

# KENTUCKY WIC RESOURCE GUIDE FOR FORMULA AND MEDICAL FOODS

*Breast Milk is the Best Source of Nutrition for Infants.*



Division of Maternal and Child Health  
Nutrition Services Branch  
WIC Program

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This institution is an equal opportunity provider.



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## **NOTE TO THE READER:**

The Nutrition Services Branch has prepared this reference to assist staff with the provision of infant formula to health department clients. This reference includes information on:

- Infant formulas (contract and noncontract).
- Exempt Infant Formulas and Medical Foods

**Milk based infant formulas** are provided for normal infants with no feeding problems.

**Soy based infant formulas** are considered to be nutritionally equivalent to milk based formulas and are used for milk protein allergy, galactosemia, lactose intolerance or when vegetarian is preferred.

**Note: Due to increased incidence of osteopenia (bone volume reduction), soy formulas should not be used for preterm infants.**

Issuance of **Contract** brand formula in concentrate or powder **does not** require a diagnosis, physician order or prior approval before issuance.

**Issuance of all other types of formula requires a physician's order.**

Formula should be issued in powder or concentrate unless Ready-To-Feed is requested for one of the following reasons.

1. Restricted or unsanitary water supply;
2. No refrigeration;
3. Caretaker is unable to properly prepare formula; or
4. Only form the product is available.

The reason for issuing Ready-To-Feed formula **must** be documented in the medical record.

It is necessary to call the state staff in the following situations.

- If Ready-To-Feed is requested for reasons not listed above.
- If the formula requested is not listed in this document.
- When state approval is required.

The staff members listed below can assist you with formula issues.

- Nicole Nicholas, M.S., R.D, L.D. 502-564-3827 ext 3856
- Connie Howell, M.Ed., R.D., L.D. 859-750-7195
- Misty Morris, M.S., R.D., L.D. 270-252-5417
- Fran Hawkins, M.S., R.D., L.D. 502-564-3827 ext 3831

## General Guidelines

- A. The food package must be appropriate for the category/status and age of the participant and cannot exceed the maximum allowed for the category/status and age. The maximum package must be provided for all participants. If a tailored food package is provided, the reason must be documented.
- B. The health professional (physician, dietitian, nurse, nutritionist) is responsible for selecting the appropriate food package in accordance with the Policies for Prescribing Food Packages, Food Package Tables and Requirements for Issuing Infant Formula, Exempt Infant Formula and Medical Foods.
  - 1. This includes the following situations:
    - a. New participant enrolled on the Program;
    - b. Change in the food package per client or medical personnel request;
    - c. Verification of Transfer (VOC) – out-of-state.
- C. Food package selection and food package changes **must** be done by the health professional based upon the person's nutritional needs, risk, access to refrigeration, cooking and storage facilities and sanitary water supply. Foods shall be issued in the appropriate form and quantities to meet the individualized needs of the person.
- D. Participants must be instructed to purchase only the items listed on the food instrument which are appropriate or desired.
- E. Food packages are assigned based upon the following descriptions. See the following:
  - 1. fully breastfed infant;
  - 2. partially breastfed infant;
  - 3. fully formula fed infant;
  - 4. child (age 1 to 2; child age 2 to 5);
  - 5. pregnant;
  - 6. pregnant with multiple fetuses;
  - 7. postpartum;
  - 8. partially breastfeeding woman (infant receiving partially breastfeeding package);
  - 9. partially breastfeeding woman (infant receiving a full formula package);
  - 10. partially breastfeeding woman feeding multiples;
  - 11. fully breastfeeding woman;
  - 12. fully breastfeeding woman feeding multiple infants.

## **Certificate for Medical Necessity Instructions**

### **Certificate for Medical Necessity Forms are Located in Appendix A.**

- A. Issuance of formulas other than the contract brand requires a Certificate for Medical Necessity (WIC – 200, WIC – 300, WIC - 400) or a prescription. (See Requirements for Issuing Formula, Exempt Infant Formula and Medical Foods). Physicians (MD or DO), Physician Assistants (PA's) and Advanced Registered Nurse Practitioners (ARNP's) are the accepted authorities to provide the information in the medical documentation form based upon individual needs and medical conditions.
- B. The Kentucky WIC Program will not be bound to provide products in the medical documentation form that are contraindicated, not allowed by Federal Regulation or not authorized by the Program.
- C. The medical documentation form must be received prior to the issuance of the food package. This may be written, provided through a telephone order or facsimile (fax), etc.
- D. All medical documentation forms must contain: name of formula (if requested), length of time, diagnosis, designation of other foods to provide (Food Package III), and the signature of the prescriptive authority (physician, PA, or ARNP).
- E. A telephone order must also document date of telephone call and signature of person taking the order. The prescriptive authority must send a copy of the medical documentation form for inclusion in the medical record or sign and return the Physician/ARNP Verbal Orders (HHS-117).
- F. The period of time indicated on a medical documentation form shall not exceed 12 months or one (1) year for an infant, and 6 months for a woman or child.
- G. A medical documentation form remains in effect until expiration even when a participant's category changes from infant to child. However, need for the formula should be reviewed with the physician, physician assistant, or ARNP and parent/caretaker due to the difference between an infant and child's package. If the medical documentation form has expired, a new one must be obtained before continuing the formula.

## Return and Reissuance of Formula

- A. In a limited number of cases, a parent/caretaker may have redeemed all or part of an infant's food instruments/EBT benefits for one month and the physician changes the infant to a different formula. This could also occur for an infant, child or woman receiving exempt infant formula or medical foods on Food Package III.
1. The unused formula and unused food instruments **must** be returned to the Local Agency. The unused formula **cannot** be returned to a vendor for exchange for another formula.
  2. If the parent/caretaker or participant **returns only unused formula**:
    - a. Document in the medical record the return of the original formula and reason for issuance of replacement food instruments.
    - b. Issuance of formula must follow the WIC Policies for Prescribing Food Packages.
    - c. Choose the appropriate food package code for the replacement formula.
    - d. Do a Replacement or Z action. Refer to the Administrative Reference, Volume II, WIC Section, Food Delivery/Data Section. (CMS users will utilize the "Inventory and/or replace purchased formula" link on the Patient Menu screen to replace unopened formula.)
    - e. The system will automatically calculate the appropriate quantity of formula to be issued and print **one** food instrument.
  3. If the parent/caretaker or participant **returns unused formula and unused food instruments** for the month:
    - a. Document in the medical record the return of the original formula, return of food instruments and reason for issuance of replacement food instruments.
    - b. Issuance of formula must follow the WIC Policies for Prescribing Food Packages.
    - c. Choose the appropriate name of the replacement formula.
    - d. Using the WIC Patient Maintenance Screen, do a Replacement or Z action. (CMS users will utilize the "Inventory and/or replace purchased formula" link on the Patient Menu screen to replace unopened formula. CMS users will utilize the "Food Pkg Replacement" link on the Patient Menu screen to complete the replacement process.)
    - e. The system will automatically calculate the appropriate quantity of formula to be issued and print one food instrument. Cereal and juice will be printed on a second food instrument.

- B. Accountability of the returned formula must be maintained by the Local Agency. This includes documentation of the 1) distribution to WIC participants with extenuating circumstances, 2) distribution to another WIC agency, and 3) donation to a charitable organization such as an emergency food pantry or disposal due to the expiration of dates. Complete the Formula Inventory Log, sample provided in the Administrative Reference, Volume II, WIC Section.
  - 1. If returned formula is not commonly used by the agency, you may want to place a message on the 500 screen for other agencies to review.
  - 2. Include the following information in the message about the product:
    - a. Name
    - b. Can/bottle size
    - c. Quantity available
    - d. Expiration date
    - e. Contact name and telephone number
- C. Refer to the Administrative Reference, Volume II, WIC Section, Food Delivery/Data for additional information.

### **Infant Food Package Guidelines**

- A. **Requirements for issuing each infant formula (milk, soy, milk-based lactose reduced, milk-based lactose free) must be followed. All participants receiving formula must receive contract brand (infant formula) unless contraindicated or a comparable product is not available. See Requirements for Issuing Infant Formula, Exempt Infant Formula and Medical Foods and the policy for issuance below.**
- B. Noncontract rates for an agency should be 5% (five percent) or less.
- C. Whole, low fat, fat free/skim or goat's milk cannot be issued to infants.
- D. Cereal must not be issued to an infant until six (6) months of age. The computer will then automatically add three (3) – 8 ounce boxes of cereal to the package.
- E. Infant fruits and vegetables will be provided at six (6) months of age. The amount varies based upon the category/status of the infant.
- F. When issuing an infant formula, exempt infant formula or medical food it will be necessary to select the appropriate package by the name of the formula/medical food and the specific size.

## Issuance of Contract Brand Formula

The infant formula rebate contract is with Gerber. All infants who **are not medically fragile** must be provided **Good Start Gentle Formula Gentle Plus/Good Start Gentle**. This is the contract brand primary milk based standard formula and must be the first formula tried. (See the definition of medically fragile in Issuance of Noncontract Standard Formula).

The contract brand standard formulas that are appropriate to provide to infants during the first year of life are:

- Good Start Gentle Plus/Good Start Gentle (primary formula) (orange can)
- Good Start Protect Plus/Good Start Protect (green can)
- Good Start Soy Plus/Good Start Soy (blue can)
- Good Start 2 Gentle Plus/Good Start 2 Gentle (recommended for age 9 months and older)
- Good Start 2 Protect Plus/Good Start 2 Protect (recommended for age 9 months and older)
- Good Start 2 Soy Plus/Good Start 2 Soy (recommended for age 9 months and older).

## Guidelines for Transitioning Infants to Contract Brand Formula

Counseling must include information about changing the infant from the current formula to the contract brand formula. The counseling guidelines for formula transition are as follows: (handout available from Pamphlet Library)

### What to do if My Baby's Formula is Changed.

**First Day:** Offer infant  $\frac{3}{4}$  of current formula mixed with  $\frac{1}{4}$  of the Challenge (new) formula (ie. 3 ounces current formula plus one ounce of challenge formula).

**Second Day:** Offer infant  $\frac{1}{2}$  current formula and  $\frac{1}{2}$  challenge formula.

**Third Day :** Offer infant  $\frac{1}{4}$  current formula and  $\frac{3}{4}$  challenge formula.

**Fourth Day:** Offer infant challenge formula exclusively.

**Challenge formula must be tried for 72 hours or 3 days exclusively following the transition phase. Some exceptions are severe reactions such as rash, projectile vomiting, a medically fragile infant or professional judgment.**

## Challenge Guidelines

- A. All infants who **are not medically fragile** must be provided **Good Start Gentle Formula Gentle Plus/Good Start Gentle**. This is the contract brand primary milk based standard formula and must be the first formula tried. (See the definition of medically fragile in Issuance of Noncontract Standard Formula).
- B. The contract brand standard formulas that are appropriate to provide to Infants during the first year of life are:
1. Good Start Gentle Plus/Good Start Gentle (primary formula) (orange can)
  2. Good Start Protect Plus/Good Start Protect (green can)
  3. Good Start Soy Plus/Good Start Soy (blue can)
  4. Good Start 2 Gentle Plus/Good Start 2 Gentle (recommended for age
  5. 9 months and older)
  6. Good Start 2 Protect Plus/Good Start 2 Protect (recommended for age
  7. 9 months and older)
  8. Good Start 2 Soy Plus/Good Start 2 Soy (recommended for age 9 months and older)
- C. Infants who come to clinic on noncontract formula and **are not medically fragile** must be provided the **Good Start Gentle Plus/Good Start Gentle** using the following challenge guidelines:
1. Infants who come to clinic on one of the contract brand formulas, Good Start Protect Plus/Good Start Protect, Good Start Soy Plus/Good Start Soy, must have tried and encountered problems with Good Start Gentle Plus/Good Start Gentle unless contraindicated. See First Trial. The patient then may try any of the remaining contract brand products. See Second Trial.  
**First Trial:** Good Start Gentle Plus/Good Start Gentle (orange can)  
**Second Trial:** Any **one** of the remaining contract brand products:  
Good Start Protect Plus/Good Start Protect (green can)  
Good Start Soy Plus/Good Start Soy (blue can)  
Good Start 2 Protect Plus/Good Start 2 Protect (recommended for age 9 months and older)  
Good Start 2 Gentle Plus/Good Start 2 Gentle (recommended for age 9 months and older)  
Good Start 2 Soy Plus/Good Start Soy (recommended for age age 9 months and older)
  2. If requesting noncontract brand milk based formula (Similac Advance with Early Shield, Enfamil Premium Infant, etc.), the patient must have tried the contract brand iron-fortified formulas below, unless contraindicated and encountered problems:  
**First Trial:** Good Start Gentle Plus/Good Start Gentle (orange can)  
**Second Trial:** Good Start Protect Plus/Good Start Protect (green can).

3. If requesting noncontract soy based formula (Enfamil ProSobee or Similac Soy Isomil, etc.), the patient must have tried the contract brand soy based formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start Soy Plus/Good Start Soy (blue can)  
**Second Trial:** Good Start Protect Plus/Good Start Protect (**if no milk allergies exist**) (green can).
4. If requesting milk based lactose free or lactose reduced formula (Similac Sensitive, Enfamil Gentlease, etc.), the patient must have tried the Contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start Soy Plus/Good Start Soy (blue can)  
**Second Trial:** Good Start Protect Plus/Good Start Protect (green can).
5. If requesting a formula for management of reflux or gastroesophageal Reflux (GER) or gastrophageal reflux disease (GERD), no contract formulas are comparable and the noncontract products may be provided with a valid WIC- 200. This includes the following formulas: Enfamil AR, Similac Sensitive for Spit Up.
6. If requesting noncontract milk based products for 9 to12 months of age (Enfagrow Premium Toddler, and Similac Go and Grow), the patient must have tried the contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start 2 Gentle Plus/Good Start 2 Gentle  
**Second Trial:** Good Start 2 Protect Plus/Good Start 2 Protect
7. If requesting soy based products for 9 to 12 months of age (Enfagrow Soy Toddler and Similac Go and Grow – soy based), the patient must have Tried the contract brand formulas below, unless contraindicated, and encountered problems:  
**First Trial:** Good Start 2 Soy Plus/Good Start 2 Soy  
**Second Trial:** Good Start 2 Protect Plus/Good Start 2 Protect (**if no milk allergies exist**).

## Bottle Nipples for Gerber Formulas

- The rate of nipple flow is important in how formula is handled by the infant.
- Gerber recommends a smaller nipple with a slower flow rate for their formulas. It is advised to use a slow flow or tri flow (variable) nipple.
- The following chart provides a list of some examples of baby bottle nipples available at the retail level. This information may be useful in your counseling the caregiver. The Kentucky WIC Program **is not endorsing** any specific brand of baby bottle nipple.

EvenFlo	Comf Slow Flow Custom Flo 3-6 Months Classic	Gerber Nuk	Orthodontic Medium Flow Size 1 0 month + Ortho Fast Flow 6 months size 2
Gerber	3 hole design Nuk Orthodontic Nipples Medium Flow Gerber Medium Flow	Avent	0 Months+ Newborn  3 Months + Variable Flow Slow Flow
			Medium Flow 3 Months  Fast Flow 6 Months

### Issuance of Noncontract Infant Formula

- A. Establish local agency policies and procedures for the review of requests for noncontract standard formula.
- B. If the infant is medically fragile (e.g., LBW, premature, infants released after long hospitalization, heart problems, etc.), WIC will **not** require this infant to try contract brand formula(s).
- C. If the infant is **not** medically fragile, there must be supporting documentation concerning the contract formulas tried and the problems encountered. The challenge guidelines must be followed before approving the use of noncontract formula.
- D. **It is required that the client be provided only 3 months of noncontract formula.** The challenge guidelines are not required for the medically fragile infant. At the end of 3 months, it is recommended that the challenge guidelines in Issuance of Contract Brand Standard Formula be repeated. Professional judgment may be used in repeating the challenge guidelines.
- E. The following information must be on the medical documentation form prior to issuing noncontract standard formula:
  - a. Formulas tried and problems encountered;
  - b. The diagnosis/diagnoses;
  - c. Specific name of the formula requested;
  - d. Prescribed period of time; and
  - e. Signature of MD, DO, PA or ARNP.
- F. WIC issuance shall not exceed 12 months or one (1) year. After issuance of 3 months of noncontract formula, the patient's status and continued need for the formula should be assessed. This should be done during a routine nutrition education visit and documented in the medical record.

## **Issuance of Ready-To-Feed Formula**

- A. Ready-To-Feed formula can be provided when the health professional determines and documents:
- Restricted or unsanitary water supply;
  - Poor or no refrigeration;
  - Caretaker is unable to properly prepare formula;
  - Formula is only manufactured/available in the ready-to-feed form; or
  - Homelessness
- B. If one of the above previous conditions does not exist, contact the State WIC Office.
- C. If the health professional determines and documents the family is obtaining drinkable water, provide powder or concentrate formula.

## **Issuance of Low Iron Formulas**

All low iron formulas have been discontinued by the formula companies based upon the American Academy of Pediatrics guidelines.

## **Issuance of Exempt Infant Formulas & Medical Foods (Infant Food Package III)**

- A. Formulas allowed under Food Package III for infants: All exempt formulas and medical foods approved by local or state agency.
- B. Infants may receive exempt infant formula (non standard formula) or medical foods under Food Package III if a medical documentation form or valid prescription is received which indicates that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of a formula.
- C. whose only condition is diagnosed formula intolerance, food allergy to sucrose, milk protein, soy protein, lactose or any other nonspecific intolerance that can be managed with a standard food package.
- D. Issuance of Exempt infant formulas (non-standard formulas) and medical foods requires a Certificate for Medical Necessity form (WIC – 200) and prior approval by the designated local agency personnel who have been trained by the State WIC Office, **OR** by the State WIC Office.

Certificate of Medical Necessity or prescription (medical documentation form or valid prescription) which contains the following:

Diagnosis;

Name of formula requested;

Prescribed period of time the formula will be needed. (WIC issuance shall not exceed 12 months or one (1) year for infants);

Other foods requested;

Special instructions; and

Signature of MD, DO, PA or ARNP

- E. Foods allowed under Food Package III for infants may include any or all of the selected foods below at 6 months or older:
  - infant cereal; and
  - infant fruits and vegetables.

**POLICY STATEMENT CONCERNING  
24 CALORIE PER OUNCE FORMULA  
AND THE DILUTION OF STANDARD FORMULA**

- A. The commercially available 24 calorie formulas are: Similac Special Care 24 with iron, Enfamil Premature 24 and Good Start Premature 24. See Requirements for Issuing Formula and the Formula Package Codes by Company.
- B. Twenty-four (24) Calorie Non-Commercial Formulas (These are not available for purchase by the WIC Program).
1. Similac 24 and Similac Special Care 24 (low iron) are not commercially available.
  2. If a prescription is provided for either of these products, please contact the MD, DO, PA or ARNP to determine if a WIC available formula is acceptable.
  3. If so, obtain a new prescription.
- C. When a prescription is received to mix 24 calorie formula from a 20 calorie product, review the Requirements for Issuing Formulas in this section for diagnosis and information required in the prescription.
1. The WIC Program will provide standard 20 calorie per ounce formula unless a special formula or medical food with higher calories is warranted and commercially available.
  2. The health professional will instruct the parent/caregiver how to mix the 20 calorie per ounce formula to a 24 calorie per ounce dilution by one of the following guidelines.
  3. The guidelines are:  
**Mix one 13 ounce can of concentrate with 9 ounces of sterilized water,  
OR Mix 5 tablespoons of powder with 9 ounces of sterilized water.**
    - a. Extra formula may be needed for these infants and children. Please contact Medicaid if additional formula is needed. The Medicaid Program may provide the extra formula with a physician's order.
- D. If a prescription requests that a formula be mixed to a dilution other than 20 or 24 calories per ounce, the specific mixing instructions must be provided on the prescription by the MD, DO, PA or ARNP.

## Children and Women Food Packages (Food Package III)

### Issuance of Formula and Medical Foods:

- A. Formulas allowed under Food Package III for women and children: All contract, noncontract, exempt infant, exempt formulas and medical foods.
- B. Children and women may receive formula/medical foods under Food Package III if a medical documentation form or valid prescription is received which indicates that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of a formula/medical food.
- C. The formula/medical food prescribed in Food Package III may not be authorized in the following instances:
  - 1. For women or children who have a food intolerance to milk protein or lactose that can be successfully managed with the use of a standard food package.
  - 2. For any participant solely for the purpose of enhancing nutrient intake or weight loss management.
- D. Participants receiving Food Package III must have a Certificate of Medical Necessity (WIC-300 or WIC-400) or prescription (medical documentation form or valid prescription) which contains the following:
  - 1. Diagnosis;
  - 2. Name of formula requested;
  - 3. Prescribed period of time the formula will be needed (WIC issuance shall not exceed six (6) months for women and children);
  - 4. Other foods requested;
  - 5. Special instructions; and
  - 6. Signature of MD, DO, PA or ARNP.
- E. Foods allowed under Food Package III for women and children may include formula/medical food and any or all of the selected foods below:
  - 1. Milk
  - 2. Cheese, tofu or soymilk (as a substitute for milk)
  - 3. Cereal
  - 4. Juice
  - 5. Eggs
  - 6. Beans or peanut butter (beans and peanut butter for women who are: pregnant, partially breastfeeding, pregnant with multiple fetuses, fully breastfeeding and fully breastfeeding multiples)
  - 7. Whole grain/whole wheat bread or whole wheat/corn tortillas or brown rice
  - 8. Fresh fruits and vegetables
  - 9. Canned fish (fully breastfeeding woman)

## REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA, AND MEDICAL FOODS

1. Review all WIC Policies For Prescribing Food Packages for policies on issuing formula, required information for Kentucky Food Request or out-of-state physician order or prescription from out-of-state is provided on the preceding pages.
2. Ready-to-feed formula may only be provided due to: restricted or unsanitary water supply, no refrigeration, the caretaker being unable to properly prepare formula, it is the only form in which the formula is manufactured or homelessness.
3. Review Issuance of Infant Formula in WIC Policies For Prescribing Food Packages.
4. ***If a Kentucky Certificate for Medical Necessity or out-of-state physician's order/prescription is received for products not on the chart below, the formula may be approved by the State WIC Office.***

<b>FORMULA</b>	<b>DIAGNOSIS Required</b>	<b>Kentucky Certificate for Medical Necessity Required</b>	<b>PRIOR APPROVAL</b>
<b>INFANT FORMULA - CONTRACT BRAND</b> <b>Good Start Gentle Plus/Good Start Gentle (primary milk based formula)</b> Good Start Protect Plus/Good Start Protect Good Start Soy Plus/Good Start Soy Good Start 2 Gentle Plus*/Good Start 2 Gentle* Good Start 2 Protect Plus*/Good Start 2 Protect* Good Start 2 Soy Plus*/Good Start 2 Soy*	No	No	No
<b>INFANT FORMULA – NONCONTRACT</b> Enfamil AR Enfamil Gentlease Enfagrow Premium Toddler* Enfagrow Soy Toddler* Enfamil Premium Infant Enfamil ProSobee Similac Advance Early Shield Similac Sensitive Isomil Soy/Similac Soy Isomil Similac Go and Grow Milk-Based* Similac Go and Grow Soy-Based* Similac Sensitive (for Fussiness & Gas) Similac Sensitive for Spit Up	Yes – Diagnosis  Documentation must include contract formulas tried and problems encountered. See WIC Policies for Prescribing Food Packages for Issuance of Noncontract Standard Formula.  For Toddler formulas, documentation must contain other formulas tried and problems encountered.  See WIC Policies for Prescribing Food Packages.	Yes  Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis	Follow State WIC Office and Agency Policies
<b>EXEMPT INFANT FORMULAS and MEDICAL FOODS</b> Nutramigen Nutramigen with Enflora LGG Portagen (for women and children only) Pregestimil Similac Expert Care Alimentum	Yes – Diagnosis	Yes Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	No

\*Recommended at 9 months of age or older.

