



MEMORANDUM

24-012

To: WIC Regional Directors
WIC Local Agency Directors

From: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Texas WIC

Date: March 5, 2024

Subject: **March 2024 Formula Approval Resources**

The following Formula Approval resources have been updated and are posted as of 3/1/2024.

- Texas WIC Formulary
- Nutrition Assessment Requirement Guide
- Texas WIC Maximum Quantity Table for Infants
- Texas WIC Maximum Quantity Table for Women and Children

These March updated resources are also available [here](#).

Changes include:

1. Primary contract formulas listed first.
2. Addition of 3 exempt therapeutic formulas:
 - a. Code 703 Kate Farms Pediatric Blended Meals RTU 8.45 oz
 - b. Code 704 Compleat Pediatric Peptide 1.0 RTU 8.45 oz
 - c. Code 705 Ketovie 4:1 Plant-Based RTU 8.3 oz
3. Discontinuation of 4 exempt formulas:
 - a. Code 232 Scandishake Low Fat PWD 12 oz
 - b. Code 233 Scandishake PWD 12 oz
 - c. Code 234 Scandishake with Aspartame PWD 12 oz
 - d. Code 639 Encala PWD 9.7 oz

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These formulas were discontinued by the manufacturer. We anticipate minimal impact since no family had active or future formula benefits for those codes.

4. Renaming of 96 formula codes to meet new online MIS requirements. These names are reflected in the MIS and Maximum Quantity Tables.

If you have any questions, please contact the Formula Team via email at FormulaTeam@hhs.texas.gov.

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil Infant	663 (PWD) 664 (CON) 665 (RTU)	Milk-based Infant Formula: 20 cal/oz, milk-based with prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Advance. Available in PWD (12.5oz), CON (13oz), and RTU (32oz).	Current contract standard milk-based infant formula. Over age 1 with medical need for a milk-based product with one or more of the following: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral-motor feeding issues/aversions	Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS Requirements for Ages Over 1 year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS Limitations Staff may only issue RTU when it meets criteria outlined in policy FD 15.0.	Mead Johnson Code 663 and 665: 6 cans/case Code 664: 12 cans/case Contract Formula
Similac Soy Isomil	389 (PWD) 391 (CON) 390 (RTU)	Soy-Based Infant Formula: 20 cal/oz, lactose-free, soy-based. Available in PWD (12.4oz and 30.8oz can), CON (13oz can), RTU (32oz ctnr).	Current contract standard soy-based infant formula. Over age 1 with medical need for a soy-based product with one or more of the following: 1) Cow's milk allergy or intolerance 2) Galactosemia 3) Vegan/Vegetarian Diet	Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS Requirements for Ages Over 1 Year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS Limitations Staff may only issue RTU when it meets criteria outlined in policy FD 15.0.	Abbott Code 389: 6 cans/case Code 391: 12 cans/case Code 390: 6 ctnrs/case Contract Formula
Enfamil Gentlease	668	Milk-Based Infant Formula: 20 cal/oz, milk-based with 20% of carbohydrates from lactose; contains partially hydrolyzed nonfat milk and whey protein with 60:40 whey-to-casein ratio; not intended for infants or children with galactosemia. Similar to Similac Total Comfort and Good Start SoothePro. Available in PWD (12.4oz can).	Current contract partially hydrolyzed milk-based formula. Intolerance to Enfamil Infant, digestive issues, and/or colic. Over age 1 with medical need for a milk-based product. Possible reasons include: 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS Requirements for Ages Over 1 year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS	Mead Johnson 6 cans/case Contract Formula

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil A.R.	667	<p>Milk-based Infant Formula: 20 cal/oz, milk-based with rice starch; contains prebiotic GOS (Galacto-oligosaccharides) and polydextrose (PDX); 20:80 whey-to-casein ratio; not intended for infants or children with galactosemia.</p> <p>Similar to Similac for Spit-Up.</p> <p>Available in PWD (12.9oz can).</p>	<p>Current contract added rice starch, milk-based formula. Intolerance to Enfamil Infant. Spitting up and/or reflux.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions 	<p>Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS</p> <p>Requirements for Ages Over 1 Year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS</p> <p>Recommendations: If infant is experiencing intolerance symptoms please discuss with CA prior to issuance.</p> <p>Additional Information: For mixing preparation, please note that after initial mixing of Enfamil A.R., the product should sit for 5 minutes before shaking mixture again.</p>	<p>Mead Johnson 6 cans/case</p> <p>Contract Formula</p>
Enfamil Reguline	670	<p>Milk-Based Infant Formula: 20 cal/oz, milk-based with 50% of carbohydrates from lactose; contains prebiotic Galacto-oligosaccharides (GOS) and polydextrose (PDX), partially hydrolyzed nonfat milk and whey protein; not intended for infants or children with galactosemia.</p> <p>Similar to Enfamil Gentlease, Similac Total Comfort and Good Start SoothePro.</p> <p>Available in PWD (12.4oz can).</p>	<p>Current contract partially hydrolyzed milk-based formula with prebiotics. Intolerance to Enfamil Infant, digestive issues, and/or constipation.</p> <p>Over age 1 with medical need for a milk-based product. Possible reasons include:</p> <ol style="list-style-type: none"> 1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions 	<p>Requirements for Ages 1 and Under: Approval Authority: Local Agency - All WCS</p> <p>Requirements for Ages Over 1 year: Documentation: Rx and Formula history Approval Authority: Local Agency - All WCS</p>	<p>Mead Johnson 6 cans/case</p> <p>Contract Formula</p>

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Alfamino Infant	593	<p>Elemental: 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic amino acid based. 43% of fat is MCT oil.</p> <p>Similar to Elecare DHA/ARA, Neocate DHA/ARA, Neocate Syneo and PurAmino.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome , necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	Nestle 6 cans/case
Alfamino Junior	594	<p>Elemental: 30 cal/oz, hypoallergenic amino acid based. 63% of fat is MCT oil.</p> <p>Similar to Elecare Jr, Equacare Jr, Essential Care Jr, Neocate Jr and Puramino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nestle 6 cans/case unflavored, vanilla
Alimentum	598 (PWD) 395 (RTU) 695 (RTU 8oz-6pk)	<p>Protein Hydrolysate: 20 cal/oz, hydrolyzed casein, hypoallergenic; lactose-free; 33% of fat is MCT oil. RTU contains sucrose and modified tapioca starch. PWD contains corn derivatives.</p> <p>Similar to Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil.</p> <p>Available in PWD (12.1oz can) and RTU (32oz ctnr, 8oz-6pk).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history.</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p>	Abbott Code 598: 6 cans/case Code 395: 6 ctnrs/case Code 695: 6-pack

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BCAD 1	463	Metabolic: isoleucine, leucine and valine-free; nutritionally incomplete; 1 scoop (unpacked, level) = 4.5 g powder. Available in PWD (16oz can).	Maple syrup urine disease (MSUD) in infants or toddlers	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
BCAD 2	278	Metabolic: isoleucine, leucine and valine-free; branched-chain amino acid-free. 24 g protein equivalents per 100 g powder. Available in PWD (16oz can).	Maple syrup urine disease (MSUD) in children or adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Mead Johnson 6 cans/case
Benecalorie	528	Modular: 220 cal/oz; 330 cal per 1.5 oz ctnr; lactose and cholesterol-free; 7 g of milk protein as calcium caseinate per 1.5 oz serving; not hypoallergenic; liquid modular intended to be added to food or beverage. Available in RTU (1.5 oz ctnr).	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Limited to 2 cases per month (48 containers); maximum quantity allows issuance of this product and another formula. Can only issue to women and children.	Nestle 24 ctnrs/case smallest available unit: 24 ctnrs
BetaQuik MCT	571	Modular: 18.9 cal/10 ml; Liquid emulsion of MCT oil; Enteral use only. Available in RTU (8.45oz ctnr).	1) Increased calorie needs 1) Ketogenic diet 2) Condition that impairs digestion/absorption 3) Defective lymphatic transport of fat 4) Conditions with decreased pancreatic lipase and/or decreased bile salts	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Can only issue to women and children 3 years of age and older.	VitaFlo 18 ctnrs/case smallest available unit: 18 ctnrs
Boost	428	Increased Calorie Supplement: 31 cal/oz, lactose-free and nutritionally complete. Similar to Ensure. Available in RTU (8oz ctnr).	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla, chocolate, strawberry, butter pecan

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Boost Breeze	496	<p>Increased Calorie Supplement: 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; 9 g whey protein/8 oz container.</p> <p>Available in RTU (8oz ctnr).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) Oral motor feeding issues/aversions</p> <p>3) Increased calorie needs</p> <p>4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles</p> <p>5) Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>orange, peach, berry, variety (mixed flavors)</p>
Boost High Protein	274	<p>Increased Calorie Supplement: 30 cal/oz, high-protein, lactose-free, nutritionally complete.</p> <p>Similar to Ensure High Protein.</p> <p>Available in RTU (8oz ctnr).</p>	<p>1) Increased protein needs</p> <p>2) Cancer</p> <p>3) Wounds</p> <p>4) Surgery</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>
Boost Kid Essentials	492	<p>Increased Calorie Supplement:</p> <p>30 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; full name is Boost Kid Essentials.</p> <p>Similar to Pediasure.</p> <p>Available in RTU (8oz ctnr).</p>	<p>1) Increased calorie needs</p> <p>2) Inadequate growth</p> <p>3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles</p> <p>4) Tube feeding</p> <p>5) Oral motor feeding issues/aversions</p> <p>6) Developmental delays (sensory & motor)</p> <p>7) Prematurity (<37 weeks)/LBW</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>

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Boost Kid Essentials 1.5	475	<p>Increased Calorie Supplement: 45 cal/oz, lactose-free; nutritionally complete; contains MCT oil.</p> <p>Similar to Pediasure 1.5.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p> <p>Recommendations:</p> <p>Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>
Boost Kid Essentials 1.5 w/Fiber	476	<p>Increased Calorie Supplement: 45 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains MCT oil; 2.1 g fiber/8 oz container.</p> <p>Similar to Pediasure 1.5 w/ Fiber.</p> <p>Available in RTU (8oz ctnr).</p>	<p>Increased fiber needs with one or more of the following:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Developmental delays (sensory & motor) 7) Prematurity (<37 weeks)/LBW 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p> <p>Recommendations:</p> <p>Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla</p>
Boost Plus	429	<p>Increased Calorie Supplement: 46 cal/oz, lactose-free, high-calorie; nutritionally complete.</p> <p>Similar to Ensure Plus.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Normally used for adults. Can only issue to women and children.</p>	<p>Nestle</p> <p>24 ctnrs/case</p> <p>vanilla, chocolate, strawberry</p>
Boost Pudding	275	<p>Increased Calorie Supplement: 240 cal/5 oz, lactose-free; nutritionally complete.</p> <p>Similar to Ensure Pudding.</p> <p>Available in RTU (5oz cup).</p>	<ol style="list-style-type: none"> 1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: State Agency - Certifying Authority</p> <p>Limitations:</p> <p>Limit issuance to 3 per day or 96 per month. Can only issue to women and children.</p>	<p>Nestle</p> <p>4 cups/carton</p> <p>vanilla, chocolate, butterscotch</p> <p>smallest available unit: 4-pack</p>

