on 20 cal./fl oz. 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. WOMEN AND CHILDREN – WIC-Eligible Nutritionals (Maximum Length of Approval: Last Day of the 6th Month)

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

Descriptions in MOWNS for formula available in one or more flavor(s) will be listed as “all flavors.”

#	WIC-eligible Nutritionals 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
Oral/Enteral Nutritionals									
31	Boost (chocolate, straw berry, vanilla)	8 fl oz (4 x 6 pack)	RTU	6 pack	48	Nestlé	0	18 x 6 pack	CPA, Nutri., RD
32	Boost Kid Essentials (chocolate, vanilla) New container size September 2020	8 fl oz (4 x 4 packs)	RTU	4 pack	32	Nestlé	28 x 4 pack	0	CPA, Nutri., RD
33	Boost Kid Essentials 1.5 cal. (chocolate, straw berry, vanilla)	8 fl oz (27/case)	RTU	1 can	8	Nestlé	113	0	Nutri., RD
34	Boost Kid Essentials with Fiber 1.5 cal. (vanilla)	8 fl oz (27/case)	RTU	1 can	8	Nestlé	113	0	Nutri., RD
35	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
36	Compleat Pediatric	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
37	Compleat Pediatric Reduced Calorie	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
38	Ensure (all flavors)	8 fl oz (4 x 6 pack)	RTU	6 pack	48	Abbott	0	18 x 6 pack	CPA, Nutri., RD
39	Isosource 1.5 with Fiber	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	107	RD, State RD
40	PediaSure (all flavors)	8 fl oz (4 x 6 pack)	RTU	6 pack	48	Abbott	18 x 6 pack	0	CPA, Nutri., RD
41	PediaSure with Fiber (straw berry, vanilla)	8 fl oz (4 x 6 pack)	RTU	6 pack	48	Abbott	18 x 6 pack	0	CPA, Nutri., RD
42	PediaSure 1.5 (vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	Nutri., RD
43	PediaSure 1.5 with Fiber (vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	Nutri., RD
44	PediaSure Enteral Formula 1.0 cal.	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	Nutri., RD
45	PediaSure Enteral Formula 1.0 cal. with Fiber	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	Nutri., RD
46	PediaSure Peptide 1.0 cal. (straw berry, unflavored, vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	CPA, Nutri., RD
47	PediaSure Peptide 1.5 cal. (vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	0	CPA, Nutri., RD
48	PediaSure SideKicks (chocolate, straw berry, vanilla)	8 fl oz (4 x 6 pack)	RTU	1 can	48	Abbott	18 x 6 pack	0	CPA, Nutri., RD
49	Peptamen Jr. 1.5	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri., RD
50	Peptamen Jr. with Fiber (vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri., RD
51	Peptamen Jr. with Prebio (chocolate, vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri., RD

#	WIC-eligible Nutritionals 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
Hypoallergenic Nutritionals									
52	EleCare Jr. (banana, chocolate, unflavored, vanilla)	14.1 oz (6/case)	PWD	1 can	62	Abbott	14	0	CPA, Nutri., RD
53	Neocate Junior with Prebiotics (straw berry, unflavored, vanilla)	400 g (14.1 oz) (4/case)	PWD	1 can	65	Nutricia	14	0	CPA, Nutri., RD
54	Neocate Splash (grape, orange-pineapple, tropical fruit, unflavored)	8 fl oz (27/case)	RTU	1 can	8	Nutricia	113	0	CPA, Nutri., RD
55	Nutren Jr. (vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
56	Nutren Jr. with Fiber (vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
Elemental/Modular/Disease Specific Nutritionals									
57	3232A	16 oz	PWD	1 can	varies ²	MJN	varies ²	0	State RD
58	Glucerna Shake (butter pecan, chocolate, straw berry, vanilla)	8 fl oz (4 x 6 pack)	RTU	6 pack	48	Abbott	18 x 6 pack	18 x 6 pack	RD, State RD
59	KetoCal (3:1)	11 oz (6/case)	PWD	1 can	≈ 71	Nutricia	12	0	RD, State RD
60	KetoCal (4:1)	11 oz (6/case)	PWD	1 can	≈ 51	Nutricia	17	0	RD, State RD
61	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
62	Portagen	14.46 oz (6/case)	PWD	1 can	64	MJN	14	14	RD, State RD
63	Super Soluble Duocal	14.1 oz (6/case)	PWD	1 can	91 (varies ²)	Nutricia	10	10	State RD
64	Suplema with Carb Steady (vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott	113	113	RD, State RD
65	Tolerex	2.82 oz (60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD
66	Vivonex T.E.N.	2.84 oz (60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD