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**REQUIREMENTS FOR ISSUING INFANT FORMULA, EXEMPT INFANT FORMULA AND MEDICAL FOODS (continued)**

FORMULA	DIAGNOSIS Required	Kentucky Certificate for Medical Necessity Required	PRIOR APPROVAL	
<b>EXEMPT FORMULA AND MEDICAL FOODS – LOCAL APPROVAL</b>				
Boost Boost Glucose Control Boost High Protein Boost Kid Essentials Immunity Protection Boost Kid Essentials 1.0 CAL Boost Kid Essentials 1.5 CAL Boost Kid Essentials 1.5 CAL with Fiber Boost Plus Bright Beginnings Soy Pediatric Drink EleCare EleCare DHA & ARA Elecare Vanilla (for children) Enfamil EnfaCare Enfamil Premature with Iron 20 Enfamil Premature with Iron 24 Ensure Ensure Bone Health Ensure Plus Good Start Premature 24 with Iron	Neocate Infant Neocate Infant with DHA & ARA Neocate Junior Neocate Junior/Prebiotics Nutren Junior Nutren Junior with Fiber Osmolite 1 Cal PediaSure PediaSure with Fiber PediaSure 1.5 Cal Pediasure 1.5 Cal with Fiber Peptamen Peptamen Junior Peptamen Junior with Fiber Peptamen Junior with Prebio Sim. Expert Care NeoSure Similac PM 60/40 Similac Special Care 24 with iron Tolorex Vital HN Vital Junior Vivonex Pediatric Vivonex Plus Vivonex T.E.N. Vivonex RTF	Yes – Diagnosis	Yes  Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional Foods	Yes  Agency Personnel designated by and trained by the State WIC Office to approve special formulas.  Local agencies that receive approval from the State Agency must complete the <u>WIC STATE AGENCY FORMULA/MEDICAL FOODS APPROVAL FORM</u> (see page 109) for State WIC Office approval.
<b>EXEMPT INFANT FORMULAS AND MEDICAL FOODS – STATE APPROVAL</b>				
Any formulas not found in the above tables or formula used outside the intended use (e.g., PediaSure for a 9 month old infant)	Yes – Diagnosis  See each formula type for additional requirements.	Yes  Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	Yes  Complete the <u>WIC STATE AGENCY FORMULA/MEDICAL FOODS APPROVAL FORM</u> (see page 109) for State WIC Office approval.	
<b>FOOD PACKAGE III</b>				
For infants, formulas may include: Exempt Infant Formula Exempt Infant Formulas and Medical Foods (Local Approval) Exempt Infant Formulas and Medical foods (State Agency Approval) For women/children when a formula &/or other foods are needed. Formulas may include the following: Infant Formula - Contract Infant Formula - Noncontract Exempt Infant Formula Exempt Infant Formulas and Medical Foods (Local Approval) Exempt Infant Formulas and Medical food	Yes – Diagnosis  See each formula type for additional requirements.	Yes  Required Information: 1-Name of formula requested 2-Prescribed period of time 3-Diagnosis 4-Additional foods	Follow the approval process for each specific type of formula.	

# Infant Formulas

## Infant Formulas

The requirements for standard infant formulas are established by the American Academy of Pediatrics (AAP) Committee on Nutrition. These requirements are monitored by the Food and Drug Administration (FDA) as part of the Infant Formula Act of 1980, amended in 1986. Through this Act, the minimum level for 29 nutrients and the maximum level for 9 nutrients are established. The label must provide a declaration of the quantitative information for each nutrient. Each manufacturer must also assure by analysis that the declared level of each essential nutrient is in each batch of formula. "In general, the concentrations of nutrients in formulas are higher than those in human milk to compensate for the possible lower bioavailability."<sup>1</sup>

The minimum levels are defined for the following nutrients:

- Fat
- Protein
- Vitamins
  - A, C, B12, Pantothenic Acid, D, B1 (thiamine), Niacin, Choline, E, B2 (riboflavin), Folic Acid, Inositol, K, B6 (pyridoxine) and Biotin
- Minerals
  - Calcium, Iron, Copper, Potassium, Phosphorus, Iodine, Manganese, Chloride, Magnesium, Zinc, Sodium, Selenium

The maximum levels are defined for the following nutrients:

- Fat
- Protein
- Vitamins
  - A, D
- Minerals
  - Iron, Potassium, Iodine, Chloride, Sodium

<sup>1</sup>Pediatric Nutrition Handbook, 6<sup>th</sup> Edition, American Academy of Pediatrics.

# **Contract Brand Infant Formulas**

**Good Start Gentle Plus (Gerber) Contract Formula (Spring 2011 rename Good Start Gentle)**

Milk-based infant formula with DHA, ARA and prebiotics. **20 cal./fl. oz.**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case

Ready-To-Feed: 32 fl. oz. cans, 6 cans/case

Powder: 12 oz. cans, 6 cans/case **(Spring 2011 12.7 oz. cans)**

Composition: **CHO:** lactose, corn maltodextrin, Galacto-Oligosaccharides (GOS) **PRO:** enzymatically hydrolyzed whey (cow's milk), **FAT:** palm olein, soy, coconut and high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

**Good Start Protect Plus (Gerber) Contract Formula (Spring 2011 rename Good Start Protect)**

Milk-based infant formula with DHA, ARA, Nucleotides and Bifidus BL (healthy intestinal tract bacteria). For use in healthy infants to improve immune system, aid in digestion of lactose, and feeding problems related to milk sensitivity e.g., mild diarrhea, rash, spitting up. **20 cal./fl. oz**

Packaging: Powder: 12 oz. cans, 6 cans/case **(Spring 2011 12.4 oz. cans)**

Composition: **CHO:** lactose, corn maltodextrin, **PRO:** enzymatically hydrolyzed whey (cow's milk), **FAT:** palm olein, soy, coconut, and high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

**Good Start Soy Plus (Gerber) Contract Formula (Spring 2011 rename Good Start Soy)**

Soy-Based infant formula with DHA & ARA. For milk protein allergy, lactose intolerance, galactosemia, gluten sensitivity or for vegetarian families.  
**20 cal./fl. oz**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case

Ready-To-Feed: 32 fl. oz. cans, 6 cans/case

Powder: 12.9 oz. cans, 6 cans/case

Composition: **CHO:** corn maltodextrin, sucrose, **PRO:** soy protein isolate, **FAT:** palm olein, soy, coconut and high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

**Good Start 2 Gentle Plus (Gerber) Contract Formula (Spring 2011 rename Good Start 2 Gentle)**

Milk-based infant formula with DHA, ARA & prebiotics with higher levels of calcium. For use in infants 9 months or older. **20 cal./fl. oz**

Packaging: Powder: 24 oz. cans, 6 cans/case **(Spring 2011 22 oz. cans)**

Composition: **CHO:** lactose, corn maltodextrin, Galacto-Oligosaccharides (GOS) **PRO:** enzymatically hydrolyzed whey (cow's milk) **FAT:** palm olein, soy, coconut, high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

**Good Start 2 Protect Plus (Gerber) Contract Formula (Spring 2011 rename Good Start 2 Protect)**

Milk-based infant formula with DHA, ARA and Bifidus BL (healthy intestinal tract bacteria) with higher levels of calcium. For infants 9 months or older.

**20 cal./fl. oz**

Packaging: Powder: 24 oz. cans, 6 cans/case **(Spring 2011 22 oz. cans)**

Composition: **CHO:** lactose, corn maltodextrin, **PRO:** enzymatically hydrolyzed whey (cow's milk), **FAT:** palm olein, soy, coconut, and high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

**Good Start Soy 2 Plus (Gerber) Contract Formula (Spring 2011 rename Good Start 2 Soy)**

Soy-Based infant formula with DHA & ARA and higher levels of calcium. For use in infants 9 months or older with milk protein allergy, lactose intolerance, galactosemia, gluten sensitivity or for vegetarian families. **20 cal./fl. oz**

Packaging: Powder: 24 oz. powder, 6 cans/case **(Spring 2011 22 oz. cans)**

Composition: **CHO:** corn maltodextrin, sucrose, **PRO:** soy protein isolate, **FAT:** palm olein, soy, coconut and high oleic safflower oils, C. Cohnii oil, M. Alpina oil.

# **Noncontract Brand Infant Formulas**

**Enfamil AR (Mead Johnson) Noncontract**

Milk-based, pre-thickened with added rice starch with DHA and ARA. For infants with frequent spit up. **Gluten Free. 20 cal./fl. oz**

**Note:** *Not recommended for preterm infants or patients with galactosemia.*

Packaging: Ready-To-Feed: 32 oz. can, 6 cans/case, 2 fl. oz bottles, 48 bottles/case  
Powder: 12.9 oz. can, 6 cans/case

Composition: **CHO:** rice starch, lactose, maltodextrin, carrageenan, **PRO:** nonfat milk, **FAT:** palm olein, soy, coconut and high oleic sunflower, C. Cohnii oil, M. Alpina oil.

**Enfamil Gentlease (Mead Johnson) Noncontract**

Lactose reduced milk-based with DHA & ARA. Gluten Free. **20 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Powder: 12 oz. can, 6 cans/case

Composition: **CHO:** corn syrup solids, **PRO:** partially hydrolyzed nonfat milk and whey protein concentrate solids, 60% Whey, (soy), **FAT:** palm olein, soy, coconut, high oleic sunflower oils, M. Alpina oil.

**Enfagrow Gentlease Toddler (Mead Johnson) Noncontract**

Lactose reduced milk-based formula with DHA & ARA. For 10-36 months old infants/toddlers.

**Gluten Free. 20 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Package: Powder: 24 oz. can, 4 cans/case

Composition: **CHO:** corn syrup solids, lactose, **PRO** partially hydrolyzed nonfat milk and whey protein concentrate solids, 60% Whey,(soy) **FAT:** palm olein, soy, coconut and high oleic sunflower, C. Cohnii oil, M. Alpina oil.

**Enfamil Premium Infant (Mead Johnson) Noncontract**

Milk based infant formula with DHA/ARA, nucleotides & prebiotics.

**Gluten Free. 20 cal./fl. oz**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case  
Ready-To-Feed: 32 fl. oz./ 1 qt., 6 cans/case; 2 fl. oz. cans  
48 bottles/case  
Powder: 12.5 oz. cans, 6 cans/case

Composition: **CHO:** lactose, carrageenan, Galacto-Oligosaccharides (GOS), polydextrose **PRO:** intact milk protein (60:40 whey-to-casein ratio) **FAT:** palm olein, soy, coconut, high oleic sunflower oils, C. Cohnii oil, M. Alpina oil.

**Enfagrow Premium Toddler (Mead Johnson) Noncontract**

Milk-based formula with DHA & ARA for 10-36 months old. **Gluten & Sucrose Free. 20 cal./fl. oz**

Packaging: Powder: 24 oz. can, 6 cans/case.

Composition: **CHO:** corn syrup solids, lactose, **PRO:** nonfat milk, **FAT:** palm olein, soy, coconut and high oleic sunflower, C. Cohnii oil, M. Alpina oil.

**Enfamil Prosobee (Mead Johnson) Noncontract**

Soy-based formula with DHA & ARA. For infants intolerant to milk protein, lactose or sucrose, galactosemia, gluten sensitivity. **Lactose Free, Galactose Free, Sucrose Free, Gluten Free, & Milk Free. 20 cal./fl. oz**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case

Ready-To-Feed: 32 fl. oz. cans, 6 cans/case; 8 fl. oz. cans in 4 packs, 4 packs/case; 2 fl. oz. bottles, 48 bottles/case

Powder: 12.9 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, carrageenan, **PRO:** soy protein isolate, **FAT:** palm olein, soy, coconut, and high oleic sunflower oils, C. Cohnii oil, M. Alpina oil. **Enfagrow Soy Toddler (Mead Johnson) Noncontract**

Soy-based formula with DHA & ARA. For infants or toddlers 10-36 months of age intolerant to milk protein, lactose or sucrose, patients with galactosemia or gluten sensitivity. **Lactose, Galactose & Sucrose Free, Gluten Free, & Milk Free. 20 cal./fl. oz**

Packaging: Powder: 24 oz. can, 6 cans/case

Composition: **CHO:** corn syrup solids, **PRO:** soy protein isolate, **FAT:** palm olein, soy, coconut and high oleic sunflower oils, C. Cohnii oil, M. Alpina oil.

**Similac Advance Early Shield (Abbott) Noncontract**

Milk-based infant formula with DHA & ARA, prebiotics, nucleotides and antioxidants. **20 cal./fl. oz**

Packaging: Concentrate: 13 oz. bottles, 12 cans/case

Ready-To-Feed: 1 qt./32 fl. oz. bottles, 6 bottles/case; 2 oz. bottles in 6 pack, 48 bottles/case; 8 oz. bottles in 6 pack, 48 bottles/case.

Powder: 12.4 oz cans, 6 cans/case

Composition: **CHO:** lactose, galacto-oligosaccharides (GOS), carrageenan **PRO:** nonfat milk, whey protein concentrate, **FAT:** high-oleic safflower, soy, coconut, C. Cohnii oil and M. Alpina oil.

**Similac Go and Grow Milk-Based (Abbott) Noncontract**

Milk-based formula with DHA & ARA for 9-24 months old. **20 cal./fl. oz**

Packaging: Powder: 22 oz. cans, 6 cans/case

Composition: **CHO:** lactose, **PRO:** nonfat milk, whey protein concentrate, **FAT:** high oleic safflower, soy, coconut, C. Cohnii oil and M. Alpina oil.

**Similac Go and Grow Soy-Based (Abbott) Noncontract**

Soy-based formula with DHA & ARA for 9 to 24 months old. For infants intolerant to milk protein and lactose or patients with Galactosemia. **Lactose Free, Milk Free. 20 cal./fl. oz**

Packaging: Powder: 22 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, sucrose, **PRO:** soy protein isolate, **FAT:** high oleic safflower, coconut, soy, C. Cohnii oil and M. Alpina oil.

**Similac Sensitive (Abbott) Noncontract**

Milk-based, **lactose free** infant formula with DHA/ARA, Nucleotides & Prebiotics.  
For infants with lactose sensitivity. **20 cal./fl. oz**

**Note:** *Not for patients with galactosemia.*

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case  
Ready-To-Feed: 1 qt./32 fl. oz bottles, 6 bottles/case  
Powder: 12.6 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup, sucrose, carageenan, GOS **PRO:** milk protein isolate,  
**FAT:** high oleic safflower, coconut and soy oils, C. Cohnii oil and M. Alpina oil.

**Similac Sensitive Isomil Soy/ Similac Soy Isomil (Abbott) Noncontract**

Soy-based infant formula with DHA & ARA, prebiotics, nucleotides and antioxidants. For  
infants intolerant to milk protein or lactose; galactosemia **.20 cal./fl. oz**

Packaging: Concentrate: 13 oz. cans, 12 cans/case  
Ready-To-Feed: 32 fl. oz./1 qt. cans, 6 cans/case, 8 fl. oz. cans,  
4 six packs/case; 2 oz. bottles, 48 bottles/case  
Powder: 12.4 oz. cans, 6 cans/case,

Composition: **CHO:** corn syrup solids, sucrose, Fructooligosaccharides (FOS) **PRO:** soy  
isolate, **FAT:** high oleic safflower, soy, coconut, C. Cohnii oil and M. Alpina oil.

**Similac Sensitive for Spit Up (Abbott) Noncontract**

Milk-based infant formula pre-thickened with rice starch, DHA/ARA & nucleotides. For  
healthy infants experiencing frequent spitting up. Lactose Free. **20 cal./fl. oz**

**Note:** *Not for patients with galactosemia.*

Packaging: Ready-To-Feed: 32 oz. cans, 6 cans/case  
Powder: 12.3 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, sucrose, rice starch, **PRO:** milk protein isolate,  
**FAT:** high oleic safflower, coconut, soy, C. Cohnii oil and M. Alpina oil.

# Exempt Formula & Medical Foods

For products marked State Approval, contact the State Agency for approval prior to issuance.

\*For products marked Local Approval, health professionals who have completed the formula training may approve or staff may contact the State Agency for approval prior to issuance.

### **ACERFLEX (Nutricia) State Approval**

Specialized amino acid medical food that is isoleucine-, leucine-, and valine-free powdered medical food for the dietary management of Maple Syrup Urine Disease (MSUD) in individuals over one year of age.

Use as an oral supplement. **395 cal/ 100 g powder 1:5 dilution 23 cal./oz., 1:4 dilution 30 cal./oz.**

Packaging: Powder: 16 oz. (454 gm) can, 4 per case (pineapple)

Composition: **CHO:** corn syrup solids, sucrose **PRO:** L-amino acids, **FAT:** canola, high oleic safflower and fractionated coconut oils.

### **BCAD 1 (Mead Johnson) State Approval**

Medical food for the dietary management of Maple Syrup Urine Disease or other inborn errors of branched chain amino acid metabolism in infants and toddlers. **Gluten, Lactose & Galactose Free. 500 cal/100 g powder 20 cal/fl. oz yields 113.5 fl. oz, 30 cal/fl. oz yields 75.6 fl. oz.**

Follow Physician instructions regarding amount of water and formula.

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch, **PRO:** L-amino acids, **FAT:** palm olein, soy, coconut and high oleic sunflower oils

### **BCAD 2 (Mead Johnson) State Approval**

Medical food for the dietary management of Maple Syrup Urine Disease or other inborn errors of branched chain amino acid metabolism in children and adults. **Gluten, Lactose, & Galactose Free. 410 cal./100 g. powder 30 cal./fl. oz. yields 62 fl. oz./can.**

Follow Physician instructions regarding amount of water and formula.

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch, **PRO:** L-amino acids, **FAT:** soy oil,

### **Boost (Nestlé) \*Local Approval**

Complete nutritional formula for supplemental or total nutritional needs. **Kosher.**

**Gluten Free. Lactose Free. Low Residue. 30 cal./fl.oz**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. bottles, 24 /case (chocolate, strawberry, vanilla)

Composition: **CHO:** corn syrup solids, sucrose, carrageenan **PRO:** milk protein concentrate, **FAT:** canola, high oleic sunflower and corn oils, soy lecithin.

### **Boost Glucose Control (Nestlé) \*Local Approval**

Complete nutritional drink for patients with Diabetes. **Kosher. Gluten Free. Lactose Free. Low Residue.** (Fiber: 3.5 g./8 fl. oz) **31 cal./fl.oz**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.0 fl. oz. tetra brik pak, 27 cans/case (vanilla, chocolate).

Composition: **CHO:** tapioca dextrin, fructose, corn syrup solids, fructo-oligosaccharides(FOS), soy fiber, partially hydrolyzed guar gum, cellulose gel **PRO:** sodium caseinate (milk), calcium caseinate, L-arginine **FAT:** canola oil, soy lecithin.

**Boost High Protein (Nestlé) \*Local Approval**

Complete nutritional formula for supplemental or total nutritional needs for wound healing, post-operative support following extensive surgery, requiring clear liquid diet and needing weight control and maintenance. **Kosher. Gluten Free. Lactose Free. Low Residue. 30 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. bottles, 6/pack, 24 cans/case (chocolate, strawberry, vanilla).

Composition: **CHO:** corn syrup solids, sucrose, carrageenan, cellulose gel **PRO:** milk protein concentrate, sodium and calcium caseinates **FAT:** canola, high oleic sunflower and corn oils, soy lecithin,

**Boost Kids Essentials Immunity Protection (Nestlé) \*Local Approval**

A complete nutritional formula for children 1-13. Probiotic straw provides Lactobacillus reuteri Protectis to help support a healthy immune system. **Kosher. Gluten Free. Lactose Free.**

Packaging: Ready-To-Feed: 8.25 fl. oz. tetra brik box, 24 cans/case (vanilla, strawberry, chocolate)

Composition: **CHO:** sucrose, maltodextrin, fructose (STRAW: Canola Oil) **PRO:** sodium and calcium caseinate, whey protein concentrate **FAT:** high oleic sunflower soybean oils, MCT

**Boost Kids Essentials 1.0 Cal (Hospital) (Nestlé) \*Local Approval**

A complete nutritional formula for children aged 1-13 with FTT, gluten intolerance, lactose intolerance, reduced appetite, pre-/post- surgery injury or trauma or chronic illness.

No Probiotic Straw. **Kosher. Gluten Free. Lactose Free. 30 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 oz. tetra brik box, 27 cans/case (vanilla, strawberry, chocolate)

Composition: **CHO:** sucrose, maltodextrin, cellulose gel, carrageenan **PRO:** sodium and calcium caseinates, whey protein **FAT:** high oleic sunflower and soybean concentrate oils, MCT

**Boost Kids Essentials 1.5 Cal (Nestlé) \*Local Approval**

Calorie dense pediatric formula (ages 1-13), for patients with elevated caloric needs, volume intolerance, fluid restriction and FTT. **Kosher. Gluten Free. Lactose Free. Low Residue. 45 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. tetra brik boxes, 27 cans/case (vanilla, strawberry, chocolate)

Composition: **CHO:** maltodextrin, sucrose, cellulose gum & gel, carrageenan **PRO:** sodium & calcium caseinate (milk), whey protein concentrate **FAT:** high oleic sunflower oils, MCT.

**Boost Kids Essentials 1.5 Cal with Fiber (Nestlé) \*Local Approval**

Calorie dense pediatric formula for 1-13 year olds with fiber. For patients with elevated caloric needs, volume intolerance, fluid restriction and FTT. **Kosher. Gluten Free. Lactose Free. Fiber: 2.8 g /8 fl.oz., 45 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. tetra brik box, 27 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, cellulose gel, soy fiber, guar gum, carrageenan **PRO:** sodium and calcium caseinate, whey protein concentrate **FAT:** high oleic sunflower oil, MCT, soy lecithin.