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Boost Very High Calorie	538	Increased Calorie Supplement: 66.25 cal/oz; lactose-free; nutritionally complete; suitable for celiac disease. Available in RTU (8oz ctnr).	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children. Recommendations: Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.	Nestle 24 ctnrs/case vanilla
Calcilo XD	470	Special Medical Conditions: 20 cal/oz, lactose and vitamin D-free, low-calcium; nutritionally complete for all nutrients except calcium, phosphorus and vitamin D. Available in PWD (13.2oz can).	1) Osteopetrosis 2) William's Syndrome 3) Hypercalcemia and hyperparathyroidism	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Abbott 6 cans/case
Carb Zero	572	Modular: 18.0 cal/10 ml; Liquid emulsion of LCT oil; Enteral use only. Available in RTU (8.45oz ctnr).	1) Ketogenic diet 2) LCT (long chain triglycerides) needs	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: Can only issue to women and children.	Vitafo 18 ctnrs/case smallest available unit: 18 ctnrs
Compleat	102	Increased Calorie Supplement: 32 cal/oz, blenderized, lactose-free; nutritionally complete, made from foods; 1.5 g fiber per 250 mL container. Available in RTU (250mL ctnr).	Increased calorie needs for tube feedings only	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Compleat Pediatric	101	Increased Calorie Supplement: 30 cal/oz, blenderized, lactose-free, nutritionally complete, made from foods; 1.7 g fiber per 250 mL container. Available in RTU (250mL ctnr).	Increased calorie needs for tube feedings only	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case unflavored

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Compleat Pediatric Organic Blends	636	<p>Special Medical Conditions: 36 cal/oz, blenderized, made from foods; dairy-free, lactose-free, gluten-free, organic; primarily designed for tube feedings; not for gravity feeding or feeding tubes <12FR in bolus or pump-assisted feedings; for use under medical supervision.</p> <p>Similar to Nourish and Real Food Blends.</p> <p>Available in RTU (10.1oz pouch).</p>	<p>1) Tube Feeding 2) FTT or malnutrition 3) Food allergies 4) Poor GI tolerance to other formulas</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for children. Can only issue to women and children.</p>	<p>Nestle 24 pouches/case</p> <p>chicken-garden blend plant-based</p>
Compleat Pediatric Peptide 1.0	702	<p>Special Medical Conditions: 29.5 cal/oz, blenderized; nutritionally complete; made from foods; high calorie; peptide-based; vegan, plant-based; Kosher; top 9 allergen-free; dairy-free, lactose-free, gluten-free, soy-free, nut-free, corn-free; 40% of fat is MCT; hydrolyzed pea protein, L-cystine; 1/4 cup vegetable per 250 mL serving; primarily designed for tube feeding;</p> <p>Similar to Kate Farms Peptide 1.5.</p> <p>Available in RTU (8.45oz ctrn).</p>	<p>1) Tube Feeding 2) Increased calorie needs 3) Condition that impairs digestion/absorption 4) Food allergies (cow's milk, soy, corn) 5) GI Disorder 6) FTT or malnutrition 7) Developmental delays (sensory and motor)</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for children. Can only issue to women and children.</p>	<p>Nestle 24 ctrns/case unflavored</p>

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Compleat Pediatric Peptide 1.5	635	<p>Special Medical Conditions: 44 cal/oz; blenderized; nutritionally complete; made from foods; high calorie; peptide-based; vegan, plant-based; Kosher; top 9 allergen-free; dairy-free, lactose-free, gluten-free, soy-free, nut-free, corn-free; 40% of fat is MCT; hydrolyzed pea protein, L-cystine; 3/8 cup vegetable per 250 mL serving; primarily designed for tube feeding;</p> <p>Similar to Kate Farms Peptide 1.5.</p> <p>Available in RTU (8.45oz ctnr).</p>	<p>1) Tube Feeding 2) Increased calorie needs 3) Condition that impairs digestion/absorption 4) Food allergies (cow's milk, soy, corn) 5) GI Disorder 6) FTT or malnutrition 7) Developmental delays (sensory and motor)</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for children. Can only issue to women and children.</p>	Nestle 24 ctnrs/case unflavored
Compleat Pediatric Reduced Calorie	539	<p>Special Medical Conditions: 17.75 cal/oz; nutritionally complete; made from food with 3.4 g/L soluble fiber and 3.4 g/L of insoluble fiber; tube feeding only.</p> <p>Available in RTU (250mL ctnr).</p>	<p>Decreased calorie needs for tube feeding only: 1) Oral motor feeding issues/aversions 2) Developmental delays (sensory and motor) 3) Neurological conditions</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for children. Can only be issued to women and children.</p>	Nestle 24 ctnrs/case unflavored
Compleat Pediatric Standard 1.0	686	<p>Special Medical Conditions: 29.5 cal/oz; nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only.</p> <p>Available in RTU (250mL ctnr).</p>	<p>1) Tube Feeding 2) Food allergies 3) FTT or malnutrition 4) Inadequate growth</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for children. Can only be issued to women and children.</p>	Nestle 24 ctnrs/case vanilla

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Compleat Pediatric Standard 1.4	687	Special Medical Conditions: 41 cal/oz, nutritionally complete, contains pea protein with soluble and insoluble fiber, plant-based, milk-free, lactose-free, gluten-free, non-GMO, and Kosher; no added artificial flavors, colors or sweeteners; primarily used for tube feeding; for use under medical supervision only. Available in RTU (250mL ctrn).	1) Tube Feeding 2) Food allergies 3) Fluid Restriction and/or Increased Calories 4) FTT or malnutrition 5) Inadequate growth	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only be issued to women and children.	Nestle 24 ctrns/case vanilla
Complex Essential MSD	544	Metabolic: Isoleucine, leucine, and valine-free, nutritionally incomplete; for oral or tube feeding; 380 cal, 3.9 g fiber, and 25 g protein equivalent per 100 g powder; not for infants under 1 year of age. Available in PWD (1lb can).	Maple Syrup Urine Disease (MSUD)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case vanilla
Complex Junior MSD	542	Metabolic: Isoleucine, leucine, and valine-free; for oral and tube feeding; 496 cal and 13 g of protein equivalent per 100 g pwd. Available in PWD (400g can).	Maple Syrup Urine Disease (MSUD) or beta-ketothiolase deficiency	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case
Complex MSD Amino Acid Blend	543	Metabolic: Isoleucine, leucine, and valine-free; nutritionally incomplete; for oral or tube feeding; 323 cal and 81 g protein equivalent per 100 g of pwd; not for infants under 1 year of age. Available in PWD (1lb can).	Maple Syrup Urine Disease (MSUD)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Cyclinex 1	342	Metabolic: Non-essential amino acid and lactose-free; nutritionally incomplete; for infants and children. Available in PWD (14.1oz can).	1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homocitrullinemia) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case unflavored
Cyclinex 2	343	Metabolic: Non-essential amino acid and lactose-free; nutritionally incomplete. Available in PWD (14.1oz can).	1) HHH Syndrome (ornithine translocase deficiency- hyperornithinemia, hyperammonemia, homocitrullinuria) 2) Defects in urea cycle enzyme 3) Gyrate atrophy of the choroid and retina	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case unflavored
DiabetiSource AC	109	Increased Calorie Supplement: 36 cal/oz, lactose-free, made from foods; does not contain sugar alcohols; 3.8 g fiber/250 mL container. Available in RTU (250mL ctrn).	1) Diabetes Mellitus 2) Glucose intolerance 3) Stress-induced hyperglycemia 4) Diabetes with wounds	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Duocal	238	Modular: 4.9 cal/g, 42 cal/level Tbsp, high-calorie, carbohydrate and fat with no protein, sucrose, fructose or lactose; contains 35% MCT; nutritionally incomplete, for oral and tube feedings. 1 Tbsp = 8.5 g, 1 C = 117 g, 1 scoop = 25 cal, 1 scoop = 5 g. 80 scoops/can; 48 Tbsp/can. Available in PWD (400g can).	1) Protein, electrolyte, and/or fluid restriction 2) Increased calorie needs 3) Protein or amino acid metabolism disorders 4) Condition that impairs digestion/absorption 5) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete Assessment Approval Authority: State Agency	Nutricia 6 cans/case unflavored

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Elecare DHA/ARA	479	<p>Elemental: 20 cal/oz for infants; hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, or lactose; contains 33% MCT oil.</p> <p>Similar to Alfamino, Neocate DHA/ARA , Neocate Syneo, and PurAmino.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	<p>Abbott</p> <p>6 cans/case</p> <p>unflavored</p>
EleCare Jr	515	<p>Elemental: 30 cal/oz is the standard dilution for children over 1 year of age; nutritionally complete, hypoallergenic amino acid-based; for oral or tube feeding; does not contain milk or soy protein, fructose, galactose, lactose; contains 33% MCT oil.</p> <p>Similar to Alfamino Jr., Equacare Jr., Essential Care Jr., Neocate Jr. and Puramino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Abbott</p> <p>6 cans/case</p> <p>unflavored, vanilla, banana, chocolate</p>
EnfaCare/Enfamil Neuropro Enficare	371 (PWD) 623 (RTU)	<p>Premature/LBW: 22 cal/oz, high protein, vitamin, and mineral milk-based, for preterm and/or low birth weight infants; 20% of fat is MCT oil.</p> <p>Similar to NeoSure.</p> <p>Available in PWD (13.6oz can) and RTU (2oz btl).</p>	<p>1) Prematurity (<37 weeks), regardless of birthweight, may issue up to 12 months chronological age</p> <p>2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz may issue up to 12 months chronological age</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p> <p>Limitations:</p> <p>Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD.</p> <p>Recommendations:</p> <p>At 6 months chronological age staff should assess infant's readiness to eat solids.</p>	<p>Mead Johnson</p> <p>Code 371: 6 cans/case</p> <p>Code 623: 6 bottles/carton, 24 bottles/case, 48 bottles/case</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfagrow Premium Toddler	608 (24oz) 690 (32oz)	Special Medical Conditions: 23 cal/oz, milk-based toddler formula with prebiotics. Similar to Good Start GentlePro Toddler and Similac Go & Grow. Available in PWD (24oz can).	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS Limitations: For children older than 1 year.	Mead Johnson 4 cans/case 24oz: natural milk 32oz: vanilla, natural milk
Enfagrow Premium Gentlelease Toddler	700	Special Medical Conditions: 30 cal/oz, milk-based partially hydrolyzed toddler formula with DHA. Available in PWD (29.1oz can).	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS Limitations: For children older than 1 year.	Mead Johnson 4 cans/case
Enfamil Human Milk Fortifier PWD or Acidified Liquid (EHMF)	305 (PWD) 510 (RTU)	Premature/LBW: Supplement for mother's milk collected after 2 weeks postpartum; contains milk and soy; similar to Similac HMF; nutritionally incomplete; 70% MCT oil. Available in PWD (0.71g packet) and RTU (5mL vial).	1) Prematurity (37 weeks) 2) Low or very low birth weight (LBW/VLBW)	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Can only issue 1 month at a time. Recommendations: Used for the fortification of human breastmilk. For additional 2 cal/oz, add 1 HMF packet or vial to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF packet or vial to every 25 ml of preterm human milk. *Acidified Liquid: Do not add EHMF to breast milk in a ratio greater than 1 vial/25mL.	Mead Johnson Code 305: 100 packets/carton, 2 cartons/case Code 510: 100 vials/carton, 2 cartons/case smallest available unit: Code 305: 100 packets Code 510: 100 vials