²Reconstituted 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. WOMEN, INFANTS AND CHILDREN – 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	
67	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"> 1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. (See page 8.) 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 <u>two (2) months</u> and issue WIC benefits for other food in the food package as prescribed. 4. 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>. 5. Scan the completed medical documentation (WIC-27) into MOWINS and document the payment source in the SOAP notes. 6. Follow-up must be done and documented in the SOAP notes to ensure the nutritional needs of the participant are being met. <p>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.</p>
68	GA	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
69	HCY 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
70	HCY 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
71	I-Valex-1	14.1 oz	6/case	PWD	Abbott	1 can	varies	varies	varies	0	
72	Ketonex 1	14.1 oz	6/case	PWD	Abbott	1 can	varies	0	varies	varies	
73	Ketonex 2	14.1 oz	6/case	PWD	Abbott	1 can	varies	0	varies	varies	
74	LMD	454 g (1 lb)	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
75	MSUD ANAMIX Early Years	400 g (14.1 oz)	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
76	MSUD Max amum	454 g (1 lb)	6/case	PWD	Nutricia	1 can	varies	0	0	varies	
77	OA 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
78	OA 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
79	PKU Periflex Early Years	400 g (14.1 oz)	6/case	PWD	Nutricia	1 can	90 (varies ²)	varies	varies	0	
80	PFD Toddler	400 g (14.1 oz)	6/case	PWD	MJN	1 can	varies	varies	varies	0	
81	Phenex-1	14.1 oz	6/case	PWD	Abbott	1 can	varies	varies	varies	0	
82	Phenex-2	14.1 oz	6/case	PWD	Abbott	1 can	varies	0	varies	varies	
83	Phenyl-Free 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
84	TYROS 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
85	WND 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
86	WND 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
87	XPhE Maxamum	16 oz	6/case	PWD	Nutricia	1 can	varies	0	0	varies	

²Reconstituted 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.

C. 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

Confidential Fax: 573-751-6185

Email: info@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 | |

D. 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 partially (mostly) breastfeeding. • Women with twins, up to one (1) year, when only 1 (one) infant is partially (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 infant(s) is nonbreastfeeding (fully formula fed). • Women up to six (6) months postpartum whose infant(s) is partially (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).	

E. 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)	256 oz (FBF) 128 oz ³	256 oz (FBF) 128 oz ³	144 oz ⁴	160 oz ⁴	160 oz ⁴	160 oz ⁴
Fresh fruit and vegetables (CVB)	Not allowed	128 oz and \$8 (FBF) ⁵ 64 oz and \$4 ^{3,5}	\$9	\$11	\$11	\$11
Infant meats (FBF only)	77.5 oz	77.5 oz	Not allowed	Not allowed	Not allowed	Not allowed
Juice, single strength	Not allowed	Not allowed	128 fl oz [2 x 64 oz 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	32 oz	16 oz	0	16 oz
Fish (canned)	Not allowed	Not allowed	0	0	0	30 oz
Legumes, dry/canned and peanut butter	Not allowed	Not allowed	1 container: [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans]	2 containers: [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans]	1 container: [16-18 oz peanut butter OR 1 lb dry OR 4-16 oz can beans]	2 containers: [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 (exempt 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.

F. Acronyms and Abbreviations

Acronyms and Abbreviations		
WIC Cert = WIC certifier	Abbott = Abbott Nutrition	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	