**Boost Plus (Nestlé) \*Local Approval**

Complete nutritional formula, for patients needing volume restriction due to cancer, cardiac cachexia, COPD; fluid restrictions due to congestive heart failure or liver disease or special weight gain conditions. **Kosher. Gluten Free. Lactose Free. Low Residue. 45 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. bottles, 6/ pack, 24 cans/case (vanilla, strawberry, chocolate)

Composition: **CHO:** corn syrup solids, sucrose, carrageenan **PRO:** milk protein concentrate, sodium and calcium caseinates **FAT:** canola, high oleic sunflower and corn oils; soy lecithin.

**Bright Beginnings Soy Pediatric Drink (PBM) \*Local Approval**

A ready to drink soy supplement with DHA, prebiotics and fiber. For children 1-10 who may be lactose intolerant or allergic to cow's milk protein. **Kosher. Gluten Free. Lactose Free. Cow's milk protein free. 30 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case

Composition: **CHO:** sucrose, maltodextrin (corn), Fructooligosaccharides (FOS), oligofructose, carrageenan, inulin **PRO:** soy protein isolate **FAT:** high oleic safflower or sunflower oils; MCT, soy oils, DHA Algal oil.

**Calcilo XD (Abbott) State Approval**

Medical food for infants with hypercalcemia, Williams syndrome, osteopetrosis, and primary neonatal hyperparathyroidism. **Vitamin D Free. Low Calcium. 30 cal./fl. oz.**

Packaging: Powder: 13.2 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup **PRO:** whey protein concentrate, sodium caseinate **FAT:** corn & coconut oils.

### **COMPLEAT (Nestlé) State Approval**

Meat, vegetable and fruit based pureed tube feeding medical food with Benefiber®. Made with chicken, peas, carrots, tomatoes and cranberry juice. For patients with formula intolerance (diarrhea, abdominal distention and nausea).

**Lactose Free. Gluten Free. Fiber: 1.5 g /8.45 fl.oz., 31.4 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** cranberry juice cocktail, corn syrup, maltodextrin, pea puree, carrot puree, tomato paste, partially hydrolyzed guar gum **PRO:** sodium caseinate (milk), chicken puree, pea puree **FAT:** canola oil, chicken, soy lecithin.

### **COMPLEAT Pediatric (Nestlé) State Approval**

Meat, fruit and vegetable based blenderized tube feeding medical food with Benefiber® for children 1-10. Made from chicken, fruit, vegetables and cranberry juice. For children with intolerance to semi-synthetic formulas, Failure to Thrive, HIV/AIDS, or developmental disabilities. **Lactose Free. Gluten Free.**

**Fiber: 1.7 g./8.45 fl. oz., 29.6 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case

Composition: **CHO:** cranberry juice cocktail, corn syrup solids, pea puree, green bean puree, peach puree, partially hydrolyzed guar gum, carageenan **PRO:** chicken puree, sodium caseinate (milk), pea puree **FAT:** canola oil, MCT oil, soy lecithin.

### **Complex Amino Acid Blend MSD(Applied Nutrition Corp.) State Approval**

A nutritionally *incomplete* medical food used for women and children with Maple Syrup Urine Disease. This can be used for oral or tube feeding. Used to fortify foods or drinks and control the protein content. **Isoleucine, Leucine & Valine Free.**

**1 scoop = 40 calories, 10 g. protein**

Packaging: Powder: 16 oz. (1 lb.) cans, 4 cans/case (unflavored)

Composition: **CHO:** none **PRO:** L-amino acids **FAT:** none

### **Complex Essential MSD Drink Mix (Applied Nutrition Corp.) State Approval**

A nutritionally *incomplete* medical food with flaxseed oil and fiber used for women and children with Maple Syrup Urine Disease. This can be used for oral or tube feeding. **Isoleucine, Leucine & Valine Free. 1 scoop = 154 calories, 10 g. protein, 1 g. fiber**

Packaging: Powder: 16 oz. (1 lb.) cans, 4 cans/case (vanilla)

Composition: **CHO:** sucrose, corn syrup solids, modified food starch, dextrin **PRO:** L-amino acids **FAT:** coconut oil, safflower oil, canola oil, soybean oil, flaxseed oil.

### **Crucial (Nestlé) State Approval**

A complete elemental medical food for immune support in patients needing a product which is easily digested and absorbed (e.g., trauma, major surgery, hypermetabolism, burns, fat malabsorption, pre/post surgery, wound management, head injury, malnutrition and malabsorption). **Lactose & Gluten Free. Low Residue. 44.38 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case

Composition: **CHO:** maltodextrin, cornstarch, guar gum, xanthan gum **PRO:** enzymatically hydrolyzed casein (from cow's milk) **FAT:** MCT (fractionated from coconut and palm kernel oils), fish and soybean oils; soy lecithin,

### **Cyclinex-1 (Abbott) State Approval**

A nonessential amino acid-free medical food designed for infants and toddlers with a proven urea cycle disorder or gyrate atrophy of the choroid and retina or HHH syndrome. This must be supplemented with protein and fluid to meet protein and fluid requirements. **510 cal./100 g. powder** (Follow physician's instructions for mixing for prescribed calories/oz.)

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower oil, coconut and soy oils.

### **Cyclinex-2 (Abbott) State Approval**

A nonessential amino acid-free medical food for adults and children with a proven urea cycle disorder or gyrate atrophy of the choroid and retina or HHH syndrome. This must be supplemented with protein to completely meet protein requirements. **440 cal./100 g. powder** (Follow physician's instructions for mixing for prescribed calories/oz.)

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower oil, coconut and soy oils.

### **DiabetiSource AC (Nestlé) State Approval**

Tube Feeding Pureed food with Benefiber® for uncontrolled blood glucose, stress induced hyperglycemia, glucose intolerance or diabetes with wounds. **Lactose Free. Kosher. Gluten Free. Fiber: 3.8 g./8.45 fl. oz, 35.5 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn syrup, pea puree, fructose, green bean puree, tapioca dextrin, orange juice, fructo-oligosaccharides (FOS), peach puree, partially hydrolyzed guar gum **PRO:** soy protein isolate, L-arginine **FAT:** canola oil, refined menhaden oil.

### **Elecare (Abbott) \*Local Approval**

Nutritionally complete, elemental formula for infants and children who need an amino acid based medical food or who cannot tolerate intact protein. Designed for the management of maldigestion, malabsorption, severe food allergies, GI tract impairment and other conditions. **Milk & Soy Protein Free. Fructose, Galactose, Lactose & Gluten Free.**

**20 cal./fl. oz. standard dilution for infants, 30 cal./fl. oz. standard dilution for children**

Packaging: Powder: 14.1 oz can; 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, MCT and soy oils.

### **Elecare DHA/ARA (Abbott) \*Local Approval**

Nutritionally complete, elemental formula for infants and children who need an amino acid based medical food or who cannot tolerate intact protein. Designed for the management of maldigestion, malabsorption, severe food allergies, GI tract impairment and other conditions. **Milk & Soy Protein Free. Fructose, Galactose, Lactose & Gluten Free.**

**20 cal./fl. oz. standard dilution for infants, 30 cal./fl. oz. standard dilution for children**

Packaging: Powder: 14.1 oz can; 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, MCT and soy oils, C. Cohnii oil and M. Alpina oil.

### **Elecare Vanilla (Children only) (Abbott) \*Local Approval**

Nutritionally complete, elemental formula for children 1 year and older who need an amino acid based medical food or who cannot tolerate intact protein. Designed for the management of maldigestion, malabsorption, severe food allergies, GI tract impairment and other conditions. **Milk & Soy Protein Free.**

**Fructose, Galactose, Lactose & Gluten Free. 30 cal./fl. oz.**

Packaging: Powder: 14.1 oz can; 6 cans/case

Composition: **CHO:** corn syrup solids, sucralose **PRO:** L-amino acids **FAT:** high oleic safflower, MCT and soy.

### **Enfamil EnfaCare (Mead Johnson) \*Local Approval**

A milk-based nutritionally complete formula with DHA/ARA and nucleotides for prematurity and low birth weight. **Gluten Free. 30 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl. oz. nursette bottles, 48 bottles/case  
32 ounces/1 qt., 6 bottles/case

Powder: 12.8 oz. can, 6 cans/case

Composition: **CHO:** maltodextrin, lactose, corn syrup solids, carrageenan **PRO:** whey protein concentrate, nonfat milk **FAT:** high oleic vegetable (sunflower and/or safflower), soy, MCT and coconut oils, M. Alpina oil and C. Cohnii oil.

**Enfamil Enfaport (Mead Johnson) \*Local Approval**

Nutritionally complete for infants with chylotorax or LCHAD deficiency (disorder of fatty oxidation). **30 cal/fl. oz.**

Packaging: Ready-To-Feed: 8 fl oz can, 24 cans/case

Composition: **CHO:** 100% corn syrup solids **PRO:** Calcium caseinate and sodium caseinate.(Milk) **Fat:** MCT oil, soy oil, M. Alpina oil and C. Cohnii oil.

**Enfamil Human Milk Fortifier (Mead Johnson) State Approval (Discontinuing July, 2011)**

A supplement to be added to breastmilk for use in rapidly growing premature infants.

**Gluten Free. Additional 2 cal./fl.oz. = 50 ml human milk + 1 packet,**

**Additional 4 cal./fl.oz. = 25 ml human milk + 1 packet**

Packaging: Powder: 0.025 oz. packets (0.71 g.), 200 packets/case

Composition: **CHO:** corn syrup solids **PRO:** milk protein isolate, whey protein isolate hydrolysate **FAT:** MCT and soybean oils, soy lecithin.

**Enfamil Lipil with Iron 24/Enfamil 24 (Mead Johnson) \*Local Approval**

Milk based iron-fortified formula with DHA/ARA which is designed to provide a higher caloric dense products. **24 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl. oz. bottles, 48 bottles/case

Composition: **CHO:** lactose **PRO:** whey and nonfat milk **FAT:** palm olein, soy, coconut, and high oleic sunflower oils, M. Alpina oil and C. Cohnii oil.

**Enfamil Premature 20 with Iron (Mead Johnson) \*Local Approval**

Nutritionally complete, whey-protein based, with DHA/ARA and nucleotides and higher levels of nutrients. For prematurity and Low Birth Weight. **Gluten Free. 20 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl. oz. bottles, 48 bottles/case

Composition: **CHO:** corn syrup solids, lactose, carageenan **PRO:** whey protein concentrate, nonfat milk **FAT:** MCT, soy, high oleic safflower or sunflower oils, M. Alpina oil and C. Cohnii oil.

**Enfamil Premature 24 with Iron (Mead Johnson) \*Local Approval**

Nutritionally complete, whey-protein based, with DHA/ARA and nucleotides and higher levels of nutrients. For prematurity and Low Birth Weight. **Gluten Free. 24 cal./fl. oz.**

**Note:** *In infants consuming over 12 oz/day, intake of some nutrients (fat soluble vitamins) may be excessive.*

Packaging: Ready-To-Feed: 2 fl. oz. bottles, 48 bottles/case

Composition: **CHO:** corn syrup solids, lactose, carageenan **PRO:** whey protein concentrate, nonfat milk **FAT:** MCT, soy, high oleic safflower or sunflower oils, M. Alpina oil and C. Cohnii oil.

### **Ensure (Abbott) \*Local Approval**

Complete, balanced nutrition product with prebiotics, antioxidants and Fibersol®-2 for supplementation with or between meals or interim sole-source feeding. Product can be used as an oral supplement or tube feeding. **Kosher. Gluten Free.**

**Lactose Free. Low Residue. Fiber: 3 g/8 fl. oz, 31.3 cal./fl. oz**

Packaging: Ready-To-Feed: 8 fl. oz. bottles. 24 cans/case (butter pecan, dark rich chocolate, creamy milky chocolate, coffee latte, homemade vanilla, strawberries and cream).

Composition: **CHO:** sucrose, corn syrup, corn maltodextrin, short chain fructooligosaccharides (scFOS), carrageenan **PRO:** milk protein concentrates, soy protein concentrates **FAT:** soy, canola, and corn oils, soy lecithin.

### **Ensure High Calcium/Bone Health (Abbott) \*Local Approval**

Complete nutrition support for supplementation between or with meals that provides extra calcium and vitamin D and antioxidants. For patients who are at risk for fractures, need extra protein, calcium, vitamin D, or are recovering from surgery. Can be used as an oral or tube feeding. **Kosher. Gluten Free. Lactose Free.**

**Low Residue. 27.5 cal./fl. oz**

Packaging: Ready-Tto-Feed: 8 fl. oz. cans, 24 cans/case (creamy milk chocolate shake, vanilla shake)

Composition: **CHO:** sucrose, corn maltodextrin **PRO:** sodium and calcium caseinates, soy protein concentrates **FAT:** corn, canola and soy oils, soy lecithin.

### **Ensure Powder (Abbott) \*Local Approval**

Complete, balanced nutrition product for supplementation with or between meals.

**Kosher. Gluten Free. Lactose Free. Low Residue. 31 cal./fl. oz**

Packaging: Powder: 14 oz powder can, 6 cans/case (homemade vanilla)

Composition: **CHO:** sucrose, corn syrup, corn maltodextrin, **PRO:** sodium and calcium caseinates, soy protein isolates **FAT:** corn oil, soy lecithin.

### **Ensure Plus (Abbott) \*Local Approval**

Complete nutritional product with antioxidants and prebiotics including Fibersol® designed to provide increased calories and protein for supplementation with or between meals or interim sole-source feeding. Can be used as an oral or tube feeding. **Kosher. Gluten Free. Lactose Free. Low Residue.**

**Fiber: 3 g/8 fl. oz, 43.75 cal./fl. oz**

Packaging: Ready-To-Feed: 8 fl. oz. bottles, 24 bottles/case (creamy milk chocolate, homemade vanilla, strawberries and cream, rich dark chocolate, butter pecan); 32 fl. oz. bottle, 6 bottles/case (creamy milk chocolate, homemade vanilla)

Composition: **CHO:** corn syrup, corn maltodextrin, sucrose, short chain fructooligosaccharides (scFOS), carrageenan **PRO:** milk protein concentrate, soy protein concentrate, whey protein concentrate **FAT:** canola, corn, soy lecithin.

### **EO28 Splash (Nutricia) State Approval**

Nutritionally complete hypoallergenic amino acid medical food, for children age 1-10 with GI tract impairment, gastroesophageal reflux disease, eosinophilic esophagitis, short bowel syndrome or other medical conditions for which an amino acid-based diet is required. **29.63 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. tetra brik boxes, 27 tetra brik boxes/case (grape, orange-pineapple, tropical fruit)

Composition: **CHO:** maltodextrin, sucrose, corn syrup solids (orange-pineapple), microcrystalline cellulose **PRO:** L-amino acids **FAT:** fractionated coconut oil, canola oil, high oleic sunflower oil.

### **FiberSource HN (Nestlé) State Approval**

Complete nutrition product with Benefiber® for general malnutrition, elevated protein needs and bowel motility. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 2.5 g./8.45 fl. oz., 35.5 cal./fl. oz.**

**Note:** *Not For Parenteral Use or for patients with Galactosemia*

Packaging: Ready-To-Feed: 8.45 fl. oz., 24 cans/case

Composition: **CHO:** corn syrup, hydrolyzed guar gum, maltodextrin **PRO:** soy protein isolate and concentrate **FAT:** canola and MCT oils.

### **GA (Mead Johnson) State Approval**

An incomplete exempt infant formula/medical food for infants, children and adults with glutaric acidemia type I. **Lysine and Tryptophan Free. 500 cal/100 g. powder**

Packaging: Powder: 16 oz., 6 cans/case

Composition: **CHO:** corn syrup solids, sugar, modified corn starch, maltodextrin **PRO:** amino acids **FAT:** palm olein, soy, coconut, high oleic sunflower.

### **GA Gel (Vitaflo) State Approval**

An incomplete formula for children age 1-10 years with Glutaric Aciduria Type 1. Not intended as a sole source of nutrition. Not for intravenous use.

**Lysine Free and Low Tryptophan. 68 cal/20 g packet**

Packaging: Powder: 0.7 oz. (20 g.) packets, 30 packets/pack

Composition: **CHO:** sucrose, starch, dried glucose syrup **PRO:** L-amino acids **FAT:** none.

### **Glucerna 1.0 Cal. (Abbott) State Approval**

Complete nutrition low carbohydrate product with fiber for diabetes or abnormal glucose tolerance.

Can be used as oral or tube feeding. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 3.4g/8 fl. oz, 29.6 cal./fl.oz**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn maltodextrin, soy fiber, fructose **PRO:** sodium and calcium caseinate **FAT:** high oleic safflower and canola oils, soy lecithin.

### **Glucerna 1.2 Cal. (Abbott) State Approval**

Complete nutrition low carbohydrate product with fish oil and NutraFlora®scFOS® for diabetes or abnormal glucose tolerance. Can be used as oral or tube feeding.

**Kosher. Gluten Free. Lactose Free. Fiber: 4.1g/8 fl. oz, 35.6 cal./fl.oz**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn maltodextrin, isomaltulose, fructose, sucromalt, fructo-oligosaccharides, oat fiber, soy fiber **PRO:** sodium caseinate, soy protein isolates, milk protein concentrate **FAT:** high oleic safflower and canola oils, soy lecithin, marine oil.

### **Glucerna 1.5 Cal. (Abbott) State Approval**

Caloric dense beverage with Nutraflora®scFOS® for Type 1, Type 2 diabetes, impaired glucose control or for times of metabolic stress. **Kosher.**

**Gluten & Lactose Free. Fiber: 4.1 g/8 fl. oz, 44.5 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla),

Composition: **CHO:** corn maltodextrin, isomaltulose, fructose, sucromalt, short chain fructo-oligosaccharides, oat fiber, soy fiber **PRO:** sodium & calcium caseinate, soy protein isolates, milk protein concentrate **FAT:** high oleic safflower and canola oils; soy lecithin.

### **Glucerna Shake (Abbott) State Approval**

Oral supplement for patients with diabetes. Not to be used for tube feeding or sole-source nutrition. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 5 g/8 fl. oz. , 25 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (butter pecan, creamy chocolate delight, homemade vanilla, strawberry)

Composition: **CHO:** corn maltodextrin, sucromalt, fructose, carrageenan **PRO:** sodium and calcium caseinates, soy protein isolates **FAT:** high oleic safflower, soy and canola oils, soy lecithin.

### **Glutarex-1 (Abbott) State Approval**

Medical food that is lysine and tryptophan free. For infants and toddlers with proven Glutaric Aciduria Type 1. Not for parenteral use. **20 cal./fl. oz.**

Packaging: Powder: 14.1 oz (400 g.) cans; 6 cans/case.

Composition: **CHO:** corn syrup solids **PRO:** free amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Glutarex-2 (Abbott) State Approval**

Medical food that is lysine and tryptophan free. For children and adults with proven Glutaric Aciduria type I. Not for parenteral use. **30 cal./fl. oz.**

Packaging: Powder: 14.1 oz (400 g.) cans; 6 cans/case.

Composition: **CHO:** corn syrup solids **PRO:** free amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Good Start Premature 24 (Nestlé) \*Local Approval**

Premature infant formula with DHA/ARA and nucleotides made with 100% whey protein for premature infants. **24 cal./fl. oz.**

Packaging: Ready-To-Feed: 3 fl. oz. nursette bottles, 48 bottles/case

Composition: **CHO:** corn maltodextrin, lactose **PRO:** hydrolyzed whey protein isolate, soy protein isolate **FAT:** MCT, high oleic safflower or sunflower oil, soy, C. Cohnii oil, M. Alpina oil.

### **HCU Cooler (Vitaflo) State Approval**

A medical food for use in the management of homocystinuria for age 3 years and older. Not sole source of nutrition. Not for intravenous use. **Methionine Free.**

**21 cal./fl. oz.**

Packaging: Ready-To-Feed: 4.3 oz. (130 ml.) pouch; 30 pouches/case (orange).

Composition: **CHO:** sugar, maltodextrin, dried glucose syrup, dextrose monohydrate **PRO:** L-amino acids, sodium caseinate (milk) **FAT:** none (soy lecithin as emulsifier).

### **HCU Express Powder (Vitaflo) State Approval**

An incomplete medical food used for adults and children (8 years and older) in the management of homocystinuria. Not intended as a sole source of nutrition. Not for intravenous use.

**Methionine Free. 76 cal./sachet**

Packaging: Powder: 25 g. (0.9 oz.) sachets; 30 sachets/case

Composition: **CHO:** dried glucose syrup **PRO:** L-amino acids **FAT:** none (soy lecithin as emulsifier).

### **HCU Gel (Vitaflo) State Approval**

An incomplete medical food for children age 1 to 10 with homocystinuria. Not intended as a sole source of nutrition. Not for intravenous use.

**Methionine Free. 68 cal./sachet**

Packaging: Powder: 0.7 oz. (20 g.) sachets; 30 sachets /case

Composition: **CHO:** sucrose, starch, dried glucose syrup **PRO:** L-amino acids **FAT:** none.

### **HCY 1 (Mead Johnson) State Approval**

Medical food for infants and toddlers with homocystinuria. **Methionine Free. Gluten Free. Lactose & Galactose Free. 500 cal./100 g. powder;** 20 cal./fl. oz. yields 113.5 fl. oz./can; 30 cal./fl. oz. yields 75.6 fl. oz./can

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent).

Composition: **CHO:** corn syrup solids, modified cornstarch, sucrose, maltodextrin **PRO:** L-amino acids **FAT:** palm olein, soy, coconut and high oleic sunflower oils.

### **HCY 2 (Mead Johnson) State Approval**

Medical food for children or adults with homocystinuria. **Methionine Free. Gluten Free. Lactose & Galactose Free. 410 cal./100 g. powder;**  
30 cal./fl. oz. yields 62 fl. oz./can

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** sucrose, corn syrup solids, modified cornstarch **PRO:** L-amino acids **FAT:** soy oil.

### **Hominex-1 (Abbott) State Approval**

Medical food for infants and toddlers with vitamin B6 nonresponsive homocystinuria or hypermethioninemia. Not for Parenteral Use. **Methionine Free.**  
**480 cal/100 g. powder**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Hominex-2 (Abbott) State Approval**

Medical food for children and adults with vitamin B6 nonresponsive homocystinuria or hypermethioninemia. Not for Parenteral Use. **Methionine Free.**  
**410 cal/100 g. powder**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **IMPACT (Nestlé) State Approval**

Medical food with nucleotides for patients prior to major surgery, GI cancer surgery or trauma including burns. **Gluten Free. Lactose Free. Low Residue.**  
**29.6 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, cellulose gel **PRO:** sodium and calcium caseinates (milk), L-arginine **FAT:** palm kernal, refined menhaden oil, high oleic sunflower oil, safflower oil, soy lecithin.