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfamil Premature 24 w/ Iron	443	<p>Premature/LBW: 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil.</p> <p>Similar to Similac Special Care 24 w/ Iron.</p> <p>Available in RTU (2oz btl).</p>	<p>1) Prematurity (<37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>Limitations: Can only issue 1 month at a time.</p> <p>Additional Information: When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p>	<p>Mead Johnson 6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p>
Enfamil Premature High Protein 24 w/ Iron	509	<p>Premature/LBW: 24 cal/oz, high-protein and mineral formula, whey protein (60:40) dominant; 40% of fat is MCT oil; 3.5 g protein per 100 cal.</p> <p>Similar to Similac Special Care 24 High Protein.</p> <p>Available in RTU (2oz btl).</p>	<p>1) Prematurity (<37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>Limitations: Can only issue 1 month at a time.</p> <p>Additional Information: When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p>	<p>Mead Johnson 6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p>
Enfamil Premature 30	557	<p>Premature/LBW: 30 cal/oz, high protein and mineral (3 g protein/100 cal), carbohydrate blend: 60% corn syrup solids, 40% lactose; 40% of fat is MCT oil.</p> <p>Similar to Similac Special Care 30 w/ Iron.</p> <p>Available in RTU (2oz btl).</p>	<p>1) Prematurity (<37 weeks)</p> <p>2) Low birth weight or very low birth weight (LBW, VLBW)</p>	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency</p> <p>Limitations: Can only issue 1 month at a time.</p> <p>Additional Information: When more than 12 oz (355 mL) of 24 calories/fl oz formula is used per day, which may occur in larger infants weighing over 2500 g (5.5 lb) consuming only Enfamil Premature, intake of some nutrients (e.g. fat soluble vitamins) may be excessive.</p>	<p>Mead Johnson 6 bottles/carton, 48 bottles/case</p> <p>smallest available unit: 6 bottles</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Enfaport	564	Special Medical Conditions: 30 cal/oz, lactose-free, milk-based; nutritionally complete; 84% of fat as MCT. Designed for infants. Available in RTU (6oz-6pack = 36oz).	1) Chyllothorax 2) Condition that impairs digestion/absorption 3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4) High MCT oil needs	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Mead Johnson 4-6 packs/case (24-6oz ctnrs)
Ensure	075	Increased Calorie Supplement: 31 cal/oz, lactose-free with prebiotic (scFOS) short-chain fructooligosaccharides, nutritionally complete; 3 g fiber per 8 oz container. Similar to Boost. Available in RTU (8oz ctnr).	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate, coffee latte, strawberry, butter pecan, banana nut
Ensure Clear	606	Increased Calorie Supplement: 31 cal/oz, milk-based, lactose and fat-free, clear liquid; nutritionally incomplete; not for tube feeding; 8 g whey protein/8 oz container. Available in RTU (8oz ctnr).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Increased calorie needs 5) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case apple, mixed berry blueberry, mixed fruit
Ensure High Protein Therapeutic Nutrition	573	Special Medical Conditions: 20 cal/oz, high-protein, low fat, lactose-free, nutritionally complete. Similar to Boost High Protein. Available in RTU (8oz ctnr).	1) Increased calorie needs 2) Increased protein needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate TN = therapeutic nutrition, institutional version only

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Ensure Plus	120 (RTU 8oz) 121 (RTU 32oz)	Increased Calorie Supplement: 45 cal/oz, nutritionally complete, high calorie, lactose-free; with prebiotic short-chain fructooligosaccharides (scFOS); 3 g fiber/8 oz container. Similar to Boost Plus. Available in RTU (8oz ctnr; 32oz ctnr).	1) Increased calorie needs 2) Fluid restriction 3) Oral motor feeding issues/aversions 4) Tube feeding	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Abbott Code 120: 24 ctnrs/case vanilla, chocolate, strawberry, butter pecan Code 121: 6 ctnrs/case; vanilla, chocolate
Ensure Pudding	122	Increased Calorie Supplement: 170 cal/4 oz; nutritionally complete; lactose-free with prebiotic short-chain fructooligosaccharides (scFOS). Similar to Boost Pudding. Available in RTU (4oz cup).	1) Oral motor feeding issues/aversions 2) Dysphagia 3) Increased calorie needs 4) Fluid restrictions 5) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Limit issuance to 3 per day or 96 per month. Can only issue to women and children.	Abbott 4 cups/carton vanilla, chocolate smallest available unit: 4-pack
ENU Pro3+	634	Modular: 1 scoop = 1 tablespoon = 8.6 g = 35 cal; 4.1 cal/g; standard serving 2 scoops per 1/2 cup food or water; 40 scoops per can; nutritionally incomplete; macronutrient distribution range per 100 g: 54% carbohydrate, 25% protein, 21% fat; 8% of fat is MCT oil; enriched with L-leucine, 29 vitamins and minerals. Available in PWD (12oz can).	1) Increased calorie needs 2) Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: For 2 years of age and older. Can only issue to women or children.	Ajinomoto Cambrooke Inc. unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
ENU Shake	633	<p>Special Medical Conditions: 47 cal/oz; high calorie; high protein; nutritionally complete; 100% hydrolyzed whey protein; soy-free, corn-free, gluten-free, lactose-free; for oral or tube feeding; 25% of fat is MCT oil.</p> <p>Similar to Ensure High Protein Therapeutic, Boost High Protein, Boost Plus.</p> <p>Available in RTU (6-8.5oz ctnr).</p>	<p>GI Disorder with one or more of the following conditions:</p> <ol style="list-style-type: none"> 1) Increased calorie needs 2) Increased protein needs 3) Fluid restriction 4) Tube Feeding 5) Cystic Fibrosis 6) Cancer 	<p>Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Normally used for adults. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6-pack</p> <p>vanilla, chocolate</p>
Equacare Jr	627	<p>Elemental: 30 cal/oz standard dilution; hypoallergenic; nutritionally complete; 100% free amino acids; 33% of fat is MCT oil; for oral or tube feeding.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr, PurAmino Jr.</p> <p>Available in PWD (14.1oz can).</p>	<ol style="list-style-type: none"> 1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophogatis 	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6 cans/case</p> <p>unflavored, vanilla, chocolate</p>
Essential Care Jr	628	<p>Elemental: 30 cal/oz standard dilution; hypoallergenic; corn-free; nutritionally complete; 100% free amino acids; 35% of fat is MCT oil; enriched with low FODMAP prebiotics, DHA, Lutein, K2; for oral or tube feeding.</p> <p>Similar to Alfamino Jr., Elecare Jr., Neocate Jr., PurAmino Jr.</p> <p>Available in PWD (14.1oz pouch).</p>	<ol style="list-style-type: none"> 1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy, corn or intact protein)/FPIES 5) Medical condition requiring elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eisoniphilic esophagitis 	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc.</p> <p>6 pouches/case</p> <p>unflavored, white chocolate, vanilla, citrus</p>

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Extensive HA	592	<p>Protein Hydrolysate: 20 cal/oz when mixed 1 scoop to 1 oz water; hypoallergenic 100% extensively hydrolyzed whey protein, 49% of fat is MCT oil; contains the probiotic Bifidobacterium lactis and DHA/ARA.</p> <p>Similar to Alimentum, Generic Hypoallergenic, Nutramigen, Pepticate, Pregestimil.</p> <p>Available in PWD (14.1 oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p>	Nestle 6 cans/case
FiberSource HN	126	<p>Increased Calorie Supplement: 36 cal/oz, high-nitrogen, 100% soy protein with fiber for tube feeding; contains 20% MCT oil; 2.5 g fiber/250 mL container.</p> <p>Available in RTU (250mL ctrn).</p>	<p>For tube feeding with</p> <p>1) GI Disorder</p> <p>2) Neurological condition</p> <p>3) Developmental delays (sensory & motor)</p> <p>4) Increased calorie needs</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nestle 24 ctrns/case unflavored
Fortini	638	<p>Increased Calorie Supplement: 30 cal/oz, high calorie, nutritionally complete, contains milk and soy, prebiotic fiber and DHA/ARA, for oral or tube feeding, osmolality: 360 mOsm/kg. For use under medical supervision.</p> <p>Available in RTU (4oz ctrn).</p>	<p>Increased calorie needs related to:</p> <p>1) Failure to thrive (FTT) with weight/length or height <10% or downward crossing of 2 major percentiles</p> <p>2) Inadequate Growth</p> <p>3) Fluid Restriction</p> <p>4) Tube Feeding</p> <p>5) Hypermetabolic condition (congenital heart disease, chronic pulmonary disease, etc.)</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete Assessment</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Normally used for full term infants and young children up to 18 months.</p> <p>Can only issue until infant or toddler reaches 19 lbs. 13 oz.</p>	Nutricia 30 ctrns/case
GA 1 Anamix Early Years	580	<p>Metabolic: Lysine-free, low tryptophan; Contains iron and DHA/ARA. 12.5 g of protein equivalent per 100 g powder.</p> <p>Available in PWD (400g can).</p>	<p>Glutaric aciduria type 1 in infants or children.</p>	<p>Requirements:</p> <p>Documentation: Metabolic prescription form</p> <p>Approval Authority: State Agency</p>	Nutricia 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
GA	464	Metabolic: Lysine, tryptophan, lactose and galactose-free; 15.1 g protein equivalents/100 g powder. Available in PWD (16oz can).	Glutaric aciduria (acidemia) type I in infants or children	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
Generic Hypoallergenic	659 660 661	Protein Hydrolysate: 20cal/oz, hypoallergenic, 100% extensively hydrolyzed casein, lactose-free, gluten-free; contains probiotic Lactobacillus rhamnosus, DHA/ARA; does not contain MCT oil; powder should be measured with unpacked level scoops and added to warm water and shaken for a minimum of 30 seconds; if stored chilled, product may separate and will need to be shaken again; not intended for immunocompromised or premature infants. Similar to Alimentum, Extensive HA, Nutramigen, Pepticate, Pregestimil Available in PWD (12.6oz, 19.8oz, 27.8oz can)	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food Allergies (cow's milk, soy, or intact protein)/FPIES	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS Additional Information: Labels will vary by store brand. 659 (12.6oz) - Parent's Choice (Walmart), HEB Baby (HEB), Comforts (Kroger), Tippy Toes (Brookshires) 660 (19.8oz) - HEB Baby (HEB), Parent's Choice (Walmart), Up&Up (Target), Signature Care (Albertsons, Randalls, Tom Thumb, Fiesta) 661 (27.8oz) - Parent's Choice (Walmart)	Perrigo 1 can
GlutarAde Amino Acid Blend GA-1	541	Metabolic: Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding; not for infants under one year old. Available in PWD (1lb can).	Glutaric aciduria (acidemia) Type I in children and adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case
GlutarAde Jr GA-1 Drink Mix	540	Metabolic: Low in tryptophan, lysine-free; nutritionally incomplete; for oral or tube feeding.; not for infants under one year old. Available in PWD (400g can).	Glutaric aciduria (acidemia) Type I in children, adults, and pregnant women	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 4 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Glutarex 1	344	Metabolic: Lysine, tryptophan and lactose-free. Available in PWD (14.1oz can).	Glutaric aciduria (acidemia) type I in infants or children	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Glutarex 2	345	Metabolic: Lysine, tryptophan and lactose-free. Available in PWD (14.1oz can).	Glutaric aciduria (acidemia) type I in children and adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case
Glycosade	614	Metabolic: Hydrothermally processed high amylopectin starch. Each 60g packet has an equivalent carbohydrate content of 55g of uncooked cornstarch. Available in PWD (60g pack).	1) Glycogen Storage Disease (GSD) 2) Hypoglycemia 3) Tube Feeding	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 5 years of age and older and adults. Can only issue to women.	Vitafo 30 packs/case smallest available unit: must order in multiples of 30
Glytrol	132	Special Medical Conditions: 30 cal/oz, lactose and sucrose-free carbohydrate blend to support glycemic control. Available in RTU (250mL ctrn).	1) Diabetes Mellitus 2) Glucose intolerance 3) Hyperglycemia	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Good Start GentlePro Toddler	603	Special Medical Conditions: 19.3 cal/oz, milk-based toddler drink with probiotics. Similar to Enfagrow Toddler and Similac Go & Grow. Available in PWD (24oz can).	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS Limitations: For children 1 year of age and older.	Gerber 4 cans/case
HCU Anamix Early	576	Metabolic: Methionine and cysteine-free with iron, DHA/ARA and prebiotic fiber blend. Provides 13.5 g of protein equivalent per 100 g of powder. For oral or tube feeding. Available in PWD (400g can).	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in infants and young children.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
HCU Anamix Next	583	Metabolic: Methionine-free. Contains DHA and prebiotic fiber blend. Available in PWD (400g can).	Vitamin B-6 non-responsive homocystinuria or hypermethioninemia in children 1 year of age and up.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
HCU Maxamum (discontinued name: XMet Maxamum)	261	Metabolic: Methionine and fat-free; nutritionally incomplete; 40g protein equivalents/100g powder; intended for older children and adults. Available in PWD (454g can).	1) Homocystinuria (vitamin B-6 non-responsive) 2) Hyper-methioninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women (including pregnant) and children.	Nutricia 6 cans/case orange
HCY 1	465	Metabolic: Methionine, lactose and galactose-free, with cysteine and iron; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Homocystinuria in infants or children	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
HCY 2	328	Metabolic: Methionine, lactose and galactose-free; nutritionally incomplete; 22 g protein equivalents/100 g powder. Available in PWD (16oz can).	Homocystinuria in children or adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Mead Johnson 6 cans/case
Hominex 1	346	Metabolic: Methionine and lactose-free. Available in PWD (14.1oz can).	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in infants or toddlers.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Hominex 2	347	Metabolic: Methionine and lactose-free. Available in PWD (14.1oz can).	Homocystinuria (vitamin B-6 non-responsive) or hypermethioninemia in children or adults.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case
I Valex 1	348	Metabolic: Leucine and lactose-free. Available in PWD (14.1oz can).	Isovaleric acidemia or other disorders of leucine catabolism in infants or toddlers	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
I Valex 2	349	Metabolic: Leucine and lactose-free. Available in PWD (14.1oz can).	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case
Impact	140	Special Medical Conditions: 30 cal/oz; lactose-free enteral formula for critically ill adults. Available in RTU (250mL ctnr).	1) Trauma 2) Post-surgery 3) Burns or wounds 4) Mechanically ventilated 5) Critically ill	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case
Isosource 1.5	152	Increased Calorie Supplement: 45 cal/oz, lactose-free, high-calorie, high-nitrogen; 2 g fiber per 250 mL container; for tube feedings. Available in RTU (250mL ctnr).	For tube feeding with: 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Requirements: Documentations: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case
Isosource HN	153	Increased Calorie Supplement: 36 cal/oz, lactose-free, high-protein, high-nitrogen; nutritionally complete liquid formula with fiber; 13.4 g soy protein/250 mL container; tube feedings only. Available in RTU (250mL ctnr).	For tube feeding with: 1) High calorie needs 2) Increased protein needs 3) Fluid restriction	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case
IVA Anamix Early	577	Metabolic: Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. For oral or tube feeding. Available in PWD (400g can).	Isovaleric acidemia or other disorders of leucine catabolism in infants or young children.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
IVA Anamix Next	584	Metabolic: Leucine-free with DHA and ARA; 13.5 g of protein equivalent per 100 g powder. Available in PWD (400g can).	Isovaleric acidemia or other disorders of leucine catabolism in children or adults.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
IVA Maxamum (discontinued name: XLeu Maxamum)	255	Metabolic: Leucine and fat-free; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD (454g can).	Isovaleric acidemia and other disorders of leucine metabolism	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For older children and adults. Can only issue to women and children.	Nutricia 6 cans/case orange
Jevity 1 Cal	155	Special Medical Conditions: 31 cal/oz, nutritionally complete, high-protein, lactose-free, isotonic with fiber; 3.4 g fiber per 8 oz serving. Available in RTU (8oz ctnr).	1) Tube feeding 2) Tube feeding with wound healing	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case
Kate Farms Pediatric Blended Meals	703	Special Medical Conditions: 29.5 cal/oz, blenderized whole foods with organic pea protein and 1/2, 4/5, or 2/5 cup serving of fruits/vegetables, contains MCT oil, vegan, plant-based, Kosher and Halal; top 9 allergen-free, lactose-free, gluten-free, nutritionally complete; primarily designed for tube feeding or oral feeding with tube size >10 Fr, pump, gravity, or bolus feeding without dilution/thinning; for use under medical supervision. Similar to Compleat Pediatric Organic Blends, Nourish, and Real Food Blends. Available in RTU (8.45 oz pouch).	1) Tube feeding 2) FTT or malnutrition 3) Food allergies 4) Poor GI tolerance to other formulas 5) GI disorder	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: Normally used for children. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Kate Farms 12 ctnrs/case banana & blueberry, mango & strawberry, carrot & squash

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Kate Farms Pediatric Peptide 1.0	625	Special Medical Conditions: 29.5 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1) Condition that impairs digestion/absorption 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI Disorder with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla
Kate Farms Pediatric Peptide 1.5	610	Special Medical Conditions: 44 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1) Condition that impairs digestion/absorption 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI Disorder with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, plain
Kate Farms Pediatric Standard 1.2	611	Increased Calorie Supplement: 35 cal/oz, vegan, plant-based, lactose, soy, gluten, and corn-free. Nutritionally complete; Intact organic pea protein. For oral or tube feeding. Available in RTU (8.45oz ctnr).	1) Poor GI tolerance to other formulas 2) FTT or malnutrition 3) Food allergies (cow's milk, soy, or corn) 4) Tube feeding	Requirements: Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only be issued to women and children.	Kate Farms 12 ctnrs/case vanilla, chocolate

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Kate Farms Peptide 1.5	612	Special Medical Conditions: 45.5 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; semi-elemental formula with organic hydrolyzed pea protein and 40% fat as MCT oil. For oral or tube feeding. Available in RTU (11oz ctnr).	1) Condition that impairs digestion/absorption 2) Poor GI tolerance to other formulas 3) Food allergies (cow's milk, soy, corn) 4) GI Disorder with increased calorie needs, or fluid restriction 5) Tube feeding 6) FTT or malnutrition	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, plain
Kate Farms Standard 1.0	613	Increased Calorie Supplement: 30 cal/oz, lactose-free, vegan, plant-based, gluten-free. Nutritionally complete; Intact organic pea protein and 30% fat as MCT oil. For oral or tube feeding. Available in RTU (11oz ctnr).	1) Poor GI tolerance to other formulas 2) FTT or malnutrition 3) Food allergies (cow's milk, soy, or corn) 4) Tube feeding	Requirements: Documentation: Rx and Complete Assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Kate Farms 12 ctnrs/case vanilla, chocolate
Ketocal 3:1	456	Special Medical Conditions: High-fat, low-carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD (300g can).	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 1 year of age and older. Can only issue to women and children.	Nutricia 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Ketocal 4:1	364 (PWD) 505 (RTU)	Special Medical Conditions: High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate and protein ratio; nutritionally complete. Available in PWD (300g can), RTU (8oz ctnr).	Non-metabolic reason: 1) Intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)	Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 1 year of age and older. Can only issue to women and children.	Nutricia Code 364: 6 cans/case Code 505: 27 ctnrs/case unflavored, vanilla, chocolate
Ketonex 1	350	Metabolic: Branched-chain amino acid and lactose-free. Available in PWD (14.1oz can).	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in infants or toddlers.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 ctnrs/case
Ketonex 2	351	Metabolic: Branched-chain amino acid and lactose-free. Available in PWD (14.1oz can).	Maple syrup urine disease (MSUD), branched-chain ketoaciduria or beta-ketothiolase deficiency in children or adults.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 ctnrs/case
Keto Peptide	643	Special Medical Conditions: 77 cal/oz, high-fat, low-carbohydrate, peptide-based with hydrolyzed pea protein; 2.43 to 1 fat to carbohydrate ratio; made with blenderized whole foods; plant-based, dairy-free, soy-free, gluten-free, wheat-free, corn-free; contains 11 g fiber per 8 oz pouch, 21% of fat is MCT oil; not intended for sole source nutrition; for oral or tube feeding under medical supervision; osmolality 583 mOsm/kg. Available in RTU (8oz pouch).	Non-metabolic reason: 1) intractable epilepsy Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS) 3) Glucose-6-phosphate dehydrogenase deficiency (G6PD) 4) Rett Syndrome 5) Neurological conditions which impact carbohydrate metabolism	Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children over 1 year of age. Can only issue to women and children. Participant must have health care team support in place to supervise use of this formula.	Functional Formularies 24 pouches/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
KetoVie 3:1	631	<p>Special Medical Conditions: High-fat, low carbohydrate; for oral or tube feeding; 3 to 1 fat to carbohydrate ratio; nutritionally complete; 20% of calories is MCT oil; enriched with DHA/ARA, FOS/GOS prebiotics.</p> <p>Similar to Ketocal 3:1.</p> <p>Available in RTU (8.3oz ctnr).</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case unflavored</p> <p>smallest available unit: must order in multiples of 30</p>
KetoVie 4:1	630	<p>Special Medical Conditions: High-fat, low carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 25% of calories is MCT oil; enriched with DHA, inulin prebiotics.</p> <p>Similar to Ketocal 4:1.</p> <p>Available in RTU (8.3oz ctnr).</p>	<p>Non-metabolic reason: 1) intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case vanilla, chocolate</p> <p>smallest available unit: must order in multiples of 30</p>
KetoVie 4:1 Peptide	629	<p>Special Medical Conditions: High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; peptide-based, 100% extensively hydrolyzed whey protein; 15% of calories is MCT oil; enriched with DHA, inulin prebiotics.</p> <p>Available in RTU (8.3oz ctnr).</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case unflavored</p> <p>smallest available unit: must order in multiples of 30</p>