### **IMPACT Advance Recovery (Nestlé) State Approval**

Medical food with nucleotides for patients prior to major surgery, GI cancer surgery or trauma including burns. **Gluten Free. Lactose Free. Fiber: 3.3g/8 fl. oz,**  
**42.5 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. tetra brik boxes, 27 boxes/case (chocolate, vanilla)

Composition: **CHO:** sucrose, corn syrup solids, partially hydrolyzed guar gum, cellulose gum, carrageenan **PRO:** sodium and calcium caseinates (milk), L-arginine **FAT:** refined fish, MCT and corn oils, soy lecithin.

### **IMPACT 1.5 (Nestlé) State Approval**

Medical food with nucleotides for patients prior to major surgery, GI cancer surgery or trauma including burns. **Gluten Free. Lactose Free. Low Residue.**

**44.4 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, corn syrup solids, cellulose gum **PRO:** sodium and calcium caseinates (milk), L-arginine **FAT:** MCT, palm kernal, high oleic sunflower, safflower oil, refined menhaden fish oils, soy lecithin.

### **IMPACT with Fiber (Nestlé) State Approval**

Medical food with nucleotides and Benefiber® for patients prior to major surgery or trauma including burns. **Gluten Free. Lactose Free. Low Residue.**

**Fiber: 2.5 g./8.45 fl. oz., 29.6 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, soy fiber, partially hydrolyzed guar gum **PRO:** sodium and calcium caseinates, L-arginine **FAT:** palm kernal, refined menhaden fish, safflower oil, soy lecithin.

### **IsoSource 1.5 Cal (Nestlé) State Approval**

Tube Feeding Medical Food. Complete nutrition product with Benefiber® for fluid restriction, elevated protein or calorie requirements. **Kosher. Gluten Free.**

**Lactose Free. Low Residue. Fiber: 2 g./8.45 fl. oz., 44.4 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, soy fiber, partially hydrolyzed guar gum **PRO:** sodium and calcium caseinates (milk) **FAT:** MCT oil, canola oil, soybean oil, soy lecithin.

### **IsoSource HN (Nestlé) State Approval**

Tube Feeding Medical Food. Complete nutrition product for elevated protein requirements or for malnutrition. **Kosher. Gluten Free. Lactose Free. Low Residue. 35.5 cal./fl. oz.**

**Note:** *Not For Parenteral Use or with Galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case

Composition: **CHO:** corn syrup, maltodextrin, carragennan **PRO:** soy protein isolate **FAT:** canola oil, MCT.

### **I-Valex-1 (Abbott) State Approval**

An incomplete medical food for infants and toddlers with a disorder of leucine metabolism. Preparation will vary as prescribed by the physician depending upon the specific needs of the patient. **Leucine Free. 480 cal/100 g. powder**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case.

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **I-Valex-2 (Abbott) State Approval**

An incomplete medical food for children and adults with a disorders of leucine catabolism. Preparation will vary as prescribed by the physician depending upon the specific needs of the patient. **Leucine Free. 410 cal/100 g. powder**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower oil, coconut oil.

### **Jevity 1 CAL (Abbott) State Approval**

Complete tube feeding or oral medical food with fiber. Isotonic and high in nitrogen for patients to maintain normal bowel function. **Kosher. Gluten Free. Lactose Free. Fiber: 3.4 g./8 fl. oz., 31.25 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, corn syrup solids, soy fiber, carrageenan **PRO:** sodium and calcium caseinates, soy protein isolate **FAT:** canola, corn and MCT oils, soy lecithin.

### **Jevity 1.2 CAL (Abbott) State Approval**

Complete tube feeding or oral medical food with fiber and prebiotic NutraFlora®scFOS®. **Kosher. Gluten Free. Lactose Free. Fiber: 4.3 g./8 fl. oz., 35.6 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, corn syrup solids, fructo-oligosaccharides, oat fiber, soy fiber, gum arabic, carboxymethylcellulose **PRO:** sodium and calcium caseinates, soy protein isolate **FAT:** canola, corn, and MCT oils, soy lecithin.

### **Jevity 1.5 CAL (Abbott) State Approval**

Complete tube feeding or oral medical food with fiber and prebiotic NutraFlora®scFOS®. **Kosher. Gluten Free. Lactose Free. Fiber: 5.3 g./8 fl. oz., 44.4 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, corn syrup solids, fructo-oligosaccharides, oat fiber, soy fiber, gum arabic, carboxymethylcellulose **PRO:** sodium and calcium caseinates, soy protein isolate **FAT:** canola, corn and MCT oils, soy lecithin.

### **KetoCal 4:1(Nutricia) State Approval**

A nutritionally complete, ketogenic medical food for children over the age of 1 with intractable epilepsy. **43 cal./fl. oz.**

Packaging: Powder: 11 oz. cans (300 g.), 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** dry whole milk **FAT:** hydrogenated soybean, refined soybean oils, soy lecithin.

### **KetoCal 3:1 (Nutricia) State Approval**

A complete ketogenic medical food for children 1-8 years old with intractable epilepsy. **30 cal./fl. oz.**

Packaging: Powder: 11 oz. cans (300 g.), 6 cans/case

Composition: **CHO:** lactose **PRO:** milk protein **FAT:** refined vegetable oil (palm, soy).

### **Ketonex-1 (Abbott) State Approval**

An incomplete medical food for infants and toddlers with proven MSUD. **Isoleucine, Leucine & Valine Free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Ketonex-2 (Abbott) State Approval**

An incomplete medical food for children and adults with proven MSUD. **Isoleucine, Leucine & Valine Free. 30 cal./fl. oz.**

Packaging: Powder: 14.1 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Lipistart (Vitaflo) State Approval**

A medical food for age 1 year and older with fat malabsorption, disorders of long chain fatty acid oxidation, Type 1 hyperlipidemia and chylothorax. Not intended as a sole source of nutrition. **30 cal./fl. oz. or as prescribed**

Packaging: Powder: 400 g. cans

Composition: **CHO:** dried glucose syrup, **PRO:** whey protein isolate (from milk); sodium caseinate (from milk), **FAT:** fractionated coconut, soy oil, DHA rich oil derived from Algal Sources, AA rich oil derived from fungal sources, soy lecithin.

### **LMD (Mead Johnson) State Approval**

An incomplete medical food for leucine metabolism disorders for infants, children and adults. **Gluten Free. Lactose Free. Galactose Free. Leucine Free.**

**500 cal./100 g. powder; 20 cal./fl. oz. yields 113.5 fl. oz. per can; 30 cal./fl. oz. yields 75.6 fl. oz. per can.**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, modified cornstarch, sucrose, maltodextrin **PRO:** L-amino acids **FAT:** palm olein, soy, coconut and high oleic sunflower oils.

### **MMA/PA Express (Vitaflo) State Approval**

An incomplete medical food used in the treatment of methylmalonic acidemia and propionic acidemia in patients 8 years old or older. Not for sole source nutrition.

**Methionine, Threonine & Valine Free. Low Isoleucine. 76 cal/packet**

Packaging: Powder: 25 g. (0.9 oz.) packets; 30 packets/case

Composition: **CHO:** spray dried glucose syrup, modified starch **PRO:** L-amino acids **FAT:** none (soy lecithin as an emulsifier).

### **MMA/PA Gel (Vitaflo) State Approval**

An incomplete medical food for children age 1-10 used in the treatment of methylmalonic acidemia and propionic acidemia. Not intended as a sole source of nutrition. **Methionine, Threonine & Valine Free. Low Isoleucine.**

**68 cal/packet**

Packaging: Powder: 20 g. (0.9 oz.) packets; 30 packets/case

Composition: **CHO:** sucrose, starch, modified starch, dried glucose syrup **PRO:** L-amino acids **FAT:** none.

### **Milupa HOM 2 (Nutricia) State Approval**

Nutritionally incomplete medical food for vitamin B6 non-responsive Homocystinuria for adults and children 1 and older. Not for sole source nutrition. **Methionine Free. 290 cal/100 g. powder**

Packaging: Powder: 17.5 oz. (500 g.) can, 2 cans/package

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Milupa MSUD 2 (Nutricia) State Approval**

Nutritionally incomplete medical food for children and adults (including pregnant women) with disorders of branched chain amino acid metabolism such as Maple Syrup Urine Disease (MSUD), hypervalinemia, aAlpha-methylacetoacetic aciduria, leucine induced hypoglycemia (ketotic hypoglycemia) or hyperleucine-isoleucinemia. Not for sole source nutrition. **Isoleucine, Leucine & Valine Free. 300 cal/ 100 g powder**

Packaging: Powder: 17.5 oz. (500 g.) cans, 2 cans/case

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Milupa OS 2 (Nutricia) State Approval**

Nutritionally incomplete medical food for children and adults with propionic acidemia or methylmalonic acidemia (vitamin B12-independent form). Not for sole source nutrition. **Methionine, Threonine & Valine Free. Isoleucine Free. 300 cal/ 100 g. powder**

Packaging: Powder: 17.5 oz. (500 g.) can, 2 cans/packaging

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Milupa PKU 2 (Nutricia) State Approval**

A phenylalanine free, amino-acid based medical food for the dietary management of phenylketonuria (PKU) in children. **Phenylalanine Free. 293 cal/100 g. powder**

Packaging: Powder: 500 g. can, 2 cans/case

Composition: **CHO:** sucrose **PRO:** L- amino acids **FAT:** none.

### **Milupa PKU 2 Tomato (Nutricia) State Approval**

An amino-acid based medical food for the dietary management of phenylketonuria (PKU) in children over 5 years of age and adults, including pregnant women. Not for sole source nutrition. **Low Phenylalanine. 185 cal/ 45 g. packet**

Packaging: Powder: 45 g. packet size, 30 packets/case (Tomato Flavor)

Composition: **CHO:** maltodextrin, sucrose, starch (potato) **PRO:** L- amino acids **FAT:** Vegetable oils.

### **Milupa PKU 3 (Nutricia) State Approval**

Nutritionally incomplete medical food for older children and women (including pregnant women) with PKU. Not for sole source nutrition. **Phenylalanine Free. 279 cal/ 100 g. powder**

Packaging: Powder: 17.5 oz. (500 g.) can, 2 cans/case

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Milupa TYR 2 (Nutricia) State Approval**

Nutritionally incomplete medical food for children and adults (including pregnant women) with Tyrosinemia Type I (inherited) and Tyrosinemia Type II (Richner-Hanhart Syndrome). Not for sole source nutrition. **Tyrosine & Phenylalanine Free. 295 cal/ 100 g. powder**

Packaging: Powder: 17.5 oz. (500 g.) can, 2 cans/case

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Milupa UCD 2 (Nutricia) State Approval**

Nutritionally incomplete medical food for children with urea cycle disorders such as Carbamyl phosphate synthetase deficiency (CPS), ornithine transcarbamylase deficiency (OTC), citrullinemia or argininosuccinic acid synthetase deficiency (AS), argininosuccinic acid lyase deficiency (AL) or arginase deficiency.

**290 cal/100 g. powder**

Packaging: Powder: 17.5 oz. (500 g.) can, 2 cans/case

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** none.

### **Monogen (Nutricia North) State Approval**

A medical food designed for the dietary management of gastrointestinal and lymphatic disorders (chylothorax, intestinal lymphangiectasia, intractable malabsorption) and metabolic diseases (e.g. hyperlipoproteinemia type 1 and long chain fatty acids oxidation disorders) in individuals over one year of age, including adults.

Oral or Tube feeding. **30 cal./fl. oz. or 22 cal./fl. oz.**

Packaging: Powder: 400 g. cans, 6 cans/case

Composition: **CHO:** Corn Syrup **PRO:** Whey protein concentrate (milk, soy, lecithin)

**FAT:** fractionated coconut oil, walnut oil.

### **MSUD Analog (Nutricia) State Approval**

Supplemental infant formula for infants with proven Maple Syrup Urine Disease (MSUD). Not for sole source nutrition. **Isoleucine, Leucine & Valine Free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) cans, 4 cans/case

Composition: **CHO:** corn syrup solids, galactose **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oils.

### **MSUD Cooler (VitaFlo) State Approval**

An incomplete medical food for age 3 years and older for dietary management of maple syrup urine disease (MSUD). Not intended as a sole source of nutrition.

**Isoleucine, Leucine & Valine Free. 21.4 cal./fl. oz. (92 cal./pouch)**

Packaging: Ready-To-Feed: 4.3 oz. (130 ml.) pouch; 30 pouches/case (orange)

Composition: **CHO:** sucrose, modified starch, maltodextrin, dried glucose syrup, dextrose monohydrate **PRO:** L-amino acids, sodium caseinate (from milk) **FAT:** refined tuna oil, soy lecithin.

### **MSUD Express (Vitaflo) State Approval**

An incomplete medical food used in the treatment of maple syrup urine disease patients 8 years and older. Not intended as a sole source of nutrition. **Isoleucine, Leucine & Valine Free. 75 cal./packet**

Packaging: Powder: 25 g. (0.9 oz.) packets; 30 packets/case

Composition: **CHO:** dried glucose syrup, modified starch **PRO:** L-amino acids **FAT:** soy lecithin as an emulsifier.

### **MSUD Gel (Vitaflo) State Approval**

An incomplete medical food used for children age 1-10 years in the treatment of maple syrup urine disease. Not intended as a sole source of nutrition. **Isoleucine, Leucine & Valine Free. 68 cal./packet**

Packaging: Powder: 20 g. (0.7 oz.) packets; 30 packets/case

Composition: **CHO:** sucrose, starch, modified starch, dried glucose syrup **PRO:** L-amino acids **FAT:** none.

### **MSUD Maxamaid (Nutricia) State Approval**

supplemental medical food for children 1-8 years of age with proven Maple Syrup Urine Disease (MSUD). Not intended as a sole source of nutrition. **Isoleucine, Leucine & Valine Free. 324 cal./100 g. powder**

Packaging: Powder: 16 oz., 6 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** none.

### **MSUD Maxamum (Nutricia) State Approval**

Isoleucine, leucine and valine free supplemental medical food for children over 8 years of age and women in childbearing years with Maple Syrup Urine Disease (MSUD). **Isoleucine, Leucine & Valine Free. 305 cal./100 g. powder.**

Packaging: Powder: 16 oz .can, 6 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** none.

### **Neocate Infant (Nutricia) \*Local Approval (To be Discontinued Fall 2011-see below for Neocate Infant with DHA and ARA)**

Nutritionally complete, hypoallergenic amino acid based formula for infants with severe cow's milk allergy, multiple food protein allergy, short bowel syndrome, eosinophilic esophagitis, GER, milk protein induced colitis. **Lactose Free. Galactose Free. Sucrose Free. 20 cal./fl. oz.**

Packaging: Powder: 14 oz. can, 4 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oils.

### **Neocate Infant with DHA and ARA (Nutricia) \*Local Approval**

Nutritionally complete hypoallergenic amino acid based formula with DHA/ARA for Infants with severe cow's milk allergy, multiple food protein allergy, short bowel syndrome, eosinophilic esophagitis, GER, milk protein induced colitis. **Lactose Free. Galactose Free. Sucrose Free. 20 cal./fl. oz..**

Packaging: Powder: 14 oz. can, 4 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** MCT (Palm Kernel and/or coconut oil), soy oil, M. Alpina oil and C. Cohnii oil.

### **Neocate Junior (Nutricia) \*Local Approval**

An amino acid based medical food for children age 1-10 years with severe impairment of the gastrointestinal tract due to milk protein sensitivity or malabsorption, multiple food protein intolerance, cow's milk protein intolerance and other medical conditions affecting the gastrointestinal tract. **Lactose Free. Galactose Free. 30 cal./fl. oz.**

Packaging: Powder: 14 oz can (400 g.), 4 cans/case (chocolate, tropical fruit, unflavored)

Composition: **CHO:** corn syrup solids (chocolate also contains sucrose) **PRO:** L-amino acids **FAT:** fractionated coconut, canola, and high oleic safflower oils.

### **Neocate Junior with Prebiotics(Nutricia) \*Local Approval**

An amino acid based medical food with prebiotic fiber for children age 1-10 years with cow and soy milk allergy, multiple food protein intolerance, food allergy associated with short bowel syndrome, eosinophilic esophagitis, malabsorption, gastroesophageal reflux disease and other GI disorders. **Lactose Free. Galactose Free. 30 cal./fl. oz.**

Packaging: Powder: 14 oz can (400 g.), 4 cans/case (unflavored)

Composition: **CHO:** corn syrup solids, Fructooligosaccharide, Inulin **PRO:** L-amino acids **FAT:** fractionated coconut, canola, and high oleic safflower oils.

### **Nepro with Carb Steady (Abbott) State Approval**

Complete medical food with NutraFlora®scFOS® which contains moderate protein, low electrolyte, low fluid and increased calories, for patients with chronic or acute renal failure requiring dialysis. Oral or tube feeding. **Kosher. Gluten Free. Lactose Free. Fiber: 3.7 g./8 fl. oz., 53.1 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans/bottle, 24 cans/case (butter pecan, homemade vanilla, mixed berry)

Composition: **CHO:** corn syrup solids, sucrose, maltitol syrup, fructo-oligosaccharides, corn maltodextrins, cellulose gel **PRO:** calcium, magnesium and sodium caseinates; milk protein isolate **FAT:** high oleic safflower and canola oils, soy lecithin.

### **Nutramigen (Mead Johnson) Local Approval**

Nutritionally complete hypoallergenic infant formula with DHA/ARA. For infants and children with sensitivity to intact proteins of milk and other foods, galactosemia, or severe or multiple food allergies. **Gluten Free. Lactose Free.**

**Galactose Free. Sucrose Free. 20 cal./fl. oz.**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case

Ready-To-Feed: 32 fl. oz cans (1 qt.), 6 cans/case; 6 fl. oz. bottles,  
24 bottles/case, 2 fl. oz. bottles, 48 bottles/case

Powder: *see Nutramigen Enflora LGG*

Composition: **CHO:** corn syrup solids, modified corn starch, carrageenan **PRO:** casein hydrolysate. **FAT:** palm olein, soy, coconut and high oleic sunflower oils, M. Alpina oil and C. Cohnii oil.

### **Nutramigen Enflora LGG (Mead Johnson) \*Local Approval**

Nutritionally complete hypoallergenic infant formula with probiotic *Lactobacillus rhamnosus GG* and DHA/ARA. For infants and children with sensitivity to intact proteins of milk and other foods, galactosemia, or severe or multiple food allergies. **Gluten Free. Lactose Free. Galactose Free. Sucrose Free.**

**20 cal./fl. oz.**

Packaging: Powder: 12.6 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, modified corn starch **PRO:** casein hydrolysate (from milk) **FAT:** palm olein, soy, coconut and high oleic sunflower oils, M. Alpina oil and C. Cohnii oil.

### **Nutramigen AA (Mead Johnson) \*Local Approval**

An amino acid based formula with DHA/ARA for severe cow's milk protein and multiple food allergies for infants demonstrating cow's milk allergy, diarrhea, colic, vomiting, inflammation and intestinal hyper-permeability and multiple food allergies. Not recommended for very low birth weight infants. **Gluten Free.**

**Lactose Free. Galactose Free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. cans, 4 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** palm olein, soy, coconut and high oleic sunflower oils, M. Alpina oil and C. Cohnii oil.

### **Nutren 1.0 (Nestlé) State Approval**

Complete medical food for short or long term tube feeding. **Kosher. Gluten Free.**

**Lactose Free. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans; 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, carrageenan **PRO:** calcium-potassium caseinate (cow's milk) **FAT:** canola, MCT (coconut & palm kernel), corn oil, soy lecithin.

### **Nutren 1.0 Fiber (Nestlé) State Approval**

Complete medical food with fiber (PREBIO<sup>1</sup>™) for short or long term tube feeding to help manage diarrhea or constipation. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 3.5 g./8.45 fl. oz.,  
29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans; 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, corn syrup solids, oligofructose, inulin, sucrose, pea fiber **PRO:** calcium-potassium caseinate (from cow's milk) **FAT:** canola, MCT (coconut & palm kernel), corn oil, soy lecithin.

### **Nutren 1.5 (Nestlé) State Approval**

Complete medical food for short or long term tube feeding. **Kosher. Gluten Free. Lactose Free. Low Residue. 45 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans; 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, carrageenan **PRO:** calcium-potassium caseinate (cow's milk) **FAT:** canola, MCT (coconut & palm kernel), corn oil, soy lecithin.

### **Nutren 2.0 (Nestlé) State Approval**

Complete medical food for short or long term tube feeding for patients with severe fluid restriction or extremely high caloric needs as in unintentional weight loss.

**Kosher. Gluten Free. Lactose Free. Low Residue. 59.17 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, carrageenan **PRO:** Calcium-potassium caseinate (from cow's milk) **FAT:** MCT(coconut & palm kernel), canola, corn oil, soy lecithin.

### **Nutren Glytrol (Nestlé) State Approval**

Complete medical food with fiber (PREBIO<sup>1</sup>™) to support glycemic control for short or long term tube feeding. **Kosher. Gluten Free. Lactose Free. Sucrose Free.**

**Fiber: 3.8 g./8.45 fl. oz, 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, modified corn starch, pea fiber, gum arabic, oligofructose, inulin **PRO:** calcium-potassium caseinate (from cow's milk) **FAT:** canola oil, high oleic safflower oil, MCT (coconut and palm kernel), soy lecithin.

### **Nutren Junior (Nestlé) \*Local Approval**

Complete oral or tube feeding medical food for children age 1-10 for FTT, malnutrition or chronic illness. **Kosher. Gluten Free. Lactose Free. Low Residue. 29.6 cal./ fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz., 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose **PRO:** milk protein concentrate, whey protein **FAT:** soybean, MCT (coconut and palm kernel), canola, soy lecithin.

### **Nutren Junior with Fiber (Nestlé) \*Local Approval**

Complete oral or tube feeding medical food for children age 1-10 with fiber(PREBIO<sup>1</sup>™) for bowel management, FTT, malnutrition or chronic illness. **Kosher. Gluten Free. Lactose Free. Fiber: 1.5 g./8.45 fl. oz., 29.6 cal./ fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz., 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, pea fiber, oligofructose, inulin **PRO:** milk protein concentrate, whey protein concentrate **FAT:** soybean, MCT (coconut and palm kernel), canola, soy lecithin.