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
KetoVie 4:1 Plant-Based Protein	705	<p>Special Medical Conditions: High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; made with hydrolyzed pea-protein; 25% of calories is MCT oil; enriched with DHA.</p> <p>Available in RTU (8.3oz ctnr)</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case vanilla</p> <p>smallest available unit: must order in multiples of 30</p>
KetoVie 4:1 Unflavored	632	<p>Special Medical Conditions: High-fat, low-carbohydrate; for oral or tube feeding; 4 to 1 fat to carbohydrate ratio; nutritionally complete; 100% partially hydrolyzed whey protein; 25% of calories is MCT oil; enriched with DHA/ARA, inulin prebiotics.</p> <p>Available in RTU (8.3oz ctnr).</p>	<p>Non-metabolic reason: 1) Intractable epilepsy</p> <p>Metabolic reason: 1) Pyruvate dehydrogenase deficiency (PDH) 2) Glucose transporter type-1 deficiency (Glut1DS)</p>	<p>Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: For children 1 year of age and older. Can only issue to women and children.</p>	<p>Ajinomoto Cambrooke Inc. 30 ctnrs/case unflavored</p> <p>smallest available unit: must order in multiples of 30</p>
Lipistart	498	<p>Special Medical Conditions: Low-fat, high in medium chain triglycerides (MCT) and low in long chain triglycerides (LCT); with DHA/ARA and L-carnitine and taurine; suitable for children from 12 months of age and older. 1 scoop =5 g powder; standard dilution = 1 scoop to 30mL of water =1 fl oz approx.</p> <p>Available in PWD (400g can).</p>	<p>1) Condition that impairs digestion/absorption 2) High MCT needs 3) Long chain fatty acid oxidation disorders 4) Hyperlipoproteinemia type 1 5) Chylolthorax</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: State Agency</p> <p>Limitations: Normally used for children.</p>	<p>Vitaflo unflavored</p>

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Liquigen	567	Modular: 45 cal/10 ml; Emulsion of 50% MCT oil & 50% water; Nutritionally incomplete. Available RTU (8.5oz ctnr).	1) Ketogenic Diet 2) Long-chain oxidation disorders 3) Condition that impairs digestion/absorption 4) Increased calorie needs 5) Conditions with decreased pancreatic lipase and/or decreased bile salts 6) Defective lymphatic transport of fat	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency	Nutricia 12 ctnrs/case
LMD	574	Metabolic: Leucine, lactose and galactose-free; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Leucine metabolism disorders (including isovaleric acidemia) in infants, children or adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
Lophlex LQ PKU	499	Metabolic: Phenylalanine and fat-free; nutritionally incomplete; 20 g protein equivalents/125 mL pouch. Available in RTU (4.2oz ctnr).	Phenylketonuria in children older than 4 years	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 30 pouches/case tropical, berry smallest available unit: must order in multiples of 30
MCT Oil	425	Modular: 8.3 cal/g, 7.7 cal/mL, lactose-free, 100% MCT oil. Available in RTU (32oz ctnr).	1) Condition that impairs digestion/absorption 2) Defective lymphatic transport of fat 3) Conditions with decreased pancreatic lipase and/or decreased bile salts 4) Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency	Nestle 6 bottles/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
MCT Procal	618	Metabolic: High in medium-chain triglyceride (MCT) fat for the dietary management of disorders of long-chain fatty acid oxidation, fat malabsorption and other disorders requiring a high MCT, low long-chain triglyceride (LCT) diet. MCT procal (16g) = 10g MCT, 112kcal and 2g protein. Contains milk protein. Available in PWD (16g pack).	1) Long chain fatty acid oxidation disorder 2) Fat malabsorption -Disorders requiring a high MCT or low long chain triglyceride (LCT) diet.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 3 years of age and older and adults. Can only issue to women and children.	Vitaflo 30 packs/case smallest available unit: must order in multiples of 30
MMA-PA Anamix Early	579	Metabolic: Methionine, threonine, valine-free and low isoleucine with a prebiotic fiber, iron and DHA/ARA. Provides 13.5 g of protein equivalent per 100 g of powder. Available in PWD (400g can).	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in infants or young children.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
MMA-PA Anamix Next	585	Metabolic: Methionine, threonine, valine-free and low isoleucine with a prebiotic and DHA. Available in PWD (400g can).	Vitamin B-12 non-reponsive methylmalonic acidemia or propionic acidemia in children 1 year of age and up.	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Nutricia 6 cans/case
MMA/PA Maxamum	264	Metabolic: Methionine, threonine, valine and fat-free, low isoleucine; nutritionally incomplete; 40 g protein equivalents/100 g powder; intended for older children and adults. Available in PWD (454g can).	1) Methylmalonic acidemia (vitamin B-12 non-responsive) 2) Propionic acidemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 6 cans/case orange

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Monogen	449	<p>Special Medical Conditions: Milk-based; 90% of fat is MCT oil. Nutritional complete, formula low in long chain triglycerides (LCT) and high in medium chain triglycerides (MCT) containing linoleic acid (LA) and alpha-linolenic acid (ALA); supplemented with DHA/ARA; and updated micronutrient profile; not recommended for infants under 1.</p> <p>Similar to Portagen.</p> <p>Available in PWD (400g can).</p>	<p>1) Chyllothorax</p> <p>2) Condition that impairs digestion/absorption</p> <p>3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)</p> <p>4) High MCT oil needs</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p>	Nutricia 6 cans/case
MSUD Anamix Early	575	<p>Metabolic: Isoleucine, leucine and valine-free with iron, DHA/ARA and prebiotic fiber blend. For oral or tube feeding.</p> <p>Available in PWD (400g can).</p>	Maple syrup urine disease (MSUD).	<p>Requirements:</p> <p>Documentation: Metabolic prescription form</p> <p>Approval Authority: State Agency</p>	Nutricia 6 cans/case
MSUD Maxamum	173	<p>Metabolic: Isoleucine, leucine and valine-free; nutritionally incomplete; not intended for children under 9 years of age; 40 g protein equivalents/100 g powder.</p> <p>Available in PWD (454g can).</p>	Maple syrup urine disease (MSUD) in older children and adults	<p>Requirements:</p> <p>Documentation: Metabolic prescription form</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Nutricia 6 cans/case orange

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Neocate w/DHA/ARA	440	<p>Elemental: 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil. Standard 20 cal mixing is 1 scoop of powder to 1 oz water.</p> <p>Similar to Alfamino, Elecare, Neocate Syneo, and Puramino</p> <p>Available in PWD (400g can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Recommendations:</p> <p>A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.</p>	<p>Nutricia</p> <p>4 cans/case</p>
Neocate Junior	504	<p>Elemental: 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids with and without prebiotic fiber; for oral or tube feeding; 35% of fat is MCT oil.</p> <p>With Prebiotics: 1 scoop = 1 Tbsp = 7.7 g (Unflavored), 7.5 g (Chocolate), 7.3 g (Vanilla, Strawberry, Tropical)</p> <p>Without Prebiotics: Unflavored, 1 Tbsp = 7 g; 1 C = 100 g.</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p> <p>Additional Information:</p> <p>Neocate Jr. and Neocate Jr. with Prebiotics merged into the same code. Staff will need to document preferred flavor as well as with or without prebiotics on orders.</p>	<p>Nutricia</p> <p>4 cans/case</p> <p>Prebiotics: unflavored, vanilla, strawberry, chocolate, tropical fruit</p> <p>Without Prebiotics: unflavored only</p>
Neocate Nutra	525	<p>Elemental: 472 cal/ 100 g; 4.7 g per scoop, approximately 22 cal/scoop, (1 tsp = 2 g), serving size = 8 scoops; hypoallergenic, amino acid-based semi-solid food intended to be added to water or liquid; not nutritionally complete; oral use only; not for bottle or tube feeding.</p> <p>Available in PWD (14oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>For infants 6 months of age or older.</p> <p>Typically issued with another formula.</p>	<p>Nutricia</p> <p>3 cans/case</p>

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Neocate Splash	565	Elemental: 30 cal/oz, hypoallergenic, nutritionally complete, 100% non-allergenic free amino-acids; for oral or tube feeding; 35% of fat is MCT oil. Available in RTU (8oz ctnr).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nutricia 27 ctnrs/case unflavored, grape, orange-pineapple, tropical fruit, vanilla
Neocate Syneo	601	Elemental: 20 cal/oz, lactose, sucrose, and soy-free; hypoallergenic; 100% free amino acids; 33% of fat is MCT oil; contains a blend of prebiotics and probiotics. Standard 20 cal mixing is 1 scoop of powder to 1 oz water. Similar to Alfamino, Elecare, Neocate DHA/ARA, and Puramino.	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Food allergies (cow's milk, soy or intact protein)/FPIES	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Recommendations: A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Nutricia 4 cans/case
NeoSure	370 (PWD) 430 (RTU) Large PWD: 662	Premature/LBW: 22 cal/oz, high in protein, vitamins, and minerals for preterm and/or low birth weight infants; contains 25% fat from MCT oil. Similar to EnfaCare. Available in PWD (13.1oz and 22.8oz can), RTU (32oz btl).	1) Prematurity (<37 weeks), regardless of birthweight 2) Low or very low birth weight (LBW/VLBW) ≤ 5lb 8oz	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS Limitations: Can only issue until infant reaches 12 months chronological age. Over 1 year of age, requests may be reviewed by Local or State RD. Recommendations: At 6 months chronological age staff should assess infant's readiness to eat solids.	Abbott Code 370: 6 cans/case Code 420: 6 bottles/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nepro	174	<p>Special Medical Conditions: 54 cal/oz, calorically dense and lactose-free; for oral or tube feeding.</p> <p>Available in RTU (8oz ctnr).</p>	<ol style="list-style-type: none"> 1) Electrolyte and/or fluid restriction 2) Dialysis 3) Acute kidney injury 4) Chronic renal failure 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	<p>Abbott</p> <p>24 ctnrs/case</p> <p>vanilla, butter pecan, mixed berry</p>
Nourish	641	<p>Special Medical Conditions: 33 cal/oz, blenderized, plant-based, non-gmo, made from whole foods, dairy-free, tree-nut free, gluten-free, soy-free, corn-free; contains 7 g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 553 mOsm/kg; 3-12 oz pouches meet 100% of DRI for ages 4-8.</p> <p>Similar to Compleat Pediatric Organic Blends and Real Food Blends.</p> <p>Available in RTU (12oz pouch).</p>	<ol style="list-style-type: none"> 1) Tube Feeding 2) GI Disorder 3) GER/GERD 4) Poor GI tolerance to other formulas 5) Food allergies (cow's milk, soy or intact protein)/FPIES 6) Developmental Delays 7) Failure to Thrive 	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p>	<p>Functional Formularies</p> <p>24 pouches/case</p>

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nourish Peptide	642	<p>Special Medical Conditions: 43 cal/oz, blenderized, plant-based, non-gmo, made from whole foods; nutritionally complete, peptide-based with hydrolyzed pea protein; dairy-free, tree-nut free, gluten-free, soy-free, corn-free; 20% of fat is MCT oil; 10g fiber per 12 oz pouch; nectar-like consistency at room temperature; for oral or tube feeding under medical supervision; osmolality 460 mOsm/kg; 3-12 oz pouches meet 100% DRI for ages 4-8.</p> <p>Similar to Compleat Pediatric Peptide 1.5</p> <p>Available in RTU (12oz pouch).</p>	<p>1) Tube Feeding</p> <p>2) Condition that impairs digestion/absorption</p> <p>3) GI Disorder with increased calorie needs or fluid restriction</p> <p>4) Poor GI tolerance to other formulas</p> <p>5) Food allergies (cow's milk, soy or intact protein)/FPIES</p> <p>6) Developmental Delays</p> <p>7) Failure to Thrive</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>For children 1 year of age and older. Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.</p>	<p>Functional Formularies</p> <p>24 pouches/case</p>
NovaSource Renal	176	<p>Special Medical Conditions: 60 cal/oz, lactose-free, high-calories; with MCT oil.</p> <p>Available in RTU (8oz ctrn).</p>	<p>1) Electrolyte and/or fluid restriction</p> <p>2) Dialysis</p> <p>3) Acute kidney injury</p> <p>4) Chronic renal failure</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p>	<p>Nestle</p> <p>24 ctrns/case</p> <p>vanilla</p>
Nutramigen	031 (CON) 024 (RTU) 699 (RTU)	<p>Protein Hydrolysate: 20 cal/oz, hypoallergenic casein hydrolysate, lactose, sucrose, and galactose-free; does not contain MCT oil.</p> <p>Similar to Alimentum RTU.</p> <p>Available in CON (13oz can) & RTU (32oz can, 8oz-6pk).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p>	<p>Mead Johnson</p> <p>Code 031: 12 cans/case</p> <p>Code 024: 6 cans/case</p> <p>Code 699: 6-pack</p>

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nutramigen LGG	480 Large: 658 657	Protein Hydrolysate: 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; Powder should be measured with packed, level scoops. Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Pepticate, Pregestimil. Available in PWD (12.6oz, 19.8oz, 27.8oz can).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food Allergies (cow's milk, soy, or intact protein)/FPIES	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson 6 cans/case
Nutramigen Toddler	555	Protein Hydrolysate: 20 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free toddler formula; contains probiotic Lactobacillus rhamnosus GG (LGG); does not contain MCT oil; powder should be measured with packed, level scoops. Available in PWD (12.6oz can).	Medical need for 20 cal/oz with: 1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food Allergies (cow's milk, soy, or intact protein)/FPIES	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS Limitations: For children over 1 year of age. Can only issue to children. Additional Information: Limited availability through Spring 2024	Mead Johnson 6 cans/case
Nutren 1.0	183	Increased Calorie Supplement: 30 cal/oz, lactose-free, oral or tube feeding supplement; 25% of fat is MCT oil. Available in RTU (250mL ctrn).	1) Increased calorie needs 2) Oral motor feeding issues/aversions 3) Tube feeding	Requirements: Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Nutren 1.0 w/Fiber	184	Increased Calorie Supplement: 30 cal/oz, lactose-free, oral or tube feeding supplement with fiber; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU (250mL ctrn).	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Tube feeding 3) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Nutren 2.0	187	Increased Calorie Supplement: 60 cal/oz, high calorie, lactose-free, oral or tube feeding; 75% of fat is MCT oil. Available in RTU (250mL ctnr).	1) Fluid restriction 2) Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Nutren Junior	189	Increased Calorie Supplement: 30 cal/oz, lactose-free, oral or tube feeding; contains 50% whey protein concentrate; 22% of fat is MCT oil. Available in RTU (250mL ctnr).	1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Nutren Junior w/Fiber	188	Increased Calorie Supplement: 30 cal/oz, lactose-free, oral or tube feeding; 22% of fat is MCT oil; 50% whey protein concentrate; 1.5 g fiber/250 mL container. Available in RTU (250mL ctnr).	Increased fiber needs with one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Nutren Pulmonary	192	Special Medical Conditions: 45 cal/oz, high-calorie, high-protein, low-carbohydrate, lactose-free; nutritionally complete; 40% of fat is MCT oil. Available in RTU (250mL ctnr).	1) Pulmonary disease 2) Respiratory disorder 3) Ventilator dependency 4) Fluid restriction	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
NutriHep	190	Special Medical Conditions: 45 cal/oz, high calorie, high branched-chain amino acid, low-aromatic and ammonogenic amino acid hepatic formula, lactose-free; 70% of fat is MCT oil. Available in RTU (250mL ctnr).	1) Hepatic insufficiency 2) Liver disease	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case
OA 1	445	Metabolic: Isoleucine, methionine, threonine, valine, lactose and galactose-free; nutritionally incomplete; OA stands for organic acid; 15.7 g protein equivalents/100 g powder. Available in PWD (16oz ctnr).	Propionic acidemia or methylmalonic acidemia in infants or toddlers	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 ctnrs/case
OA 2	446	Metabolic: Isoleucine, methionine, threonine, valine, fat-free; nutritionally incomplete; OA stands for organic acid; 21 g protein equivalent/100 g powder. 60 calories per scoop (14.5 grams per scoop). Available in PWD (16oz ctnr).	Propionic acidemia or methylmalonic acidemia in children or adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Mead Johnson 6 ctnrs/case
Osmolite 1.0	062	Special Medical Conditions: 32 cal/oz, soy-based, lactose-free, isotonic; nutritionally complete; for oral or tube feeding; 20% of fat is MCT oil; 10.5 g soy protein per 8 oz can. Available in RTU (8oz ctnr).	Increased protein needs with intolerance to hyper-osmolar feedings and calorie needs less than 2000 cal/day	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case
Osmolite 1.2	193	Special Medical Conditions: 36 cal/oz, high-protein, lactose-free, isotonic, nutritionally complete, for oral or tube feeding; 20% of fat is MCT oil. Available in RTU (8oz ctnr).	Increased calorie or protein needs with intolerance to hyperosmolar feedings	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Oxepa	196	Special Medical Conditions: 45 cal/oz, high-calorie, low-carbohydrate, lactose-free, for tube feeding; 25% of fat is MCT oil. Available in RTU (8oz ctnr).	Mechanical ventilation, e.g., acute respiratory distress syndrome	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case
Pediasmart	524	Increased Calorie Supplement: 30 cal/oz, lactose-free, organic milk-based and nutritionally complete; free of artificial colors, dyes DHA, ARA, hexane processed oils, sweeteners, genetically modified ingredients, pesticides, and added growth hormones. Available in PWD (12.7oz can).	1) Medical conditions that show intolerance to dyes, chemicals or sensitivity to organophosphates or other additives and/or 2) Increase calorie needs 3) Inadequate growth 4) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Natures One 6 cans/case vanilla, chocolate
Pediasmart Pea Protein	689	Increased Calorie Supplement: 30 cal/oz, pea protein-based, milk-free, lactose-free, gluten-free, organic, non-GMO and nutritionally complete; no artificial flavors, colors or sweeteners, corn-syrup free; appropriate for children with galactosemia. Similar to Bright Beginnings Soy. Available in PWD (12.7oz can)	1) Increase calorie needs 2) Inadequate growth 3) Failure to Thrive (FTT) with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Oral motor feeding issues/aversions 5) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Natures One 1 can vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PediaSure	034 (RTU) 677 (PWD)	Increased Calorie Supplement: 30 cal/oz, lactose-free; with DHA and prebiotic scFOS; nutritionally complete; 15% MCT oil; Osmolality: vanilla, strawberry and banana cream = 480, chocolate = 560; 1 g fiber and 18 g sugar/8 oz container. Similar to Boost Kid Essentials. Available in RTU (8oz ctnr) and PWD (14.1oz can)	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott Code 034: 16 ctnrs/case vanilla, chocolate 24 ctnrs/case vanilla, chocolate, strawberry, banana crème, smores Code 677: 1 can, vanilla, chocolate, strawberry smallest available unit: 6- pack at retail only
PediaSure w/Fiber	035 701	Increased Calorie Supplement: 30 cal/oz, lactose-free with fiber and DHA; nutritionally complete; 15% MCT oil; 3.2 g fiber and 18 g sugar/8 oz container; Osmolality: 480. Available in RTU (8oz ctnr, 7.4oz ctnr - 4 pack).	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children. Additional Information: For participants that can no longer find the 6-pack at retail, staff will need to put code 701 for the 4-pack instead.	Abbott Code 035: 24 ctnrs/case vanilla, strawberry Code 701: vanilla, strawberry, chocolate smallest available unit: Code 035 - 6-pack Code 701 - 4-pack
PediaSure Enteral 1.0	292	Increased Calorie Supplement: 30 cal/oz, lactose-free and isotonic; nutritionally complete, 15% MCT oil; oral or tube feeding; 7 g sugar/8 oz container; Osmolality: 335. Available in RTU (8oz can).	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 cans/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PediaSure Enteral w/Fiber 1.0	293	Increased Calorie Supplement: 30 cal/oz, lactose-free and isotonic with fiber and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete; 15% of fat is MCT oil; for oral or tube feeding; 1.9 g fiber and 7 g sugar per 8 oz container; Osmolality: 345. Available in RTU (8oz can).	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 cans/case vanilla
PediaSure 1.5	506	Increased Calorie Supplement: 45 cal/oz, lactose-free with DHA; nutritionally complete; 15% MCT oil; for oral or tube feeding; Osmolality: 370. Similar to Boost Kid Essentials 1.5. Available in RTU (8oz ctnr).	1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children. Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Abbott 24 ctnrs/case vanilla
PediaSure 1.5 w/Fiber	507	Increased Calorie Supplement: 45 cal/oz, lactose-free with DHA and prebiotic short-chain fructooligosaccharides (scFOS); nutritionally complete, for oral or tube feeding; 15% MCT oil and 3 g fiber per 8 oz container; Osmolality: 390. Similar to Kid Essentials 1.5 with Fiber.	Increased fiber needs and/or one or more of the following: 1) Increased calorie needs 2) Inadequate growth 3) FTT with weight/length or height <10% and/or downward crossing of 2 major percentiles 4) Tube feeding 5) Oral motor feeding issues/aversions 6) Prematurity (<37 weeks)/LBW	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children. Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Abbott 24 ctnrs/case vanilla
PediaSure Peptide 1.0	514	Increased Calorie Supplement: 30 cal/oz, lactose-free, nutritionally complete, hydrolyzed whey protein for oral or tube feeding; 50% of fat is MCT oil. Available in RTU (8oz btl).	1) Condition that impairs digestion/absorption 2) GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 bottles/case vanilla, strawberry, unflavored