### **Nutren Pulmonary (Nestlé) State Approval**

Complete tube feeding or oral medical food which is low in carbohydrate and high in fat for patients with pulmonary disease. **Kosher. Gluten Free. Lactose Free. Low Residue. 44 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, carrageenan **PRO:** calcium-potassium caseinate (from cow's milk) **FAT:** MCT (coconut and palm kernel), canola and corn oils; soy lecithin.

### **Nutren Replete (Nestlé) State Approval**

Complete medical food which is high in protein to support healing. **Kosher. Gluten Free. Lactose Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, carrageenan **PRO:** calcium-potassium caseinate (from cow's milk) **FAT:** canola and MCT (coconut and palm kernel), soy lecithin.

### **Nutren Replete with Fiber (Nestlé) State Approval**

Complete medical food with fiber and high in protein for patients with increased protein and nitrogen requirements (e.g. surgery, burns and pressure ulcers) and management of diarrhea and constipation. NOT FOR PARENTERAL USE.

**Kosher. Gluten Free. Lactose Free. Fiber: 3.5 g./8.45 fl. oz., 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, corn syrup solids, soy polysaccharide, carrageenan **PRO:** calcium-potassium caseinate (from cow's milk) **FAT:** canola and MCT oils (coconut and palm kernel), soy lecithin.

### **NutriHep (Nestlé) State Approval**

Complete oral or tube feeding medical food for patients with hepatic disease. **Kosher. Gluten Free. Lactose Free. Low Residue. 44.4 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, modified cornstarch **PRO:** L-amino acids, whey protein concentrate (from cow's milk) **FAT:** MCT (coconut and palm kernel), canola, corn oil, soy lecithin.

### **OA 1 (Mead Johnson) State Approval**

An incomplete amino acid based medical food for infants and toddlers with propionic acidemia or methylmalonic acidemia. **Gluten Free. Lactose Free. Galactose Free. Methionine, Threonine, Valine & Isoleucine Free. 500 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch, maltodextrin

**PRO:** L-amino acids **FAT:** palm olein, soy, coconut and high oleic sunflower oils.

### **OA 2 (Mead Johnson) State Approval**

An incomplete amino acid based medical food for children and adults with propionic acidemia or methylmalonic acidemia. **Gluten Free. Lactose Free. Galactose Free. Methionine, Threonine, Valine & Isoleucine Free. 410 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch, maltodextrin

**PRO:** L-amino acids **FAT:** soy oil.

### **Optimental (Abbott) State Approval**

Complete oral or tube feeding semi-elemental medical food with Macro3™ (a specialized protein system, structured lipids and carbohydrate blend), prebiotic NutraFlora®/scFOS® and elevated levels of antioxidants designed for malabsorptive conditions such as Crohn's disease, metabolic stress and acute trauma. **Fiber: 1.2 g/ 8 fl. oz. can, 29.6 cal./ fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn maltodextrin, sucrose, sc-fructo-oligosaccharides, cellulose gel **PRO:** whey protein hydrolysate, partially hydrolyzed sodium caseinate **FAT:** structured lipids {interesterified marine oil (contains one or more of the following: anchovy, menhaden, salmon, sardine, tuna)}, MCT, canola, soybean oil.

### **Osmolite 1 CAL (Abbott) \*Local Approval**

Complete tube feeding or oral isotonic medical food for patients requiring 2000 or less calories per day. **Lactose Free. Low Residue. 31.25 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, corn syrup solids, carrageenan **PRO:** sodium and calcium caseinates, protein isolate **FAT:** canola, corn, MCT, soy lecithin.

### **Osmolite 1.2 CAL (Abbott) State Approval**

Complete tube feeding or oral isotonic medical food for patients increased protein and calories. **Lactose Free. Low Residue. 35.6 cal./ fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, corn syrup solids **PRO:** sodium and calcium caseinates **FAT:** high oleic safflower oil, canola, MCT, soy lecithin.

### **Osmolite 1.5 CAL (Abbott) State Approval**

Complete tube feeding medical food for patients increased protein and calories. **Gluten Free. Lactose Free. Low Residue. 44.4 cal./ fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** corn maltodextrin, carrageenan **PRO:** sodium and calcium caseinates, soy protein isolate **FAT:** high oleic safflower oil, canola, and MCT, soy lecithin.

### **Oxepa (Abbott) State Approval**

Complete tube feeding medical food that is nutrient dense, fortified with antioxidants, and low in carbohydrate for Acute Respiratory Distress Syndrome (ARDS), critically ill, ventilated or trauma patients. **44.4 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** sucrose, corn maltodextrin, **PRO:** sodium and calcium caseinates **FAT:** canola, MCT, marine oil (may contain one or more of the following: anchovy, menhaden, salmon, sardine, tuna), borage oil, soy lecithin.

### **PediaSure (Abbott) \*Local Approval**

Medical food with prebiotic Nutraflora® scFOS® and DHA for children 1-13 years of age. May be used as sole source. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 1.7 g/ 8 fl. oz,**

**29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz cans or bottles, 24 cans or bottles/case (banana cream, chocolate, berry cream, strawberry, vanilla)

Composition: **CHO:** sucrose, maltodextrin, carrageenan, cellulose gel, cellulose gum, short-chain FOS **PRO:** milk protein concentrate, soy protein isolate, whey protein concentrate **FAT:** high-oleic safflower, soy, MCT, soy lecithin, monoglycerides, C. Cohnii oil.

### **PediaSure with Fiber (Abbott) \*Local Approval**

Medical food with prebiotic Nutraflora® scFOS® and DHA for children 1-13 years of age. May be used as sole source. **Kosher. Gluten Free. Lactose Free.**

**Fiber: 3.2 g/ 8 fl. oz,**

**29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz bottle/cans, 24 cans/case (vanilla)

Composition: **CHO:** sucrose, corn maltodextrin, soy fiber, short-chain FOS, carrageenan **PRO:** whey protein concentrate, soy protein isolate, milk protein concentrate **FAT:** high-oleic safflower, soy, MCT, soy lecithin, monoglycerides, C. Cohnii oil.

### **PediaSure Enteral Formula (Abbott) State Approval**

Complete tube feeding medical food for children age 1-13 who may be undernourished due to illness or inability to eat. Can be used for oral or tube feeding. **Gluten Free. Lactose Free. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn maltodextrin, sucrose, cellulose gel, cellulose gum **PRO:** milk protein concentrate, **FAT:** high oleic safflower, soy and MCT, mono- & diglycerides, soy lecithin.

### **PediaSure Enteral Formula with Fiber and FOS (Abbott) State Approval**

Complete tube feeding medical food with prebiotic fiber for children age 1-13 who may be undernourished due to illness or inability to eat. Can be used for oral or tube feeding. **Gluten Free. Lactose Free. Fiber: 1.9 g./8 oz., 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn maltodextrin, sucrose, fructo-oligosaccharides, oat fiber, dextrose, soy fiber, gum Arabic, cellulose gum, carrageenan **PRO:** milk protein concentrate **FAT:** high oleic safflower, soy and MCT, mono- & diglycerides, soy lecithin.

### **PediaSure 1.5 Cal(Abbott) \*Local Approval**

Medical food with DHA for children 1-13 years of age who need more calories in less volume. May be used as sole source. **Kosher. Gluten Free. Lactose Free. 44 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz cans or bottles, 24 cans /case (Vanilla)

Composition: **CHO:** corn maltodextrin, carrageenan, cellulose gel, cellulose gum **PRO:** milk protein concentrate **FAT:** high-oleic safflower, soy, MCT, soy lecithin, monoglycerides, C. Cohnii oil.

### **PediaSure 1.5 Cal with Fiber (Abbott) \*Local Approval**

Medical food with prebiotic Nutraflora® scFOS® and DHA for children 1-13 years of age who need more calories in less volume. May be used as sole source. **Kosher. Gluten Free. Lactose Free. 44 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz cans or bottles, 24 cans /case (Vanilla)

Composition: **CHO:** corn maltodextrin, short-chain FOS, oat fiber, soy fiber, carrageenan, cellulose gel, cellulose gum **PRO:** milk protein concentrate **FAT:** high-oleic safflower, soy, MCT, soy lecithin, monoglycerides, C. Cohnii oil.

**Pepdite Junior** (formerly Pepdite One+) (Nutricia) **State Approval**

Semi-elemental oral or tube feeding medical food containing peptides and free amino acids designed for children age 1-10 with severe impairment of the gastrointestinal tract, malabsorption and whole protein intolerance. **Lactose Free. Galactose Free. Cow Milk Protein Free. 30 cal./fl. oz.**

Packaging: Powder: 1.8 oz (51 g.) packet, 15 packets/case (unflavored, banana)

Composition: **CHO:** corn syrup solids, aspartame (banana flavor), sucrose (banana flavor), **PRO:** hydrolyzed protein (pork, soy), free amino acids **FAT:** fractionated coconut, canola, high oleic safflower.

**Peptamen** (Nestlé) \***Local Approval**

Complete isotonic, peptide-based medical food for patients with impaired GI function, such as, Crohn's disease, pancreatitis, delayed gastric emptying, short bowel syndrome, inflammatory bowel disease, malabsorption syndromes, chronic diarrhea and radiation enteritis. **Gluten Free. Lactose Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored, vanilla)

Composition: **CHO:** maltodextrin, cornstarch, guar gum **PRO:** enzymatically hydrolyzed whey (from cow's milk protein) **FAT:** MCT(coconut and palm kernel), soybean oil, soy lecithin.

**Peptamen Junior** (Nestlé) \***Local Approval**

Complete oral or tube feeding peptide based medical food for children ages 1-10 with impaired gastrointestinal function. **Gluten Free. Lactose Free. Low Residue. 29.6 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (chocolate, strawberry, vanilla, unflavored)

Composition: **CHO:** maltodextrin, cornstarch **PRO:** enzymatically hydrolyzed whey (cow's milk) **FAT:** MCT(coconut and palm kernel), soybean, canola, soy lecithin.

**Peptamen Junior with Fiber** (Nestlé) \***Local Approval**

Complete oral or tube feeding peptide based medical food with fiber (PREBIO<sup>1</sup>™) for children ages 1-10 with impaired gastrointestinal function, includes fiber to help support bowel management. **Gluten Free. Lactose Free.**

**Fiber: 1.8 g/ 8.45 fl. oz, 29.6 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, cornstarch, pea fiber, oligofructose, inulin, guar gum **PRO:** enzymatically hydrolyzed whey (from cow's milk protein) **FAT:** MCT (fractionated coconut and palm kernel oils), soybean, canola, soy lecithin.

### **Peptamen Junior 1.5 (with Prebio) (Nestlé) \*Local Approval**

Complete oral or tube feeding peptide based medical food with prebiotic (PREBIO<sup>1</sup>™) for children ages 1-13 with impaired gastrointestinal function, prebiotic to support healthy gut micro-biota. **Gluten Free. Lactose Free. Fiber: 1.35g/ 8.45 fl. oz can, 44.4 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, cornstarch, oligofructose, inulin, guar gum

**PRO:** enzymatically hydrolyzed whey (from cow's milk protein) **FAT:** MCT (fractionated coconut and palm kernel oils), soybean, canola, tuna oil, soy lecithin.

### **Peptamen Junior with PREBIO<sup>1</sup>™ (Nestlé) \*Local Approval**

Complete oral or tube feeding peptide based medical food with prebiotic (PREBIO<sup>1</sup>™) for children ages 1-10 with impaired gastrointestinal function, prebiotic to support healthy gut micro-biota. **Gluten Free. Lactose Free. Low Residue.**

**Fiber: 0.9 g/ 8.45 fl. oz, 29.6 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, sucrose, cornstarch, pea fiber, oligofructose, inulin, guar gum **PRO:** enzymatically hydrolyzed whey (from cow's milk protein)

**FAT:** MCT (fractionated coconut and palm kernel oils), soybean, canola, soy lecithin.

### **Peptamen 1.5 (Nestlé) State Approval**

Complete peptide-based medical food with increased calories for patients with impaired GI function. **Gluten Free. Lactose Free. Low Residue. 44.4 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, cornstarch **PRO:** enzymatically hydrolyzed whey (from cow's milk) **FAT:** MCT (coconut & palm kernel) , soybean, soy lecithin.

### **Peptamen OS 1.5 (Nestlé) State Approval**

Complete peptide-based medical food with increased calories and improved taste for patients with impaired GI function. **Kosher. Gluten Free. Lactose Free. Low Residue. 44.4 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. bricks, 27 bricks/case (vanilla)

Composition: **CHO:** maltodextrin, cornstarch, carrageenan **PRO:** whey protein hydrolysate (milk) **FAT:** MCT, soybean oil, soy lecithin.

### **Peptamen with PREBIO<sup>1</sup>™ (Nestlé) State Approval**

Complete elemental medical food with the prebiotic PREBIO<sup>1</sup>™ for patients with impaired gastrointestinal function such as chronic diarrhea, Pancreatitis, delayed gastric emptying, HIV/AIDS, malabsorption, Cystic Fibrosis and short bowel syndrome. **Gluten Free. Lactose Free. Low Residue.**

**Fiber: 1 g/ 8.45 fl. oz, 29.6 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** maltodextrin, cornstarch, inulin, oligofructose **PRO:** enzymatically hydrolyzed whey (from cow's milk) **FAT:** MCT, soybean, soy lecithin.

### **Periflex Advance (Nutricia) State Approval**

Medical food for older children and adults (including pregnant women and women of child-bearing years) with proven phenylketonuria (PKU). Not sole source nutrition. **Phenylalanine-free. 385 cal./100 g. powder. (unflavored), 369 cal./100 g. powder (flavored)**

Packaging: Powder: 16 oz. can (454 g.), 6/case (chocolate, orange, unflavored)

Composition: **CHO:** corn syrup solids (flavored forms: guar gum, xanthan gum, sucralose) **PRO:** L-amino acids **FAT:** high oleic safflower, canola, fractionated coconut oil.

### **Periflex Infant (Nutricia) State Approval**

Exempt infant formula with DHA and ARA for the dietary management of phenylketonuria (PKU). Must be consumed in conjunction with another whole protein source as prescribed.(Not sole source). **Phenylalanine Free. 20 cal./fl. oz.**

Packaging: Powder: 14 oz. can, 6 cans/case (unflavored)

Composition: **CHO:** corn syrup solids, **PRO:** L-amino acids **FAT:** refined vegetable oil (soy, coconut), high oleic sunflower oil, M. Alpina oil, C. Cohnii oil.

### **Periflex Junior (Nutricia ) State Approval**

Medical food for toddlers and young children over the age of 1 with proven phenylketonuria (PKU). Not for sole source nutrition. **Phenylalanine-free. 394 cal./100 g. powder. (unflavored), 374 cal./100 g. powder (flavored)**

Packaging: Powder: 16 oz. can (454 g.), 4 cans/case (chocolate, orange, unflavored)

Composition: **CHO:** corn syrup solids, sucrose (flavored may have artificial sweeteners, guar gum, xanthan gum) **PRO:** L-amino acids **FAT:** canola and high oleic safflower oils, fractionated coconut oil.

### **PFD 1 (Mead Johnson) State Approval**

Incomplete medical food for infants and toddlers with inborn errors of metabolism. Product is amino acid and protein free. Must be used in conjunction with protein/amino acid source. Prepare as instructed by doctor. **Gluten Free. Lactose Free. Galactose Free.**

**530 cal./100 g. powder**

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, modified cornstarch, sucrose **PRO:** none **FAT:** palm olein, soy, coconut and high oleic sunflower oils.

### **PFD 2 (Mead Johnson) State Approval**

Incomplete medical food for children and adults with inborn errors of metabolism.

Product is amino acid and protein free. Must be used in conjunction with protein/amino acid source. Prepare as instructed by doctor. **Gluten Free.**

**Lactose Free. Galactose Free.**

**400 cal./100 g. powder**

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch **PRO:** none

**FAT:** soy oil.

### **Phenex™-1 (Abbott) State Approval**

Incomplete medical food for infants and toddlers with phenylketonuria (PKU) or hyperphenylalanemia. Diet must be supplemented with protein and fluid in prescribed amounts to completely meet phenylalanine and water requirements.

**Phenylalanine-free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans per case (vanilla)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Phenex™-2 (Abbott) State Approval**

Incomplete medical food for children and adults with phenylketonuria (PKU) or hyperphenylalanemia. Diet must be supplemented with protein and fluid in prescribed amounts to completely meet phenylalanine and water requirements.

**Phenylalanine-free. 30 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans (vanilla, unflavored) 6 cans per case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **PhenylAde Amino Acid Blend (Applied Nutrition Corp.) State Approval**

Amino Acid based modular medical food to be used orally, tube fed or as a fortifier to ready-to-eat foods and beverages for the dietary management of PKU in children and adults. **Phenylalanine-free. 40 cal/ 12.4 g scoop**

Packaging: Powder: 16 oz. (1 lb.) cans, 4 cans/case (unflavored);

Composition: **CHO:** none **PRO:** L-amino acids **FAT:** none.

### **PhenylAde Drink Mix (Applied Nutrition Corp.) State Approval**

Incomplete amino acid based medical food for the dietary management of PKU in children and adults. Oral or tube feeding. Not sole source nutrition.

Recommended using 1 scoop to 6-8 oz water or as instructed. **Phenylalanine-free. 160 cal/ 40 g. scoop.**

Packaging: Powder: 16 oz. (1 lb.) cans, 4 cans/case (chocolate, orange creme, strawberry, vanilla)

Composition: **CHO:** sucrose, corn syrup solids, modified food starch **PRO:** L-amino acids **FAT:** partially hydrogenated coconut oil.

**PhenylAde 60 (Applied Nutrition Corporation) State Approval**

Incomplete high protein, low calorie, low volume amino acid based medical food for the dietary management of PKU in children and adults. Oral or tube feeding. Not sole source nutrition. Recommended using 1 scoop to 3 oz water or as instructed. **Phenylalanine-free. 49 cal/ 16.7 g. scoop**

Packaging: Powder: 16 oz. cans; 4 cans/case (vanilla or unflavored)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

**Phenyl-Free 1 (Mead Johnson) State Approval**

Incomplete medical food for infants and toddlers with phenylketonuria (PKU) or hyperphenylalanemia. Diet must be supplemented with protein. Not a sole source of nutrition. **Phenylalanine-free. Gluten Free. Lactose Free.**

**Galactose Free. 500 cal/ 100 g powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, modified cornstarch, sucrose **PRO:** L-amino acids **FAT:** palm olein, soy, coconut and high oleic sunflower oils.

**Phenyl-Free 2 (Mead Johnson) State Approval**

Incomplete medical food for children and adults with phenylketonuria (PKU) or hyperphenylalanemia. Diet must be supplemented with protein. Not a sole source of nutrition. **Phenylalanine-free. Gluten Free. Lactose Free.**

**Galactose Free. 410 cal/ 100 g powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** sucrose, corn syrup solids, modified cornstarch **PRO:** L-amino acids **FAT:** soy oil.

**Phenyl-Free 2HP (Mead Johnson) State Approval**

Incomplete high calorie medical food for children and adults with phenylketonuria (PKU) or hyperphenylalanemia. Diet must be supplemented with protein. Not a sole source of nutrition. **Phenylalanine-free. Gluten Free. Lactose Free.**

**Galactose Free. 390 cal/ 100 g powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** sucrose, corn syrup solids, modified corn starch **PRO:** L-amino acids, **FAT:** soy oil.

**Phlexy-10 Drink Mix (Nutricia) State Approval**

Incomplete modular medical food for children and adults with phenylketonuria (PKU). Diet must be supplemented with protein, fat, water, vitamin and minerals. Not a sole source of nutrition. **Phenylalanine-free. 69 cal./packet**

Packaging: Powder: 0.7 oz (20 g.) packet; 30 packets/case (Black Currant/Apple and Tropical Surprise)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None (soy lecithin).

### **PKU Cooler 10 (Vitaflo) State Approval**

An incomplete medical food for dietary management of phenylketonuria (PKU) for use age 3 and older Not intended as a sole source of nutrition. **Phenylalanine-free.** 21 cal./fl. oz

Packaging: Ready-To-Feed: 2.9 oz. (87 ml.) pouch, 30 pouches/case (orange, purple, white)

Composition: **CHO:** sucrose, modified starch, dextrose monohydrate **PRO:** L-amino acids, sodium caseinate (from milk) **FAT:** refined tuna oil, soy lecithin.

### **PKU Cooler 15 (Vitaflo) State Approval**

An incomplete medical food for dietary management of phenylketonuria (PKU) for use age 3 and older Not intended as a sole source of nutrition. **Phenylalanine-free.** 21 cal./fl. oz

Packaging: Ready-To-Feed: 4.3 oz. (130 ml.) pouch, 30 pouches/case (orange, purple, white)

Composition: **CHO:** sucrose, modified starch, dextrose monohydrate **PRO:** L-amino acids, sodium caseinate (from milk) **FAT:** refined tuna oil, soy lecithin.

### **PKU Cooler 20 (Vitaflo) State Approval**

An incomplete medical food for dietary management of phenylketonuria (PKU) for use age 3 and older Not intended as a sole source of nutrition. **Phenylalanine-free.** 21 cal./fl. oz

Packaging: Ready-To-Feed: 5.8 oz. (174 ml.) pouch, 30 pouches/case

Composition: **CHO:** sucrose, modified starch, dextrose monohydrate, dried glucose syrup **PRO:** L-amino acids, sodium caseinate (from milk) **FAT:** refined tuna oil, soy lecithin.

### **Portagen (Mead Johnson) \*Local Approval**

Milk Protein based powder with Medium Chain Triglycerides for children and adults with fat malabsorption. Product is not nutritionally complete. For chronic (long-term) use, supplementation of essential fatty acids and ultra-trace minerals should be considered.

**Kosher, Lactose Free, Gluten Free, Low Residue. 30 cal./fl. oz.**

Packaging: Powder: 16 oz. (1 lb.) can, 6 cans/case

Composition: **CHO:** corn syrup solids, sucrose **PRO:** sodium caseinate **FAT:** MCT and corn oils, soy lecithin.

### **Pregestimil (Mead Johnson) \*Local Approval**

Protein hydrolysate formula with DHA/ARA and medium chain triglycerides. For patients with fat malabsorption or protein sensitivity. For patients with severe malabsorption disorders including intractable diarrhea, short gut syndrome, steatorrhea, cystic fibrosis and severe protein-calorie malnutrition. **Lactose Free, Galactose Free, & Sucrose Free. 20 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl.oz. nursette bottles, 48 bottles/case

Powder: 16 oz. can (454g), 6 cans/case

Composition: **CHO:** corn syrup solids, modified cornstarch, dextrin (powder) **PRO:** casein hydrolysate **FAT:** MCT, soy, corn and high oleic safflower or sunflower oils, M. Alpina oil and C. Cohnii oil.