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PediaSure Peptide 1.5	529	Increased Calorie Supplement: 45 cal/oz, lactose-free; nutritionally complete; semi-elemental formula with hydrolyzed whey protein and 50% of fat as MCT oil; for oral or tube feeding. Available in RTU (8oz ctnr).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Increased calorie needs	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla
PediaSure Reduced Calorie	550	Special Medical Conditions: 18.75 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and milk protein with 40% less fat than PediaSure. Available in RTU (8oz ctnr).	1) Oral motor feeding issues/aversions 2) Neurological conditions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, chocolate, strawberry institutional only
Pediasure Sidekicks	607	Special Medical Conditions: 22.5 cal/oz, lactose-free; nutritionally complete; for oral or tube feeding; contains 3 g prebiotic fiber and 10 g milk protein. Available in RTU (8oz ctnr).	1) Oral motor feeding issues/aversions 2) Neurological conditions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 6-pack 24 ctnrs/case vanilla, chocolate, strawberry retail only
Peptamen	197	Special Medical Conditions: 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 70% of fat is MCT oil. Available in RTU (250mL ctnr).	GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children.	Nestle 24 ctnrs/case unflavored, vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Peptamen 1.5	199	Special Medical Conditions: 45 cal/oz, high calorie, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 71% of fat is MCT oil. Available in RTU (250mL ctnr).	GI Disorder with increased calorie needs or fluid restriction	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for adults. Can only issue to women and children. Recommendations: Typically used when calorie needs are higher than what can be achieved with 30 cal/oz products.	Nestle 24 ctnrs/case unflavored, vanilla
Peptamen Junior	051	Special Medical Conditions: 30 cal/oz, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil. Available in RTU (250mL ctnr).	GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only issue to women and children.	Nestle 24 ctnrs/case unflavored, vanilla, chocolate, strawberry
Peptamen Junior 1.5	478	Special Medical Conditions: 45 cal/oz, high calorie, lactose-free, gluten-free; peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; enriched with EPA, DHA. 1.35 g fiber per 250 mL container. Available in RTU (250mL ctnr).	GI Disorder with increased calorie needs or fluid restriction	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children. Recommendations: Typically used when calorie needs are higher than what can be achieved with 30cal/oz products.	Nestle 24 ctnrs/case unflavored, vanilla
Peptamen Junior Fiber	469	Special Medical Conditions: 30 cal/oz, lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 1.8 g fiber per 250 mL container. Available in RTU (250mL ctnr).	GI Disorder with increased fiber needs	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only be issued to women and children.	Nestle 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Peptamen Junior HP 1.2	637	Special Medical Conditions: 35 cal/oz, high protein, high calorie; lactose-free, gluten-free, peptide-based, 100% hydrolyzed whey protein, nutritionally complete; for oral or tube feeding; 60% of fat is MCT oil; 1g fiber per 250 mL container. Available in RTU (8.5oz ctrn).	GI Disorder with one or more of the following conditions: 1) Increased calorie needs 2) Increased protein needs 3) Protein energy malnutrition 4) Failure to thrive (FTT) with weight/height or length <10% or downward crossing of 2 major percentiles	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Normally used for children. Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Peptamen Junior PHGG	685	Special Medical Conditions: 35 cal/oz, high calorie, hydrolyzed whey protein, peptide-based; contains 12g/L partially hydrolyzed guar gum (PHGG) a source of low FODMAP prebiotic fiber; MCT oil, soybean oil; carbohydrate sources include maltodextrin, sugar and cornstarch; gluten-free, Kosher, appropriate for lactose intolerance; not intended for children with galactosemia or milk-protein allergy. Available in RTU (8.45oz ctrn).	GI Disorder with increased calorie and fiber needs.	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case Vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Pepticate	693	<p>Protein Hydrolysate: 20 cal/oz, hypoallergenic, extensively hydrolyzed whey protein; contains scGOS (short chain galactooligosaccharides) and lcFOS (long chain fructooligosaccharides) prebiotics, lactose, DHA/ARA; powder should be measured with unpacked level scoops. Contains lactose and tuna oil.</p> <p>Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pregestimil.</p> <p>Available in PWD (400g or 14.1oz).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES</p> <p>5) Severe protein calorie malnutrition</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS</p> <p>Additional Information: This formula is available at retail and drop ship.</p>	Nutricia 1 can
Perative	200	<p>Special Medical Conditions: 39 cal/oz, lactose-free, hydrolyzed peptide-based protein; with arginine; nutritionally complete; for tube feeding; 40% of fat is MCT oil.</p> <p>Available in RTU (8oz ctnr).</p>	<p>For tube feeding with one of more of the following :</p> <p>1) Pressure ulcers, multiple fractures, wounds, burns, or surgery</p> <p>2) Multiple fractures</p> <p>3) Wounds, burns, or surgery</p> <p>4) Conditions causing metabolic stress</p>	<p>Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority</p> <p>Limitations: Can only issue to women and children.</p>	Abbott 24 ctnrs/case
Periflex Advance	527	<p>Metabolic: Phenylalanine-free; nutritionally incomplete; intended for older children and adults (including pregnant women).</p> <p>Available in PWD (16oz can).</p>	Phenylketonuria	<p>Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children.</p>	Nutricia 6 cans/case unflavored, orange, chocolate
Periflex Junior Plus	566	<p>Metabolic: Phenylalanine-free; nutritionally incomplete, 100% RDI Vitamin D, 90 % RDA of DHA in 20 g protein, 30% RDA of soluble & insoluble fiber. 28 protein equivalents per 100 g PWD,</p> <p>Available in PWD (400g can).</p>	Phenylketonuria (PKU)	<p>Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency</p> <p>Limitations: Can only issue to women and children.</p>	Nutricia 6 cans/case plain, orange, berry, vanilla

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Periflex LQ PKU	497	Metabolic: Phenylalanine-free; nutritionally incomplete; contains 5 g fat and 15 g protein equivalents/250 mL container; intended for older children and adults. Available in RTU (8.5oz ctnr).	Phenylketonuria (PKU), including maternal PKU	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 18 ctnrs/case berry, orange
PFD 2	329	Metabolic: Amino-acid, protein, lactose and galactose-free formula; nutritionally incomplete. Available in PWD (16oz can).	Inborn errors of amino acid metabolism in children and adults	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Mead Johnson 6 cans/case
Phenex 1	352	Metabolic: Phenylalanine and lactose-free; for infants and toddlers. Available in PWD (14.1oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and toddlers.	Abbott 6 cans/case
Phenex 2	353	Metabolic: Phenylalanine and lactose-free; nutritionally incomplete; for children and adults. Available in PWD (14.1oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Abbott 6 cans/case vanilla
Phenyl Free 1	311	Metabolic: Phenylalanine, lactose and galactose-free; nutritionally incomplete; 16.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and toddlers.	Mead Johnson 6 cans/case
Phenyl Free 2	297	Metabolic: Phenylalanine, lactose and galactose-free; nutritionally incomplete, 22 g protein equivalents/100 g powder. Available in PWD (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Phenyl Free 2HP	298	Metabolic: Phenylalanine, lactose, galactose-free; higher in protein and most vitamins and minerals than Phenyl Free 2; nutritionally incomplete; 40 g protein equivalents/100 g powder. Available in PWD (16oz can).	Phenylketonuria (PKU) or hyperphenylalaninemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case
PhenylAde 60 Drink Mix	545	Metabolic: Phenylalanine-free; nutritionally incomplete; for oral or tube feeding; 294 cal per 100 g powder; not for infants under 1 year of age. Available in PWD (1lb can).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Nutricia 4 cans/case unflavored, vanilla
PhenylAde Drink Mix	338	Metabolic: Phenylalanine free; nutritionally incomplete; not for children under one year of age; 40 g/scoop = 10 g protein equivalents. Available in PWD (454g can).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Nutricia 4 cans/case vanilla, strawberry, orange crème
PhenylAde Essential	501	Metabolic: Phenylalanine-free, nutritionally incomplete; with flax and soluble fiber; 40 g/scoop = 10 g protein equivalents; not for children under 1 year of age. Available in PWD (454g can).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Nutricia 4 cans/case vanilla, strawberry, orange crème, chocolate
PhenylAde MTE Amino Acid Blend	547	Metabolic: Phenylalanine-free, nutritionally incomplete; for oral or tube feeding; 313 cal per 100 g powder. Available in PWD (1lb can).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Nutricia 4 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Phlexy - 10 Drink Mix	439	Metabolic: Phenylalanine, vitamin, mineral, and fat-free; nutritionally incomplete. Available in PWD (20g pack).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 3 years and older and adults. Can only issue to women and children.	Nutricia 30 packs/case black currant, apple, tropical sunrise
PKU Air20	617	Metabolic: Phenylalanine-free* with docosahexaenoic acid (DHA);nutritionally incomplete; 20g protein equivalents/174 mL pouch. Contains tuna oil, and soy. Available in RTU (5.88oz ctnr).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 3 years and older and adults. Can only issue to women and children.	Vitaflo 30 ctnrs/case green - citrus twist, gold - coffee fusion, yellow - mango breeze smallest available unit: must order in multiples of 30
PKU Maxamum (discontinued name: XPhe Maxamum)	243	Metabolic: Phenylalanine-free; nutritionally incomplete; Fat-free and contains 40 g protein equivalents/100 g powder. Available in PWD (454g can).	Phenylketonuria (PKU), including maternal PKU	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 6 cans/case unflavored, orange
PKU Periflex Early	581	Metabolic: Phenylalanine-free with DHA/ARA and prebiotic blend. 13.5 g of pretein equivalent per 100 g powder. Available in PWD (400g can).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and young children.	Nutricia 6 cans/case
PKU Sphere15	615	Metabolic: Phenylalanine -free, nutritionally incomplete. 15g protein equivalents. Contains tuna oil, soy, milk protein. Available in PWD (27g ctnr).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 4 years and older and adults. Can only issue to women and children.	Vitaflo 30 ctnrs/case red berry, vanilla smallest available unit: must order in multiples of 30

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PKU Sphere20	616	Metabolic: Phenylalanine-free; nutritionally incomplete. 20g protein equivalents. Contains tuna oil, soy, milk protein. Available in PWD (35g ctnr).	Phenylketonuria (PKU)	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children 4 years and older and adults. Can only issue to women and children.	Vitaflo 30 ctnrs/case red berry, vanilla, chocolate smallest available unit: must order in multiples of 30
Polycal	570	Modular: Concentrated maltodextrin; Nutritionally incomplete, 1 scoop = 5g or 20 cal. Available in PWD (400g can).	1) Increased calorie needs with restricted fluids 2) Inborn errors of metabolism	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Issue no more than 3 cans/month.	Nutricia 12 cans/case
Portagen	597	Special Medical Conditions: 30 cal/oz, milk-based, lactose-free; nutritionally incomplete; for oral or tube feeding; 87% of fat is MCT oil. Long-term use may lead to essential fatty acid deficiency; not recommended for infants under 1. Similar to Monogen. Available in PWD (14.46oz can).	1) Chyllothorax 2) Condition that impairs digestion/absorption 3) Fat and long chain fatty acid oxidation disorders, e.g., decreased pancreatic lipase, decreased bile salts, defective mucosal fat absorption, and/or defective lymphatic anomalies, hyperlipoproteinemia Type 1, or long chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD) 4) High MCT oil needs	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority	Mead Johnson 6 cans/case
Pregestimil 24	461	Protein Hydrolysate: 24 cal/oz, hypoallergenic, lactose, sucrose, and galactose-free, casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Available in RTU (2oz btl).	Increased calorie needs with one of the following: 1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food Allergies (cow's milk, soy, or intact protein)/FPIES 5) Severe protein calorie malnutrition	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Formula-certified WCS	Mead Johnson 48 bottles/case smallest available unit: 6 bottles