### **Promote (Abbott) State Approval**

A high-protein, nutritionally complete oral or tube feeding medical food for patients needing an increased protein intake, with low calorie requirements such as those with pressure ulcers and at risk for protein energy malnutrition. **Gluten Free.**

**Lactose Free. 29.6 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn, maltodextrin, sucrose **PRO:** sodium caseinate, soy protein isolate **FAT:** soy oil, MCT, safflower, soy lecithin.

### **Promote with Fiber (Abbott) State Approval**

A high-protein, nutritionally complete oral or tube feeding medical food with fiber for patients needing an increased protein intake, with low calorie requirements such as those with pressure ulcers and at risk for protein energy malnutrition.

**Lactose Free. Fiber: 3.4 g./8 fl. oz., 29.6 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla)

Composition: **CHO:** corn, maltodextrin, sucrose, oat fiber, soy fiber **PRO:** sodium and calcium caseinates, soy protein isolate **FAT:** soy, MCT and safflower oils, soy lecithin.

### **Pro-Phree (Abbott) State Approval**

Protein free modular medical food with and a limited mixture of L-amino acids for an infant or toddler requiring reduced protein intake or increased energy, minerals and vitamins. Must be used with a source of protein/amino acids as prescribed by the physician. **Protein Free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** None (L-amino acids) **FAT:** High oleic safflower, coconut and soy oils.

### **Propimex-1 (Abbott) State Approval**

Incomplete medical food for infants and toddlers with propionic or methylmalonic acidemia. **Methionine and Valine Free. Low Isoleucine and Threonine.**

**Gluten Free. Lactose Free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **Propimex-2 (Abbott) State Approval**

Incomplete medical food for children and adults with propionic or methylmalonic acidemia. **Methionine and Valine Free. Low Isoleucine and Threonine.**

**Gluten Free. Lactose Free.**

**400 cal./100 g. powder**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, coconut and soy oils.

### **ProViMin (Abbott) State Approval**

Incomplete modular medical food with protein, vitamins & minerals for children and infants with chronic diarrhea or other malabsorptive disorders that require restriction of fat and carbohydrate intake. Not sole source nutrition. Must supplement with Carbohydrate and fat. **313 cal./100 g. powder**

Packaging: Powder: 5.3 oz cans, 6 cans/case

Composition: **CHO:** None **PRO:** sodium caseinate, L-amino acids **FAT:** coconut oil.

### **Pulmocare (Abbott) State Approval**

Oral or tube feeding medical food which is high-fat and low carbohydrate for patients with chronic obstructive pulmonary disease, cystic fibrosis or respiratory failure.

**Kosher. Gluten Free. Lactose Free. Low Residue. 44.4 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (vanilla, strawberry)

Composition: **CHO:** sucrose, corn maltodextrin, gellan gum **PRO:** sodium and calcium caseinates **FAT:** canola, MCT, corn and high oleic safflower oils, soy lecithin.

### **RCF (Abbott) State Approval**

For use in the dietary management of infants unable to tolerate the type or amount of carbohydrate in milk or conventional infant formulas or seizure disorders requiring a ketogenic diet. This product contains no carbohydrate. **20 cal./fl. oz. with carbohydrate source added**

Packaging: Concentrate: 13 fl. oz. cans, 12 cans/case

Composition: **CHO:** must add as prescribed **PRO:** soy protein isolate, L-methionine **FAT:** high oleic safflower oil, soy and coconut oils, monoglycerides, soy lecithin.

### **Renalcal (Nestlé) State Approval**

Medical food (tube feeding or oral) that is calorie dense for patients with renal failure.

**Kosher. Gluten Free. Lactose Free. Low Residue. 59.17 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, cornstarch **PRO:** whey protein concentrate (from milk), amino acid blend **FAT:** MCT(coconut & Palm Kernel oil), canola, corn , soy lecithin.

### **Resource Breeze (Nestlé) State Approval**

Fruit flavored medical food for the patients needing a clear liquid diet for pre-op or post-op or taste fatigue. **Kosher. Gluten Free. Lactose Free. Low Residue. 31.25 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 oz. tetra brik pak, 27 brik paks/case (orange, peach, wildberry)

Composition: **CHO:** sucrose, corn syrup, corn syrup solids **PRO:** whey protein isolate (Milk) **FAT:** none.

### **Resource 2.0 (Nestlé) State Approval**

Complete calorie and protein dense medical food. **Kosher. Gluten Free. Lactose Free. Low Residue. 60 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 fl. oz. tetra briks, 27 brik paks/case (vanilla creme)

Composition: **CHO:** corn syrup, sucrose, maltodextrin, cellulose gel, cellulose gum

**PRO:** sodium and calcium caseinates (from milk) **FAT:** canola, soy lecithin.

### **Similac Expert Care™ Alimentum (Abbott) \*Local Approval (formerly Similac Alimentum)**

Nutritionally complete hypoallergenic infant formula with predigested protein and easily digested fat source, for infants with severe food allergies, sensitivity to intact protein, protein maldigestion, or fat malabsorption. **Lactose Free. Corn Free (RTF Only). 20 cal./fl.oz.**

Packaging: Ready-To-Feed: 32 fl. oz. cans/1 qt. bottles, 6 cans/case; 8 fl. oz. cans, 24/case

Powder: 16 oz. (1 lb.) cans, 6 cans/case

Composition: **CHO:** modified tapioca starch, sucrose, Corn maltodextrin (powder), carrageenan

**PRO:** casein hydrolysate **FAT:** safflower, fractionated coconut (medium chain triglycerides), soy oils, M. Alpina oil and C. Cohnii oil.

### **Similac Expert Care™ NeoSure (Abbott) \*Local Approval (formerly Similac Neosure)**

Milk based, nutritionally complete infant formula with DHA/ARA and nucleotides designed to meet the need of premature infants for the first year of life. **22 cal./fl. oz.**

Packaging: Ready-To-Feed: 32 fl. oz.

Powder: 13.1 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, lactose, carrageenan **PRO:** nonfat milk, whey protein concentrate **FAT:** soy, high oleic safflower oil, MCT, coconut oil, M. Alpina oil and C. Cohnii oil.

### **Similac Human Milk Fortifier (Abbott) State Approval**

An incomplete exempt infant formula/medical food to be added to preterm human milk for low birth infants to support growth up to 8 pounds or as prescribed.

**Additional 2 cal./fl.oz. = 50 ml human milk + 1 packet, Additional 4 cal./fl.oz. = 25 ml human milk + 1 packet**

Packaging: Powder: 0.031 oz. packets (0.9 g.), 150 packets/case

Composition: **CHO:** corn syrup solids **PRO:** nonfat milk, whey protein concentrate

**FAT:** MCT, soy lecithin.

### **Similac PM 60/40 (Abbott) \*Local Approval**

Exempt infant formula with lowered mineral levels and a 60:40 whey to casein protein ratio for infants predisposed to hypocalcemia due to hyperphosphatemia or those with impaired renal function. Additional iron should be supplied. **Low Iron. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. can, 6 cans/case

Composition: **CHO:** lactose **PRO:** whey protein concentrate, sodium caseinate

**FAT:** high oleic safflower oil soy, coconut.

### **Similac Special Care 24 with Iron (Abbott) \*Local Approval**

An incomplete exempt infant formula with DHA/ARA and nucleotides for low birth weight and premature infants to support growth up to 8 pounds. **24 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl. oz. bottles, 48 bottles/case

Composition: **CHO:** corn syrup solids, lactose **PRO:** nonfat milk, whey protein concentrate **FAT:** MCT, soy oil, coconut oil, M. Alpina oil and C. Cohnii oil, soy lecithin.

### **Similac Special Care 30 with Iron (Abbott) \*Local Approval**

An exempt infant formula with DHA/ARA and nucleotides for low birth weight and premature infants to support growth up to 8 pounds. Suitable for use as a human milk fortifier and/or a breast milk extender. **30 cal./fl. oz.**

Packaging: Ready-To-Feed: 2 fl. oz. bottles, 48 bottles/case

Composition: **CHO:** corn syrup solids, lactose **PRO:** nonfat milk, whey protein concentrate **FAT:** MCT, soy oil, coconut oil, M. Alpina oil and C. Cohnii oil, soy lecithin.

### **Super Soluble Duocal (Nutricia) State Approval**

Protein free oral or tube feeding medical food for disorders of protein or amino acid metabolism or as an energy supplement. **Gluten Free. Lactose Free. Sucrose Free. Fructose Free.**

**1 scoop (5 g.) = 25 calories**

Packaging: Powder: 14 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** hydrolyzed cornstarch **PRO:** None **FAT:** refined corn, refined coconut oil, MCT (fractionated coconut & palm kernel oil).

### **Suplena with Carb Steady (Abbott) State Approval**

A complete oral or tube feeding medical food with prebiotic NutraFlora®scFOS® for older children and adults with chronic kidney disease (stage 3 & 4). **Kosher.**

**Gluten Free. Lactose Free. Low Residue. Fiber: 3.7 g/ 8 fl. oz., 53.1 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (homemade vanilla)

Composition: **CHO:** corn maltodextrin, sucrose, maltitol syrup, short chain fructo-oligosaccharides **PRO:** milk protein isolate, sodium caseinate **FAT:** high oleic safflower oil, canola oil, soy lecithin.

### **Tolorex (Nestlé) \*Local Approval**

Complete oral or tube feeding elemental medical food with 100% free amino acids, for patients with severely impaired GI function. **Kosher. Gluten Free. Lactose Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Powder: 2.82 oz. packets; 60 packets/case (unflavored)

Composition: **CHO:** maltodextrin (corn), Food starch modified **PRO:** free amino acids  
**FAT:** safflower oil.

### **Two Cal HN (Abbott) State Approval**

Complete tube feeding or oral medical food which is high-calorie and high nitrogen and for patients with severe fluid restrictions or with limited volume tolerance.

**Kosher. Gluten Free. Lactose Free. Low Residue. Fiber: 1.2 g./8 fl. oz., 59.4 cal./fl. oz.**

Packaging: Ready-To-Feed: 8 fl. oz. cans, 24 cans/case (butter pecan, vanilla)

Composition: **CHO:** corn syrup solids, corn maltodextrin, sucrose, fructo-oligosaccharides **PRO:** sodium and calcium caseinates, **FAT:** high oleic safflower, MCT, canola, soy lecithin.

### **TYR Cooler (Vitaflo) State Approval**

An incomplete medical food for dietary management of tyrosinemia for age 3 years and older. Not intended as a sole source of nutrition. **Tyrosine and Phenylalanine Free. 21 cal./fl. oz.**

Packaging: **Ready-To-Feed:** 4.3 oz. (130 ml.) pouch, 30 pouches/case

Composition: **CHO:** sucrose, maltodextrin, dried glucose syrup, dextrose monohydrate **PRO:** L-amino acids, sodium caseinate (from milk) **FAT:** refined tuna oil, soy lecithin.

### **TYR Express (Vitaflo) State Approval**

An incomplete medical food for dietary management of tyrosinemia for age 8 years and older. **Tyrosine and Phenylalanine Free.** Not intended as a sole source of nutrition. **76 cal./sachet**

Packaging: Powder: 25 g. (0.9 oz.) sachets; 30 sachets/case.

Composition: **CHO:** dried glucose syrup **PRO:** L-amino acid **FAT:** soy lecithin as an emulsifier.

### **TYR Gel (Vitaflo) State Approval**

An incomplete medical food for dietary management of tyrosinemia for age 1-10 years. **Tyrosine and Phenylalanine Free.** Not intended as a sole source of nutrition. **68 cal./sachet**

Packaging: Powder: 20 g. (0.7 oz.) sachets; 30 sachets/case.

Composition: **CHO:** sucrose, starch, modified starch, dried glucose syrup **PRO:** L-amino acids **FAT:** none.

### **Tyrex-1 (Abbott Nutrition) State Approval**

Amino acid modified exempt infant formula and medical food for infants and toddlers with tyrosinemia type I, II or III. **Phenylalanine Free. Tyrosine Free. Gluten Free. Lactose Free. 20 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L- amino acids **FAT:** high oleic safflower, coconut oil,soy oil.

### **Tyrex-2 (Abbott) State Approval**

Amino acid modified medical food for children and adults with tyrosinemia type I, II, or III. **Phenylalanine Free. Tyrosine Free. Gluten Free. Lactose Free. 30 cal./fl. oz.**

Packaging: Powder: 14.1 oz. (400 g.) cans, 6 cans/case

Composition: **CHO:** corn syrup solids **PRO:** L- amino acids **FAT:** high oleic safflower, coconut oil, soy oil.

### **TYROS 1 (Mead Johnson) State Approval**

Amino acid modified exempt infant formula and medical food for infants and toddlers with tyrosinemia type I or II. **Phenylalanine Free. Tyrosine Free. Gluten Free. Lactose Free. Galactose Free. 500 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, modified corn starch, sucrose, maltodextrin **PRO:** L-amino acids **FAT:** palm olein, soy, coconut, high oleic sunflower oil.

### **TYROS 2 (Mead Johnson) State Approval**

Amino acid modified medical food for children and adults with tyrosinemia type I, or II. **Phenylalanine Free. Tyrosine Free. Gluten Free. Lactose Free. Galactose Free. 410 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified corn starch **PRO:** L-amino acids **FAT:** soy oil.

### **Vital HN (Abbott) \*Local Approval**

Complete oral or tube feeding peptide based elemental medical food for patients with chronically impaired gastrointestinal function (maldigestion, malabsorption). **Gluten Free. Low Residue. 29.6 cal./fl. oz. mixed at standard dilution.**

Packaging: Powder: 2.79 oz. packets, 6 packets/carton, 4 cartons/case (vanilla)

Composition: **CHO:** corn maltodextrin, sucrose **PRO:** partially hydrolyzed soy and collagen, whey protein concentrate, whey protein hydrolysate, Free amino acids **FAT:** safflower and MCT oils.

### **Vital Junior (Abbott) \*Local Approval**

Complete oral or tube feeding peptide based medical food with the prebiotic NutraFlora®scFOS® for children ages 1-13 with malabsorption, maldigestion or other GI conditions. **Kosher. Gluten Free. Lactose-Free. 29.6 cal./fl. oz**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8 oz. cans, 24 bottles/case (strawberry, vanilla, unflavored)

Composition: **CHO:** corn maltodextrin, sucrose, short chain fructo-oligosaccharides  
**PRO:** whey protein hydrolysate, hydrolyzed sodium caseinate **FAT:** interesterified canola and MCT, MCT, canola, soy lecithin.

### **Vivonex Pediatric (Nestlé) \*Local Approval**

Complete oral or tube feeding elemental medical food with 100% free amino acids, for children 1-10 with severely impaired GI function. **Kosher. Gluten Free.**

**Lactose Free. Low Residue. 23.7 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Powder: 1.7 oz. packets; 36 packets/box

Composition: **CHO:** maltodextrin, food starch modified (corn) **PRO:** L-amino acids  
**FAT:** MCT and soybean oil.

### **Vivonex Plus (Nestlé) \*Local Approval**

Complete oral or tube feeding elemental medical food with 100% free amino acids, for patients with severely impaired GI function. **Kosher. Gluten Free. Lactose**

**Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Powder: 2.82 oz. packets; 36 packets/box (unflavored)

Composition: **CHO:** maltodextrin (corn), food starch modified (corn) **PRO:** free amino acids  
**FAT:** soybean.

### **Vivonex RTF (Nestlé) \*Local Approval**

Complete oral or tube feeding elemental medical food with 100% free amino acids, for patients with severely impaired GI function. **Kosher. Gluten Free. Lactose**

**Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Ready-To-Feed: 8.45 fl. oz. cans, 24 cans/case (unflavored)

Composition: **CHO:** maltodextrin, food starch modified (corn) **PRO:** free amino acids,  
**FAT:** soybean oil, MCT.

### **Vivonex T.E.N. (Nestlé) \*Local Approval**

Complete oral or tube feeding elemental medical food with 100% free amino acids, for patients with severely impaired GI function. **Kosher. Gluten Free. Lactose**

**Free. Low Residue. 29.6 cal./fl. oz.**

**Note:** *Not recommended for patients with galactosemia.*

Packaging: Powder: 2.84 oz. packets; 60 packets/case (unflavored)

Composition: **CHO:** maltodextrin, food starch modified (corn) **PRO:** free amino acids,  
**FAT:** safflower oil.

### **WND 1 (Mead Johnson) State Approval**

Incomplete nonessential amino acid free exempt infant formula for infants and toddlers with inborn errors of the urea cycle. **Gluten Free. Lactose Free. Galactose Free. 500 cal./100 g. powder**

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch **PRO:** L-amino acids **FAT:** palm olein, soy, coconut, high oleic sunflower oil.

### **WND 2 (Mead Johnson) State Approval**

Incomplete nonessential amino acid free medical food for children and adults with inborn errors of the urea cycle. **Gluten Free. Lactose Free. Galactose Free. 410 cal./100 g. powder**

Packaging: Powder: 16 oz. cans, 6 cans/case (vanilla scent)

Composition: **CHO:** corn syrup solids, sucrose, modified cornstarch **PRO:** L-amino acids **FAT:** soy oil.

### **XLeu Analog (Nutricia) State Approval**

Exempt infant formula for infants with isovaleric acidemia or other proven disorders of leucine catabolism. Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed. **Leucine free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. cans, 6 cans/case

Composition: **CHO:** corn syrup solids, galactose **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil, soy lecithin.

### **XLeu Maxamaid (Nutricia) State Approval**

Medical food for toddlers and children with isovaleric acidemia or other proven disorders of leucine catabolism. Not suitable as sole source nutrition.

**Leucine free. 324 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

### **XLeu Maxamum (Nutricia) State Approval**

Medical food for adults and children over age 9 with isovaleric acidemia or other proven disorders of leucine catabolism. Must be consumed with other nutrients as prescribed. **Leucine free.**

**304 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 6 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

### **XLys, XTrp Analog (Nutricia) State Approval**

Exempt infant formula for infants with proven glutaric acidemia Type 1. Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed. **Lysine and tryptophan free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) cans, 6 cans/case (unflavored)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil.

**XLys, XTrp Maxamaid (Nutricia) State Approval**

Medical food for children 1-8 with proven glutaric acidemia Type 1. Must be consumed with other nutrients as prescribed. **Lysine and tryptophan free.**

**324 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 6 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

**XLys, XTrp Maxamum (Nutricia) State Approval**

Medical food for adults and children over age 9 with proven glutaric acidemia Type 1.

Must be consumed with other nutrients as prescribed. **Lysine and tryptophan free. 305 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

**XMet Analog (Nutricia) State Approval**

Exempt infant formula for infants with proven vitamin B6 non-responsive homocystinuria or hypermethioninemia. Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed.

**Methionine free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) can, 6 cans/case (unflavored)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil.

**XMet Maxamaid (Nutricia) State Approval**

Medical food for children 1-8 with Vitamin B6 non-responsive homocystinuria or hypermethioninemia. Must be consumed with other nutrients as prescribed.

**Methionine free. 324 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** none.

**XMet Maxamum (Nutricia) State Approval**

Medical food for adults and children over age 9 with Vitamin B6 non-responsive homocystinuria or hypermethioninemia. Must be consumed with other nutrients as prescribed.

**Methionine free. 305 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** none.

**XMTVI Analog (Nutricia) State Approval**

Exempt infant formula for infants with proven vitamin B12 non-responsive methylmalonic acidemia or propionic acidemia. Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed. **Methionine, threonine, & Valine Free and Low isoleucine.**

**21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) cans, 4 cans/case (unflavored)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil.

### **XMTVI Maxamaid (Nutricia) State Approval**

Medical food for children age 1-8 with proven methylmalonic acidemia or propionic acidemia. Must be consumed with other nutrients as prescribed. **Methionine, threonine, & Valine Free and Low isoleucine. 324 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 6 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

### **XMTVI Maxamum (Nutricia) State Approval**

Medical food for adults and children over age 9 with proven methylmalonic vitamin B12 non-responsive or propionic acidemia. Must be consumed with other nutrients as prescribed. **Methionine, threonine, & Valine Free and Low isoleucine.**

**305 cal./100 g. powder**

Packaging: Powder: 16 oz. (1 lb.) (454 g.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

### **XPhe Maxamaid (Nutricia) State Approval**

Medical food for children age 1 - 8 with proven phenylketonuria (PKU). Must be consumed with other nutrients as prescribed. **Phenylalanine Free.**

**324 cal./100 g. powder**

Packaging: Powder: 16 oz. (454 g.) (1 lb.) can, 6 cans/case (orange, strawberry, unflavored)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids, **FAT:** None.

### **XPhe Maxamum (Nutricia) State Approval**

Medical food for adults and children over age 9 with proven phenylketonuria (PKU). Must be consumed with other nutrients as prescribed. **Phenylalanine Free.**

**305 cal./100 g. powder**

Packaging: Powder: 16 oz. (454 g.) (1 lb.) can, 4 cans/case (orange, unflavored)

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** None.

### **XPhe Maxamum Drink (Nutricia) State Approval**

Medical food for adults and children 5 and older with proven phenylketonuria (PKU). **Phenylalanine Free. 18.9 cal./fl. oz**

Packaging: Ready-To-Feed: 8.45 fl. oz. tetra brick; 18 bricks/case (orange, berry)

Composition: **CHO:** sucrose **PRO:** L-amino acids **FAT:** high oleic sunflower oil, canola oil, soybean oil, soy lecithin.

### **XPhe, XTyr Analog (Nutricia) State Approval**

Exempt infant formula for infants with tyrosinemia when methionine levels are normal.

Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed. **Phenylalanine and tyrosine Free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) can, 4 cans/case (unflavored)

Composition: **CHO:** corn syrup solids, galactose **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil, soy lecithin.

**XPhe, XTyr Maxamaid (Nutricia) State Approval**

Medical food for children age 1 - 8 with tyrosinemia when methionine levels are normal.

Must be consumed with other nutrients as prescribed. **Phenylalanine and tyrosine Free.**

**324 cal./100 g. powder**

Packaging: Powder: 16 oz. (454 g.) (1 lb.) can, 4 cans/case (orange)

Composition: **CHO:** sucrose, corn syrup solids **PRO:** L-amino acids **FAT:** None.

**XPTM Analog (Nutricia) State Approval**

Exempt infant formula for infants with tyrosinemia type I when methionine levels are above normal levels. Must be consumed in conjunction with a whole protein source (breastmilk or infant formula) as prescribed. **Phenylalanine, tyrosine and Methionine Free. 21 cal./fl. oz.**

Packaging: Powder: 14 oz. (400 g.) can, 4 cans/case (unflavored)

Composition: **CHO:** corn syrup solids **PRO:** L-amino acids **FAT:** high oleic safflower, refined coconut and soy oil.

**3232 A (Mead Johnson) State Approval**

Carbohydrate free exempt infant formula for infants with disaccharide deficiencies (lactase, sucrase and maltase) or other disorders of carbohydrate metabolism. Adequate carbohydrate must be supplied. **Gluten Free. Lactose Free. Galactose Free. 12.7 cal./fl. oz., 20 cal./fl. oz. (when 59 g. of carbohydrate added)**

Packaging: Powder: 16 oz. (1 lb.) can, 6 cans/case

Composition: **CHO:** modified tapioca starch **PRO:** casein hydrolysate (from milk) **FAT:** MCT and corn oils.

# **Formulas/Medical Foods Not Approved**

## **Items Not Approved**

Any Store Brand

Alitra-Q Vanilla- discontinued

Boost with Benefiber & FOS – discontinued

Bright Beginnings Infant Formula (PBM Products) – any

Bright Beginnings Pediatric Drink (PBM Products) – lack of use

Bright Beginnings Pediatric Drink with Fiber (PBM Products) – lack of use

Camino pro BetterMilk

Enfamil Lipil with Iron- discontinued (see Enfamil Premium Infant)

Enfamil ProSobee (Mead Johnson) - 25.7 oz. powder

Ensure For Healthy Moms (Ross) - 8 fl. oz. Ready-To-Feed

Ensure Pudding

F.A.A.- discontinued

L-Emental (Hormel Health Labs) – lack of use

Modulen IBD- discontinued

Perative- lack of use

Polycose

Promod- discontinued

Reabilan- discontinued

Resource Benecalorie (Novartis) - 1.5 fl. oz. package

Similac Advance Early Shield - 23.3. oz. powder

Similac Isomil 2 Advance Soy Formula with (Ross) - 25.7 oz. powder

Similac Isomil Advance Soy Formula with (Ross) - 25.7 oz. powder

Similac Expert Care for Diarrhea (Ross) - Intended for 7-10 days use only – any

Similac Natural Care Advance (Ross) – any

**Contact the KY State WIC office for further information regarding any products not listed in the 2011 KY WIC Resource Guide for Formula/Medical Foods.**

# **Product Listing with Package Codes**

Contract Formula	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Formula Name										
Good Start Gentle Plus/Good Start Gentle (orange)	Gerber	Concentrate	13 fl oz		NF1					Primary Milk based Contract
Good Start Gentle Plus/Good Start Gentle (orange)	Gerber	Ready-To-Feed	32 fl oz		N10	NT1			X50	Contract
Good Start Gentle Plus/Good Start Gentle (orange)	Gerber	Powder	12 oz/12.7 oz	NP1	NF3			Z1		Contract
Good Start Protect Plus/Good Start Protect (Green)	Gerber	Powder	12 oz/12.4 oz	NP3	NF5			Z3		Contract
Good Start Soy Plus/Good Start Soy (Blue)	Gerber	Concentrate	13 fl oz		NF2					Contract
Good Start Soy Plus/Good Start Soy (Blue)	Gerber	Ready-To-Feed	32 fl oz		N11	NT2			X51	Contract
Good Start Soy Plus/Good Start Soy (Blue)	Gerber	Powder	12.9 oz.	NP4	NF6			Z4		Contract
Good Start 2 Gentle Plus/Good Start 2 Gentle	Gerber	Powder	24 oz./22 oz	NP5	NF7			Z5		Contract
Good Start 2 Protect Plus/Good Start 2 Protect	Gerber	Powder	24 oz./22 oz	NP6	NF8			Z6		Contract
Good Start Soy 2 Plus/Good Start 2 Soy	Gerber	Powder	24 oz./22 oz	NP7	NF9			Z7		Contract

Non-Contract Formula	Company	Physical Form	Size	PKG Code Infant Partial BF	PKG Code Infant Fully Formula Fed	PKG Code Infant TUBE FED	PKG Code Infant PKG III	PKG Code Woman/Child PKG III	PKG Code Woman/Child PKG III TUBE FED	Approval
Enfamil A.R.	Mead Johnson	Ready-To-Feed	32 fl. oz.		M34	MT1				Local/State
Enfamil A.R.	Mead Johnson	Ready-To-Feed	2 fl. oz.		M35					Local/State
Enfamil A.R.	Mead Johnson	Powder	12.9 oz.	MP1	M27			Z17		Local/State
Enfamil Gentlease	Mead Johnson	Powder	12 oz.	MP2	M28			Z18		Local/State
Enfagrow Gentlease Toddler	Mead Johnson	Powder	24 oz.	U8	U9			U10		Local/State
Enfamil Premium Infant	Mead Johnson	Concentrate	13 fl. oz.		M25					Local/State
Enfamil Premium Infant	Mead Johnson	Ready-To-Feed	32 fl. oz.		M39	MT5			X59	Local/State
Enfamil Premium Infant	Mead Johnson	Ready-To-Feed	2 fl. oz.		M40					Local/State
Enfamil Premium Infant	Mead Johnson	Powder	12.5 oz.	MP4	M30			Z20		Local/State
Enfagrow Premium Toddler	Mead Johnson	Powder	24 oz.	MP6	M32			Z22		Local/State
Enfamil Prosobee	Mead Johnson	Concentrate	13 fl. oz.		M26					Local/State
Enfamil Prosobee	Mead Johnson	Ready-To-Feed	32 fl. oz.		M41				X60	Local/State
Enfamil Prosobee	Mead Johnson	Ready-To-Feed	8 fl. oz.		M42					Local/State
Enfamil Prosobee	Mead Johnson	Ready-To-Feed	2 fl. oz.		M43					Local/State
Enfamil Prosobee	Mead Johnson	Powder	12.9 oz.	MP5	M31			Z21		Local/State
Enfagrow Soy Toddler	Mead Johnson	Powder	24 oz.	MP7	M33			Z23		Local/State

Non-Contract Formula	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/Child Pkg III	PKG Code Woman/Child PKG III TUBE FED	Approval
Similac Advance Early Shield	Abbott	Concentrate	13 fl. oz.		A66					Local/State
Similac Advance Early Shield	Abbott	Ready-To-Feed	32 fl. oz.		L1	ST7		A70		Local/State
Similac Advance Early Shield	Abbott	Ready-To-Feed	2 fl. oz.		A67					Local/State
Similac Advance Early Shield	Abbott	Ready-To-Feed	8 fl. oz.		A71					Local/State
Similac Advance Early Shield	Abbott	Powder	12.4 oz.	A69	A65			Z9		Local/State
Similac Go and Grow Milk-Based	Abbott	Powder	22 oz	AP6	A32			Z14		Local/State
Similac Go and Grow Soy-Based	Abbott	Powder	22 oz	AP8	A34			Z16		Local/State
Similac Sensitive	Abbott	Concentrate	13 fl. oz.		A26					Local/State
Similac Sensitive	Abbott	Ready-To-Feed	32 fl. oz.		A41	ST3			X55	Local/State
Similac Sensitive	Abbott	Powder	12.6 oz.	AP3	A29			Z11		Local/State
Similac Sensitive Isomil Soy	Abbott	Concentrate	13 fl. oz.		A25					Local/State
Similac Sensitive Isomil Soy	Abbott	Ready-To-Feed	32 fl. oz.		A38	ST2				Local/State
Similac Sensitive Isomil Soy/ Similac Soy Isomil	Abbott	Ready-To-Feed	8 fl. oz.		A39					Local/State
Similac Sensitive Isomil Soy/ Similac Soy Isomil	Abbott	Ready-To-Feed	2 fl. oz.		A40					Local/State
Similac Sensitive Isomil Soy/ Similac Soy Isomil	Abbott	Powder	12.4 oz.	AP2	A28			Z10		Local/State
Similac Sensitive for spit up	Abbott	Ready-To-Feed	32 fl. oz.		A42	ST4				Local/State
Similac Sensitive for spit up	Abbott	Powder	12.3 oz.	AP4	A30			Z12		Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
<b>Acerflex</b>	Nutricia	Powder	16.0 oz					H12		State WIC Office
<b>BCAD1</b>	Mead Johnson	Powder	16.0 oz	M14			M58			State WIC Office
<b>BCAD2</b>	Mead Johnson	Powder	16.0 oz					MW4		State WIC Office
<b>Boost (chocolate, vanilla, strawberry)</b>	Nestle	Ready-To-Feed	8 fl. oz.					NW5		Local/State
<b>Boost Glucose Control (chocolate, vanilla)</b>	Nestle	Ready-To-Feed	8 fl. oz.					NW6		Local/State
<b>Boost High Protein (chocolate, strawberry, vanilla)</b>	Nestle	Ready-To-Feed	8 fl. oz.					NW7		Local/State
<b>Boost Kids Essentials Immunity Protection (vanilla, strawberry, chocolate)</b>	Nestle	Ready-To-Feed	8.25 fl. oz.					NW8		Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Boost Kids Essentials 1.0 Cal (Hosp)	Nestle	Ready-To-Feed	8 fl. oz.					NW9	NT3	Local/State
Boost Kids Essentials 1.5 Cal	Nestle	Ready-To-Feed	8 fl. oz.					C10	NT4	Local/State
Boost Kids Essentials 1.5 Cal with fiber	Nestle	Ready-To-Feed	8 fl. oz.					C11	NT5	Local/State
Boost Plus (vanilla, strawberry, chocolate)	Nestle	Ready-To-Feed	8 fl. oz.					C12		Local/State
Bright Beginnings Soy Pediatric Drink	PBM	Ready-To-Feed	8 fl. oz.					U1		Local/State
Calcilo XD	Abbott	Powder	13.2 oz.	A15			A54			State WIC Office
Compleat	Nestle	Ready-To-Feed	8.45 oz.					C24		State WIC Office
Compleat Pediatric	Nestle	Ready-To-Feed	8.45 oz.					C25	T10	State WIC Office
Complex Amino Acid Blend MSD	Applied Nutrition Corp.	Powder	16.0 oz.					PW1		State WIC Office
Complex Essential MSD Drink Mix	Applied Nutrition Corp.	Powder	16.0 oz.					PW2		State WIC Office
Crucial	Nestle	Ready-To-Feed	8.45 oz.					C26		State WIC Office
Cyclinex-1	Abbott	Powder	14.1 oz.	A16			A55			State WIC Office
Cyclinex-2	Abbott	Powder	14.1 oz.					R17		State WIC Office
Diabeti-Source AC	Nestle	Ready-To-Feed	8.45oz					C27		State WIC Office
Elecare	Abbott	Powder	14.1 oz.	A10		AT7	A46	AW4		Local/State
Elecare DHA/ARA	Abbott	Powder	14.1 oz.	A10			A46	AW4		Local/State
Elecare-vanilla	Abbott	Powder	14.1 oz.					AW3		Local/State
Enfamil Enficare	Mead Johnson	Ready-To-Feed	32 fl. oz.			MT9	M52			Local/State
Enfamil Enficare	Mead Johnson	Ready-To-Feed	2 fl. oz.				M53			Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Enfamil Enfacare	Mead Johnson	Powder	12.8 oz.	M11			M51	MW1		Local/State
Enfamil Enfaport	Mead Johnson	Ready-To-Feed	8 fl. oz.				U7	U13		Local/State
Enfamil Human Milk Fortifier	Mead Johnson	Powder	0.02 5 oz.	M12						State WIC Office
Enfamil Pregestimil	Mead Johnson	Ready-To-Feed	2 fl. oz.							Local/State
Enfamil Pregestimil	Mead Johnson	Powder	16 oz.	M10			M47	Z26		Local/State
Enfamil Premature 20 (Iron Fortified)	Mead Johnson	Ready-To-Feed	2 fl. oz.				M55			Local/State
Enfamil Premature 24 (Iron Fortified)	Mead Johnson	Ready-To-Feed	2 fl. oz.				M56			Local/State
Enfamil with Iron 24 Calorie	Mead Johnson	Ready-To-Feed	2 fl. oz.				M54			Local/State
Ensure (dark rich choc, milky choc, coffee latte, homemade vanilla, butter pecan, strawberries & cream)	Abbott	Ready-To-Feed	8 fl. oz.					AW6		Local/State
Ensure High Calcium (creamy milk choc shake, vanilla shake)	Abbott	Ready-To-Feed	8 fl. oz.					AW8		Local/State
Ensure Powder (homemade vanilla)	Abbott	Powder	14 oz.					AT6		Local/State
Ensure High Protein (banana cream, creamy milk choc, homemade vanilla, wildberry)	Abbott	Ready-To-Feed	8 fl. oz.					AW9		Local
Ensure Plus (creamy milk choc, homemade vanilla, strawberries & cream, rich dark choc, butter pecan)	Abbott	Ready-To-Feed	8 fl. oz.					R10		Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Ensure Plus (creamy milk choc, homemade vanilla)	Abbott	Ready-To-Feed	32 fl. oz.					R15		Local/State
EO28 splash -Orange-Pineapple	Nutricia	Ready-To-Feed	8 fl. oz.					H38		State WIC Office
FiberSource HN	Nestle	Ready-To-Feed	8.45 oz					C30		State WIC Office
GA	Mead Johnson	Powder	16 oz.	M15			M59	MW5		State WIC Office
GA Gel	VitaFlo	Powder	0.7 oz.					VW1		State WIC Office
Glucerna 1.0 Cal	Abbott	Ready-To-Feed	8 oz					R26		State WIC Office
Glucerna 1.2 Cal	Abbott	Ready-To-Feed	8 oz					R27		State WIC Office
Glucerna 1.5 Cal	Abbott	Ready-To-Feed	8 oz					R28		State WIC Office
Glucerna Shake - butter pecan	Abbott	Ready-To-Feed	8 oz					R29		State WIC Office
Glutarex-1	Abbott	Powder	14.1 oz	A17			A56			State WIC Office
Glutarex-2	Abbott	Powder	14.1 oz					R18		State WIC Office
Good Start Premature 24	Nestle	Ready-To-Feed	3 fl. oz.				N12	C14		State WIC Office
HCU Cooler	VitaFlo	Ready-To-Feed	4.3 fl. oz.					V12		State WIC Office
HCU Express Powder	VitaFlo	Powder	0.9 oz.					VW6		State WIC Office
HCU Gel	VitaFlo	Powder	0.7 oz.					VW2		State WIC Office
HCY 1	Mead Johnson	Powder	16.0 oz	M16			M60			State WIC Office
HCY 2	Mead Johnson	Powder	16.0 oz					MW6		State WIC Office
Hominex-1	Abbott	Powder	14.1 oz	A18			A57			State WIC Office
Hominex 2	Abbott	Powder	14.1 oz					R19		State WIC Office

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Impact	Nestle	Ready-To-Feed	8.45 oz					C22		State WIC Office
Impact Advance Recovery	Nestle	Ready-To-Feed	8 fl oz.					C55		State WIC Office
Impact 1.5	Nestle	Ready-To-Feed	8.45 oz					C31		State WIC Office
Impact with Fiber	Nestle	Ready-To-Feed	8.45 oz					C32		State WIC Office
IsoSource 1.5 Cal	Nestle	Ready-To-Feed	8.45 oz					C36		State WIC Office
IsoSource HN	Nestle	Ready-To-Feed	8.45 oz					C34		State WIC Office
I-Valex-1	Abbott	Powder	14.1 oz	A19			A58			State WIC Office
I-Valex-2	Abbott	Powder	14.1 oz					R20		State WIC Office
Jevity 1 cal	Abbott	Ready-To-Feed	8 oz					R91		State WIC Office
Jevity 1.2 cal	Abbott	Ready-To-Feed	8 oz					R92		State WIC Office
Jevity 1.5 cal	Abbott	Ready-To-Feed	8 oz					R93		State WIC Office
KetoCal 4:1	Nutricia	Powder	11 oz (300 g)					SW8		State WIC Office
KetoCal 3:1	Nutricia	Powder	11 oz (300 g)					SW9		State WIC Office
Ketonex-1	Abbott	Powder	14.1 oz	A20			A59			State WIC Office
Ketonex-2	Abbott	Powder	14.1 oz					R21		State WIC Office
Lipistart	VitaFlo	Powder	400 g.					V10		State WIC Office
LMD	Mead Johnson	Powder	16.0 oz	M17			M61			State WIC Office

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
<b>MMA/PA Express</b>	Vitaflo	Powder	0.9 oz.					VW7		State WIC Office
<b>MMA/PA Gel</b>	Vitaflo	Powder	0.9 oz.					VW3		State WIC Office
<b>Milupa HOM 2</b>	Nutricia	Powder	17.5 oz.					H29		State WIC Office
<b>Milupa MSUD 2</b>	Nutricia	Powder	17.5 oz.					H30		State WIC Office
<b>Milupa OS 2</b>	Nutricia	Powder	17.5 oz.					H31		State WIC Office
<b>Milupa PKU 2</b>	Nutricia	Powder	17.5 oz.					H32		State WIC Office
<b>Milupa PKU 2 Tomato</b>	Nutricia	Powder	45 g.x 30					H33		State WIC Office
<b>Milupa PKU 3</b>	Nutricia	Powder	17.5 oz.					H34		State WIC Office
<b>Milupa TYR 2</b>	Nutricia	Powder	17.5 oz.					H35		State WIC Office
<b>Milupa UCD 2</b>	Nutricia	Powder	17.5 oz.					H36		State WIC Office
<b>Monogen</b>	Nutricia	Powder	400 g.					H10		State WIC Office
<b>MSUD Analog</b>	Nutricia	Powder	400 g.	SP3			SF4			State WIC Office
<b>MSUD Cooler</b>	Vitaflo	Ready-To-Feed	4.3 oz.					V13		State WIC Office
<b>MSUD Express</b>	Vitaflo	Powder	0.9 oz.					VW8		State WIC Office
<b>MSUD Gel</b>	Vitaflo	Powder	0.7 oz.					VW4		State WIC Office
<b>MSUD Maxamaid</b>	Nutricia	Powder	16 oz.					H13		State WIC Office
<b>MSUD Maxamum</b>	Nutricia	Powder	16 oz.					H14		State WIC Office

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Neocate Infant	Nutricia	Powder	14.0 oz	SP1			SF1	SW2		Local/State
Neocate Infant with DHA/ARA	Nutricia	Powder	14.0 oz	SP2			SF2	SW3		Local/State
Neocate Junior (unflavored, choc, tropical fruit)	Nutricia	Powder	14 oz.					SW4		Local/State
Neocate Junior with Prebiotics (unflavored)	Nutricia	Powder	14 oz.					SW4		Local/State
Nepro with Carb Steady	Abbott	Ready-To-Feed	8 fl. oz.					R34		State WIC Office
Nutramigen	Mead Johnson	Concentrate	13 fl. oz.				M44			Local/State
Nutramigen	Mead Johnson	Ready-To-Feed	32 fl. oz.			MT7	M48			Local/State
Nutramigen	Mead Johnson	Ready-To-Feed	6 fl. oz.				M49			Local/State
Nutramigen	Mead Johnson	Ready-To-Feed	2 fl. oz.				M50			Local/State
Nutramigen Enflora LGG	Mead Johnson	Powder	12.6 oz.	MP9			M46	Z25		Local/State
Nutramigen AA	Mead Johnson	Powder	14.1 oz.	M13			M57	U11		State WIC Office
Nutren 1.0 (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C39		State WIC Office
Nutren 1.0 Fiber (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C40		State WIC Office
Nutren 1.5 (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C41		State WIC Office
Nutren 2.0 (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C42		State WIC Office
Nutren Glytrol	Nestle	Ready-To-Feed	8.45 fl. oz.					C43		State WIC Office
Nutren Junior (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.				N13	C15	NT7	Local/State
Nutren Junior with Fiber (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.				N14	C16	NT6	Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Nutren Pulmonary (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C37		State WIC Office
Nutren Replete (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C45		State WIC Office
Nutren Replete with fiber (vanilla)	Nestle	Ready-To-Feed	8.45 fl. oz.					C46		State WIC Office
NutriHep	Nestle	Ready-To-Feed	8.45 oz					C47		State WIC Office
OA1	Mead Johnson	Powder	16.0 oz	M18			M62			State WIC Office
OA2	Mead Johnson	Powder	16.0 oz					MW7		State WIC Office
Optimital (vanilla)	Abbott	Ready-To-Feed	8 fl. oz.					R35		State WIC Office
Osmolite 1 cal (formerly HN)	Abbott	Ready-To-Feed	8 fl. oz.					R11		Local/State
Osmolite 1.2 cal (formerly HN Plus)	Abbott	Ready-To-Feed	8 fl. oz.					R37		State WIC Office
Osmolite 1.5 cal	Abbott	Ready-To-Feed	8 fl. oz.					R38		State WIC Office
Oxepa	Abbott	Ready-To-Feed	8 fl. oz.					R39		State WIC Office
Pediasure (banana cream, choc, berry cream, strawberry, vanilla)	Abbott	Ready-To-Feed	8 fl. oz.				A49	R12	AT1	Local/State
Pediasure with fiber (vanilla)	Abbott	Ready-To-Feed	8 fl. oz.				A50	R13	AT2	Local/State
Pediasure Enteral Formula (vanilla)	Abbott	Ready-To-Feed	8 fl. oz.					R40	T11	State WIC Office
Pediasure Enteral formula with Fiber and FOS (vanilla)	Abbott	Ready-To-Feed	8 fl. oz.					R41	T12	State WIC Office
Pediasure 1.5 Cal w/ fiber(vanilla)	Abbott	Ready-To-Feed	8 fl. oz.					R47		Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
Peptide Junior	Nutricia	Powder	1.8 oz					SW6		State WIC Office
Peptamen	Nestle	Ready-To-Feed	8.45 fl. oz.					C17		Local/State
Peptamen Junior	Nestle	Ready-To-Feed	8.45 fl. oz.				N15	C18	NT8	Local/State
Peptamen Junior with Fiber	Nestle	Ready-To-Feed	8.45 fl. oz.				N16	C19		Local/State
Peptamen Junior 1.5 (with Prebio)	Nestle	Ready-To-Feed	8.45 fl. oz.				N18	C21	T15	Local/State
Peptamen Junior with PREBIO	Nestle	Ready-To-Feed	8.45 fl. oz.				N17	C20	NT9	Local/State
Peptamen 1.5	Nestle	Ready-To-Feed	8.45 fl. oz.					C50		State WIC Office
Peptamen OS 1.5	Nestle	Ready-To-Feed	8 fl. oz.					C51		State WIC Office
Peptamen with PREBIO	Nestle	Ready-To-Feed	8.45 fl. oz.							State WIC Office
Periflex Advance	Nutricia	Powder	16 oz.					H15		State WIC Office
Periflex Infant	Nutricia	Powder	14 oz.	U2			U3			State WIC Office
Periflex Junior	Nutricia	Powder	16 oz.					H16		State WIC Office
PFD 1	Mead Johnson	Powder	16 oz.	M19			M63			State WIC Office
PFD 2	Mead Johnson	Powder	16 oz.					MW8		State WIC Office
PHENEX™-1	Abbott	Powder	14.1 oz.	A21			A66			State WIC Office
PHENEX™-2	Abbott	Powder	14.1 oz.					R22		State WIC Office
PhenylAde Amino Acid Blend	Applied Nutr.	Powder	16 oz.					PW3		State WIC Office
PhenylAde Drink Mix (choc, orange crème, strawberry, vanilla)	Applied Nutr.	Powder	16 oz.					PW4		State WIC Office

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
PhenylAde 60	Applied Nutr.	Powder	16 oz.					U4		State WIC Office
Phenyl-Free 1	Mead Johnson	Powder	16 oz.	M20			M64			State WIC Office
Phenyl-Free 2	Mead Johnson	Powder	16 oz.					MW9		State WIC Office
Phenyl-Free 2HP	Mead Johnson	Powder	16 oz.					J10		State WIC Office
Phlexy-10 Drink Mix	Nutricia	Powder	0.7 oz.					SW5		State WIC Office
PKU Cooler 10	Vitaflo	Ready-To-Feed	2.9 fl. oz.					V11		State WIC Office
PKU Cooler 15	Vitaflo	Ready-To-Feed	4.3 fl. oz.					V14		State WIC Office
PKU Cooler 20	Vitaflo	Ready-To-Feed	5.8 fl. oz.					V17		State WIC Office
Portagen	Mead Johnson	Powder	16 oz.					M68		Local/State
Promote	Abbott	Ready-To-Feed	8 fl. oz.					R42		State WIC Office
Promote with Fiber	Abbott	Ready-To-Feed	8 fl. oz.					R43		State WIC Office
Pro-Phree	Abbott	Powder	14.1 oz.					R23		State WIC Office
Propimex-1	Abbott	Powder	14.1 oz.	A22			A61			State WIC Office
Propimex-2	Abbott	Powder	14.1 oz.					R24		State WIC Office
ProViMin	Abbott	Powder	5.3 oz.	A14			A53	R16		State WIC Office
Pulmocare	Abbott	Ready-To-Feed	8 fl. oz.					R44		State WIC Office
RCF	Abbott	Concentrate	13 fl. oz.				A52			State WIC Office
Renalcal	Nestle	Ready-To-Feed	8.45 fl. oz.					C54		State WIC Office
Resource Breeze	Nestle	Ready-To-Feed	8 fl. oz.					C56		State WIC Office
Resource 2.0	Nestle	Ready-To-Feed	8 fl. oz.					C23		State WIC Office
Similac Expert Care™ Alimentum	Abbott	Ready-To-Feed	32 fl. oz.			ST5	A44	AT9	AT3	Local/State
Similac Expert Care™ Alimentum	Abbott	Powder	16 oz.	AP9			A43	Z27		Local/State

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Exempt Formula & Medical Foods
Similac Expert Care™ Neosure	Abbott	Ready-To-Feed	32 fl. oz.			ST6	R3	X65	X63	Local/State
Similac Expert Care™ Neosure	Abbott	Powder	13.1 oz.	A11			A47	AW2		Local/State
Similac Human Milk Fortifier	Abbott	Powder	0.031 oz.	A13						State WIC Office
Similac PM 60/40	Abbott	Powder	14.1 oz.	A12		AT5	A48	AW5		Local/State
Similac Special Care 30 with Iron	Abbott	Ready-To-Feed	2 fl. oz.	U15			U14			State WIC Office
Similac Special Care 24 with Iron	Abbott	Ready-To-Feed	2 fl. oz.	U16			A51			Local/State
Super Soluble Duocal	Nutricia	Powder	14 oz.					H11		State WIC Office
Suplena with Carb Steady	Abbott	Ready-To-Feed	8 fl. oz.					R45		State WIC Office
Tolerex	Nestle	Powder	2.82 oz.					NW3		Local/State
Two Cal HN	Abbott	Ready-To-Feed	8 fl. oz.					R46		State WIC Office
TYR Cooler	Vitaflo	Ready-To-Feed	4.3 fl. oz.					V16		State WIC Office
TYR Express	Vitaflo	Powder	0.9 oz.					VW9		State WIC Office
TYR Gel	Vitaflo	Powder	0.7 oz.					VW5		State WIC Office
Tyrex-1	Abbott	Powder	14.1 oz.	A23			A62			State WIC Office
Tyrex-2	Abbott	Powder	14.1 oz.					R25		State WIC Office
TYROS 1	Mead Johnson	Powder	16 oz.	M21			M65			State WIC Office
TYROS 2	Mead Johnson	Powder	16 oz.					J11		State WIC Office
Vital HN	Abbott	Powder	2.79 oz.					AW1		Local/State
Vital Junior	Abbott	Ready-To-Feed	8 fl. oz.					R14		Local/State
Vivonex Pediatric	Nestle	Powder	1.7 oz.					NW1		Local/State
Vivonex Plus	Nestle	Powder	2.82 oz.					NW2		Local/State
Vivonex RTF	Nestle	Ready-To-Feed	8.45 fl. oz.					T16		Local/State
Vivonex T.E.N.	Nestle	Powder	2.84					NW4		Local/State
WND 1	Mead Johnson	Powder	16 oz.	M22			M66			State WIC Office

Exempt Formula & Medical Foods	Company	Physical Form	Size	PKG Code IPB	PKG Code IFF	PKG Code IFF TUBE FED	PKG Code IFF Pkg III	PKG Code Woman/ Child Pkg III	PKG Code Woman/ Child PKG III TUBE FED	Approval
WND 2	Mead Johnson	Powder	16 oz.					J12		State WIC Office
XLeu Analog	Nutricia	Powder	14 oz.	SP5			SF6			State WIC Office
XLeu Maxamaid	Nutricia	Powder	16 oz.					H17		State WIC Office
XLeu Maxamum	Nutricia	Powder	16 oz.					H18		State WIC Office
XLys, XTrp Analog	Nutricia	Powder	14 oz.	SP6			SF7			State WIC Office
XLys, XTrp Maxamaid	Nutricia	Powder	16 oz.					H19		State WIC Office
XLys, XTrp Maxamum	Nutricia	Powder	16 oz.					H20		State WIC Office
XMet Analog	Nutricia	Powder	14 oz.	SP7			SF8			State WIC Office
XMet Maxamaid	Nutricia	Powder	16 oz.					H21		State WIC Office
XMet Maxamum	Nutricia	Powder	16 oz.					H22		State WIC Office
XMTVI Analog	Nutricia	Powder	14 oz.	SP8			S10			State WIC Office
XMTVI Maxamaid	Nutricia	Powder	16 oz.					H23		State WIC Office
XMTVI Maxamum	Nutricia	Powder	16 oz.					H24		State WIC Office
XPhe Maxamaid	Nutricia	Powder	16 oz.					H25		State WIC Office
XPhe Maxamum	Nutricia	Powder	16 oz.					H26		State WIC Office
XPhe Maxamum Drink	Nutricia	Ready-To-Feed	8.45 fl. oz.							State WIC Office
XPhe, XTyr Analog	Nutricia	Powder	14 oz.	SP9			SF3/S1 1			State WIC Office
XPhe, XTyr Maxamaid	Nutricia	Powder	16 oz.					H27		State WIC Office
XPTM Analog	Nutricia	Powder	14 oz.							State WIC Office
3232A	Mead Johnson	Powder	16 oz.	M23			M67			State WIC Office

# **Appendix A**

## **KY WIC Program Certificate for Medical Necessity For Formula and WIC Food Exceptions Forms (WIC-200, WIC-300, WIC-400)**

## **MEDICAL DOCUMENTATION FOR EXCEPTION FOR WIC PROGRAM FOODS FORMS**

The following pages provide the Medical Documentation for Exception for WIC Program Foods form for the woman, infant or child and are to be used to receive information regarding the specific food package the doctor or nurse practitioner is requesting due to exceptions from the standard WIC food package. The WIC - 200 is to be used for the infant, WIC - 300 for the child and the WIC - 400 for the woman. We suggest that these are provided to your medical community to assist you in providing the appropriate food package for WIC participants.



**Kentucky WIC Program  
Infant (< 1 year old)**



WIC Clinic:
Clinic Fax number:
Attention:

**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

The WIC Program provides Good Start Gentle Formulas to all non-medically fragile infants. This includes: • Gentle Plus • Soy Plus • Protect Plus 2

• Protect Plus • Gentle Plus 2 • Soy Plus 2

Noncontract standard formula request: Complete sections A, B and D

Exception to WIC foods requests: Complete Sections A, C and D.

Exempt formula or medical foods: Complete sections A, B, C and D.

<b>Kentucky Guidelines for issuance of infant formula:</b>	<b>Client must try:</b>
Requests for milk based formula	Good Start Gentle Plus and Protect Plus
Requests for soy based formula	Good Start Soy Plus and Protect Plus (if no milk allergies)
Requests for lactose free/reduced formula	Good Start Soy Plus and Protect Plus
Requests for infant/toddler formulas	Good Start Gentle Plus 2 and Protect Plus 2

**A. Patient Information (please print)**

Patient's name:	DOB:
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Parent/Caregiver's Name:

Medical diagnosis/qualifying condition:  
(Justifies the medical need for formula/food – include ICD-9 code if available)

Medical documentation valid for:  1 mo.  2 mos.  3 mos.  4 mos.  5 mos.  6 mos.  7 mos.  
 8 mos.  9 mos.  10 mos.  11 mos.  12 mos.

**B. Medical Formula/Food (please print)**

Prescribed amount: \_\_\_\_\_ per day OR  maximum allowable

Special instruction/comments:

<b>Provide information regarding Formulas tried:</b>	<b>Problems encountered:</b>

**C. WIC Supplemental Foods for Infants < 1 year old**

**Supplemental foods:** Please mark the appropriate boxes below to indicate any foods that would be contraindicated and/or require special instructions. **If no boxes are marked, the infant will receive the WIC foods.**

WIC Supplemental Foods(provided at 6 months of age)	Restrictions/Special Instructions
<input type="checkbox"/> Infant cereal	
<input type="checkbox"/> Infant fruits	
<input type="checkbox"/> Infant vegetables	
<input type="checkbox"/> Infant meats (fully breastfeeding infants only)	

**No supplemental foods:** omit all supplemental foods and provide exempt infant or medical formula/food only.

**D. Health care provider information**

Signature of health care provider: \_\_\_\_\_ Provider's name (please print):  MD  DO  PA  NP

Medical office/clinic:

Phone number:	Fax number:	Date:
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Adapted from Oregon Medical Documentation Form.  
Rev. 01/11

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WIC – 200

See back for most commonly provided exempt infant formulas/medical foods.

**This certification for medical necessity is necessary for providing the following products from the WIC Program for medically fragile infants.**

**The most commonly used products are listed below:**

**Hypoallergenic formulas:**

- **Nutramigen**
- **Pregestimil**
- **Similac Expert Care Alimentum**

**Impaired kidney function/hypocalcemia**

- **Similac PM 60/40**

**Premature formulas**

- **Enfamil EnfaCare**
- **Enfamil Premature with Iron 20**
- **Enfamil Premature with Iron 24**
- **Good Start Premature 24**
- **Similac Expert CareNeoSure**
- **Similac Special Care 24 with Iron**
- **Similac Special Care 30 with Iron**

**Reflux formulas**

- **Enfamil AR**
- **Similac Sensitive for Spit Up**

**Severe cow's milk allergy/multiple food protein allergy**

- **Neocate Infant**
- **Neocate Infant DHA & ARA**
- **Elecare**

**For additional products available from WIC please view the website at:  
<http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm>**

**Use the above link and click on "WIC Formula Resource Guide" from the list of materials.**

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Rev. 01/11.



**Kentucky WIC Program  
Children age 1 to 5**



**Certificate for Medical Necessity for Formula and WIC Food Exceptions**

Exception to WIC foods requests: Complete Sections A, C and D  
Exempt formula or medical foods: Complete A, B, C and D

<b>WIC Clinic:</b>
<b>Clinic Fax number:</b>
<b>Attention:</b>

This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

<b>A. Patient Information (please print)</b>		
Patient's name (Last, First, MI):		DOB:
Parent/Caregiver's Name (Last, First, MI):		
Medical diagnosis/qualifying condition: (Justifies the medical need for formula/food – include ICD-9 code if available)		
Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mos. <input type="checkbox"/> 3 mos. <input type="checkbox"/> 4 mos. <input type="checkbox"/> 5 mos. <input type="checkbox"/> 6 mos. (not to exceed 6 months)		
<b>B. Medical formula/medical food and WIC supplemental foods (please print)</b>		
Name of medical formula/medical food requested:		
Prescribed amount: _____ per day OR <input type="checkbox"/> maximum allowable		
Special instruction/comments:		
<b>C. Supplemental Foods</b>		
Supplemental foods will be provided in addition to the formula, if no boxes are checked below.		
<input type="checkbox"/> Omit all supplemental foods and provide formula only.		
<input type="checkbox"/> Provide only the following checked foods.		
<input type="checkbox"/> Whole Milk	<input type="checkbox"/> Cheese** or <input type="checkbox"/> Tofu**	Special Instructions:
<input type="checkbox"/> Lowfat Milk ≥ 2 years	<input type="checkbox"/> Eggs	
<input type="checkbox"/> Soy Milk		
<input type="checkbox"/> Cereal	<input type="checkbox"/> Peanut butter	
<input type="checkbox"/> Juice	<input type="checkbox"/> Beans	
<input type="checkbox"/> Fresh fruits and vegetables	<input type="checkbox"/> whole grain bread/tortillas or brown rice	
<b>D. Health care provider information</b>		
Signature of health care provider:		Provider's name (please print): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Medical office/clinic:		
Phone number:	Fax number:	Date:

Adapted from Oregon Medical Documentation Form.  
Rev. 01/11

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WIC – 300

See back for most commonly provided exempt formulas, medical formulas and medical foods.

This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:

**Hypoallergenic formulas:**

- Nutramigen
- Portagen
- Pregestimil
- Similac Expert Care Alimentum

**Impaired kidney function/hypocalcemia**

- Similac PM 60/40

**Pediatric Drinks for higher calories/FTT**

- Boost Kid Essentials Immunity Protection
- Boost Kid Essentials 1.0 CAL
- Boost Kid Essentials 1.5 CAL
- Boost Kid Essentials 1.5 CAL with Fiber
- Nutren Junior
- Nutren Junior with Fiber
- PediaSure
- PediaSure with Fiber
- PediaSure 1.5 Cal
- PediaSure 1.5 Cal with Fiber
- Peptamen Junior
- Peptamen Junior with Fiber
- Peptamen Junior with Prebio
- Peptamen Junior 1.5
- Vital Junior
- Vivonex Pediatric

**Premature formulas for developmental delays**

- Enfamil EnfaCare
- Enfamil Premature with Iron 20
- Enfamil Premature with Iron 24
- Good Start Premature 24
- Similac Expert Care NeoSure
- Similac Special Care with Iron 24

**Severe cow's milk allergy/multiple food protein allergy**

- Neocate Junior
- Neocate Junior with Prebiotics
- Elecare
- Elecare with DHA & ARA
- Elecare Vanilla

For additional products available from WIC please view the website at:  
<http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm>

Use the above link and click on "WIC Formula Resource Guide" from the list of materials.

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Nutrition Program for Women, Infant and Children.Rev. 01/11.



**Kentucky WIC Program  
Pregnant, Breastfeeding and Postpartum Women  
Certificate for Medical Necessity for Formula and WIC Food  
Exceptions**

WIC Clinic:
Clinic Fax number:
Attention:

Exception to WIC foods requests: Complete Sections A, C and D  
Exempt formula or medical foods: Complete A, B, C and D

This form should be used to provide guidance in regard to failure to thrive, lactose intolerance, gluten free diets, foods to avoid due to allergies, developmental delays or inability to tolerate solid foods, medical conditions that impair ingestion, digestion or absorption of nutrients, etc. These foods may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

<b>A. Patient Information (please print)</b>		
Patient's name (Last, First, MI):		DOB:
Medical diagnosis/qualifying condition: (Justifies the medical need for formula/food – include ICD-9 code if available)		
Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mos. <input type="checkbox"/> 3 mos. <input type="checkbox"/> 4 mos. <input type="checkbox"/> 5 mos. <input type="checkbox"/> 6 mos. (not to exceed 6 months)		
<b>B. Medical formula/medical food (please print)</b>		
Name of medical formula/medical food requested:		
Prescribed amount: _____ per day OR <input type="checkbox"/> maximum allowable		
Special instruction/comments:		
<b>C. Supplemental foods</b>		
Supplemental foods appropriate will be provided in addition to the formula if no boxes are checked below.		
<input type="checkbox"/> Omit all supplemental foods and provide formula only.		
<input type="checkbox"/> Provide only the following checked foods.		
<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese <u>or</u> <input type="checkbox"/> Tofu	
<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs	
<input type="checkbox"/> Juice	<input type="checkbox"/> Peanut butter <u>or</u> <input type="checkbox"/> Beans	
<input type="checkbox"/> Fresh fruits and vegetables	<input type="checkbox"/> Canned fish (fully breastfeeding women only)	
<input type="checkbox"/> Whole grain bread/ tortillas <u>or</u> brown rice		
** WIC provides low fat milk for women. For diagnosis requiring <b>whole milk</b> for additional calories please check here <input type="checkbox"/> and initial _____.		
<b>D. Health care provider information</b>		
Signature of health care provider:		
Provider's name (please print): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP		
Medical office/clinic:		
Phone number:	Fax number:	Date:

Adapted from Oregon Medical Documentation Form.  
Rev. 02/11

This Institution is an Equal Opportunity Provider.

WIC – 400

See back for most commonly provided exempt formulas, medical formulas and medical foods.

This certification for medical necessity is necessary for providing the following products from the WIC Program. The most commonly used products are listed below:

**GI Malabsorption/chronically impaired GI function**

- Tolorex
- Vital HN
- Vivonex Plus
- Vivonex T.E.N.

**Glucose Control**

- Boost Glucose Control

**Higher calories/Higher nutrients**

- Boost
- Boost High Protein
- Boost Plus
- Ensure
- Ensure Bone Health
- Ensure Plus

**Impaired GI function**

- Peptamen

**Isotonic/altered taste**

- Osmolite 1 Cal

**Impaired kidney function/hypocalcemia**

- Similac PM 60/40

For additional products available from WIC please view the website at:  
<http://chfs.ky.gov/dph/ach/ns/Nutrition+Education+Materials.htm>

Use the above link and click on “WIC Formula Resource Guide” from the list of materials.

WIC is a registered service mark of the U. S. Department of Agriculture for USDA’s Special Supplemental Nutrition Program for Women, Infant and Children.

# **Appendix B**

## **WIC State Agency Formula/Medical Food Approval Form**

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING  
WIC STATE AGENCY  
FORMULA/MEDICAL FOOD APPROVAL**

1. On the first line: fill-in the Agency/Site name either with a label or legible handwritten information.
2. Second line: add the participant's name (first and last) and date of birth.
3. Third line: enter the name of the formula.
4. Fourth line: fill-in the date of the medical documentation form.
5. Fifth line: add the name of the health professional, title of the health professional and telephone number.
6. Sixth line: complete the date of the verbal approval and the name of the State Agency personnel who provided the approval.
7. Send the original of the form (maintain a copy in the patient's medical record) with a copy of the medical documentation form to:

Cabinet for Health and Family Services  
275 East Main Street, HS2W-D  
Frankfort, KY 40621-0001  
Fax: 502-564-8389

8. When the original is received, please file the original and shred the copy.

**WIC STATE AGENCY  
FORMULA/MEDICAL FOOD APPROVAL**

Agency/Site: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
(FIRST AND LAST NAME) (DATE OF BIRTH)

Formula/Medical Food Requested: \_\_\_\_\_

Date of Medical Documentation Form \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Professional Initiating Request: \_\_\_\_\_  
\_\_\_\_\_  
(NAME) (TITLE) (PHONE) (DATE)

Verbal approval granted \_\_\_\_\_ in phone conversation with:  
\_\_\_\_\_  
(NUTRITION SERVICES BRANCH PERSONNEL)

ATTACH A COPY OF THE MEDICAL DOCUMENTATION FORM AND PLACE THE ORIGINAL IN THE MEDICAL RECORD

**(DO NOT COMPLETE BELOW THIS LINE  
STATE AGENCY REVIEW**

\_\_\_\_\_ IS NOT APPROVED. (REASON)  
\_\_\_\_\_

\_\_\_\_\_ IS APPROVED.

**THIS APPROVAL IS EFFECTIVE UNTIL \_\_\_\_\_ .**

A NEW REQUEST MUST BE SUBMITTED TO THE STATE AGENCY UPON EXPIRATION OF CURRENT MEDICAL DOCUMENTATION FORM.

\_\_\_\_\_  
(NAME) (TITLE) (DATE)  
Rev. 02/11

# **Appendix C**

## **Medicaid Denial Letters**

## **Medicaid Denial Letters for Formula/Medical Foods**

When a physician prescribes more formula/medical food than WIC can provide for a Medicaid participant, a Medicaid Denial Letter should be provided to the participant.

The Medicaid Denial Letter should be provided in the following circumstances:

- The physician has requested more formula/medical food per month than the maximum issuance allowed by the WIC Program.
- The physician has requested 2 products.

Once the letter is complete, it is to be taken by the parent to the Durable Medical Equipment (DME) provider.

A DME is a pharmacy or medical provider that takes Medicaid and is enrolled as a DME provider with Medicaid and meet the standards for that provider type. See the next page for sample letters.

## Sample Medicaid Denial Letters

### One Product Medicaid Denial Letter

Date

Dear Provider:

On (date), we certified (name of participant + Medicaid number if available) for the WIC Program.

For the next (specify time period), WIC will provide (name of formula) based upon the prescription received from the doctor. The doctor has requested \_\_\_\_\_cans of the above mentioned product for this client each month. WIC can only provide \_\_\_\_\_cans. We are requesting that Medicaid provide the additional \_\_\_\_\_cans each month.

If you have any questions about this information, please contact me at \_\_\_\_\_.

Sincerely,

Name

Title

### Two Product Medicaid Denial Letter

Date

Dear Provider:

On (date), we certified (name of participant + Medicaid number if available) for the WIC Program.

For the next (specify time period), WIC will provide (name of formula) based upon the prescription received from the doctor. The doctor has requested \_\_\_\_\_cans of the above mentioned product for this client each month. WIC can only provide \_\_\_\_\_cans. We are requesting that Medicaid provide the additional \_\_\_\_\_cans each month.

The physician has also requested \_\_\_\_\_ be provided for this client. WIC can only provide one product and therefore cannot provide this additional product. We are requesting that Medicaid provide it each month.

If you have any questions about this information, please contact me at \_\_\_\_\_.

Sincerely,

Name

Title