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Pregestimil DHA/ARA	036	<p>Protein Hydrolysate: 20cal/oz, hypoallergenic, lactose, sucrose, and galactose-free; casein hydrolysate; nutritionally complete; 55% of fat is MCT oil; appropriate for infants with galactosemia. Powder should be measured with packed, level scoop.</p> <p>Similar to Alimentum, Extensive HA, Generic Hypoallergenic, Nutramigen, Pepticate.</p> <p>Available in PWD (16oz can).</p>	<p>1) Condition that impairs digestion/absorption</p> <p>2) GI Disorder</p> <p>3) GER/GERD</p> <p>4) Food Allergies (cow's milk, soy, or intact protein)/FPIES</p> <p>5) Severe protein calorie malnutrition</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Formula-certified WCS</p> <p>Additional Information:</p> <p>Limited availability through Spring 2024</p>	Mead Johnson 6 cans/case
Promote	213	<p>Increased Calorie Supplement: 30 cal/oz, lactose-free, very high-protein formula; nutritionally complete; for oral or tube feeding; 19% of fat is MCT oil; 14.8 g soy protein/8 oz can.</p> <p>Available in RTU (8oz ctrn).</p>	<p>1) Pressure ulcers</p> <p>2) At risk for protein-energy malnutrition</p> <p>3) Low caloric and/or wound healing needs</p> <p>4) Increased calorie needs</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Abbott 24 ctnrs/case vanilla smallest available unit: 6-pack
Promote w/Fiber	214	<p>Increased Calorie Supplement: 30 cal/oz, lactose-free, very high-protein formula with fiber; nutritionally complete, for oral or tube feeding; 19% of fat is MCT oil; 3.4 g fiber and 14.8 g soy protein/8 oz can.</p> <p>Available in RTU (8oz ctrn).</p>	<p>Increased fiber needs with one of the following:</p> <p>1) Pressure ulcers</p> <p>2) At risk for protein-energy malnutrition</p> <p>3) Low caloric and/or wound healing needs</p> <p>4) Increased calorie needs</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue to women and children.</p>	Abbott 24 ctnrs/case vanilla smallest available unit: 6-pack
Pro-Phree	356	<p>Special Medical Conditions: Protein and lactose-free; nutritionally incomplete; provides 49% of energy as fat; supplemented with L-carnitine and taurine. 1 Tbsp = 8 g, 1 C = 120 g.</p> <p>Available in PWD (14.1oz can).</p>	<p>Medical condition with a need for reduced protein intake in infants or toddlers</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: State Agency</p>	Abbott 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Propimex 1	354	Metabolic: Methionine, valine and lactose-free; low in isoleucine and threonine; nutritionally incomplete; for infants and toddlers. Available in PWD (14.1oz can).	Propionic or methylmalonic acidemia in infants or toddlers	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 24 cans/case
Propimex 2	355	Metabolic: Methionine, valine, and lactose-free; low in isoleucine and threonine; for children and adults. Available In PWD (14.1oz can).	Propionic or methylmalonic acidemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case
Pulmocare	219	Special Medical Conditions: 45 cal/oz, high-calorie, low-carbohydrate, lactose-free formula; for oral or tube feedings; 20% of fat is MCT oil. Available in RTU (8oz ctrn).	Respiratory condition	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, strawberry smallest available unit: 6-pack
PurAmino	460	Elemental: 20 cal/oz, hypoallergenic; lactose, sucrose, soy, and galactose-free; 100% free amino acids; 14.3 g protein equivalents/100 g powder. Formerly known as Nutramigen AA. Standard mixing is 1 unpacked level scoop of powder to 1 oz water. Similar to Alfamino, Elecare, Neocate DHA/ARA, Neocate Syneo Available in PWD (14.1oz can).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Recommendations: A protein hydrolysate (Alimentum, Generic, Extensive HA, Nutramigen, Pepticate, or Pregestimil) is recommended before issuing unless medically contraindicated.	Mead Johnson 4 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
PurAmino Jr	599	Elemental: 30 cal/oz, hypoallergenic, 100% free amino acids; contains DHA. Standard mixing is 1 unpacked scoop of powder to 1 oz water. Similar to Alfamino Jr., Elecare Jr, Equacare Jr., Essential Care Jr., Neocate Jr. Available in PWD (14.1oz can).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis, eosinophilic esophagitis, etc.	Requirements: Documentation: RX and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Mead Johnson 4 cans/case unflavored, vanilla
RCF (Ross Carbohydrate Free)	230	Special Medical Conditions: 20 cal/oz, carbohydrate and lactose free, soy protein; carbohydrate source must be added separately. Available in CON (13oz can).	Non-metabolic reason: Seizure disorders requiring a ketogenic diet Metabolic reason: Carbohydrate intolerance.	Requirements for Non-Metabolic Reasons: Documentation: Rx and Formula history Approval Authority: State Agency Requirements for Metabolic Reasons: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 12 cans/case
Real Food Blends	688	Special Medical Conditions: 34-36 cal/oz, blenderized whole foods with 1 serving of fruits/vegetables; tree nut-free, soy-free, gluten-free and dairy-free; not a sole source of nutrition (nutritionally incomplete); primarily designed for tube feeding or enteral feeding with tube size >14 Fr or larger G-tube; bolus feeding and gravity feeding require additional liquid; for use under medical supervision only. Similar to Compleat Pediatric Organic Blends and Nourish.	1) Tube Feeding 2) FTT or malnutrition 3) Food allergies 4) Poor GI tolerance to other formulas	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: Can only issue to women and children. Participants must have health care team support in place to supervise use of this formula.	Nutricia 12 pouches/case -Chicken Carrots & Brown Rice -Salmon Oats & Squash -Quinoa Kale & Hemp -Eggs Apple & Oats -Turkey Sweet Potato & Peaches

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Renalcal	222	Special Medical Conditions: 60 cal/oz, high calorie, low-electrolyte, lactose-free; nutritionally incomplete; 70% of fat is MCT oil. Available in RTU (250mL ctnr).	Renal failure	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case unflavored
Renastart	600	Special Medical Conditions: 30 cal/oz, low levels of milk protein, calcium, potassium, phosphorus and vitamin A. Available in PWD (14.1oz can).	Renal disease	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: For children over 1 year of age. Additional Information: Temporarily available to infants under 1 year of age.	Vitaflo unflavored smallest available unit: 1 can
Renastep	640	Special Medical Conditions: 60 cal/oz, high calorie, low in potassium, chloride, phosphorous, calcium and vitamin A; enriched with DHA; 128 mOsm/L renal solute load, 700 mOsm/kg; for oral or tube feeding under medical supervision only; not intended as a sole source of nutrition. Similar to Suplena. Available in RTU (15-6.76oz ctnr).	1) Chronic Kidney Disease 2) Kidney transplant complication, rejection or failure.	Requirements: Documentation: Rx and Formula history Approval Authority: State Agency Limitations: For children over 1 year of age. Additional Information: Temporarily available to infants under 1 year of age.	Vitaflo 15 ctnrs/case vanilla smallest available unit: 1 case
Replete w/Fiber	224	Increased Calorie Supplement: 30 cal/oz, high-protein, lactose-free with fiber; 25% of calories as protein; 25% of fat is MCT oil; 3.5 g fiber/250 mL container. Available in RTU (250mL ctnr).	Increased protein needs with one of the following: 1) Pressure ulcers 2) Burns 3) Surgical wounds 4) Fiber needs for bowel function	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case vanilla

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Resource 2.0	177	Increased Calorie Supplement: 60 cal/oz, lactose-free, calorically dense, high-nitrogen, with reduced sodium; similar to TwoCal HN. Available in RTU (8oz ctnr).	1) Increase calorie needs 2) Increased protein needs 3) Fluid restriction	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 24 ctnrs/case vanilla
Similac for Diarrhea	019	Special Medical Conditions: 20 cal/oz, lactose-free, soy protein with added soy fiber (6 g/L) for infants; for management of diarrhea; low osmolality: 240 mOsm/kg water. Available in RTU (32oz can).	1) Condition that impairs digestion/absorption 2) GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue 1 month at a time. Recommendations: Should only be used for a short duration - no longer than 10 days.	Abbott 6 cans/case
Similac Go & Grow Toddler	602: (Blue Can) 626: Non-GMO 2'-FL HMO (Silver Can)	602 Special Medical Conditions: 17.5 calories/oz, milk-based with prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E. 626 Special Medical Conditions: 17.5 calories/oz, non-GMO, milk-based with 2'FL HMO prebiotic FOS (short chain fructooligosaccharides); enriched with 25 vitamins and minerals including lutein, DHA, and vitamin E. Similar to Enfagrow Toddler and Good Start GentlePro Toddler. Available in PWD (24oz/1lb can).	1) Prematurity (<37 weeks)/LBW 2) Developmental delays (sensory & motor) 3) Oral motor feeding issues/aversions	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Formula-certified WCS Limitations: For children older than 1 year. Additional Information: Healthcare provider can prescribe either can depending on availability.	Abbott Code 602: 6 cans/case Code 626: 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Similac Human Milk Fortifier Concentrated Liquid	644	<p>Premature/LBW: Supplement for mother's milk collected after 2 weeks postpartum; milk-based concentrated liquid, low in iron, enriched with MCT, nutritionally incomplete, Halal and Kosher.</p> <p>Similar to Enfamil Human Milk Fortifier</p> <p>Available in RTU (5 mL packet)</p>	<p>1) Prematurity (<37 weeks)</p> <p>2) Low or very low birth weight (LBW/VLBW)</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue 1 month at a time. Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight.</p> <p>Recommendations:</p> <p>For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF</p>	Abbott 5mL/packet, 24 packets/carton, 6 cartons/case
Similac Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid	645	<p>Premature/LBW: Supplement for mother's milk collected after 2 weeks postpartum; non-acidified, extensively hydrolyzed casein protein, enriched with lutein, DHA and MCT; gluten-free, low-iron, nutritionally incomplete.</p> <p>Similar to Enfamil HMF Acidified Liquid</p> <p>Available in RTU (24-5mL packet)</p>	<p>1) Prematurity (<37 weeks)</p> <p>2) Low or very low birth weight (LBW/VLBW)</p>	<p>Requirements:</p> <p>Documentation: Rx and Complete assessment</p> <p>Approval Authority: State Agency</p> <p>Limitations:</p> <p>Can only issue 1 month at a time. Used for the fortification of human breastmilk. Not intended for use after infant reaches 8 lbs (3600 g) in weight.</p> <p>Recommendations:</p> <p>For additional 2 cal/oz, add 1 HMF packet to every 50 ml of preterm human milk. For additional 4 cal/oz, add 1 HMF</p>	Abbott 5mL/packet, 24 packets/carton, 6 cartons/case smallest available unit: 24 packets
Similac PM 60/40	042	<p>Special Medical Conditions: 20 cal/oz, (60:40) whey:casein ratio, lower in iron and other minerals and electrolytes; additional iron should be supplied from other sources.</p> <p>Available in PWD (14.1oz can).</p>	<p>1) Hypocalcemia</p> <p>2) Hyperphosphatemia</p> <p>3) Renal disease/low mineral condition</p>	<p>Requirements:</p> <p>Documentation: Rx and Formula history</p> <p>Approval Authority: Local Agency - Certifying Authority</p>	Abbott 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Similac Special Care 20 w/Iron	595	Premature/LBW: 20 cal/oz, preterm; 50% of fat is MCT oil. Available in RTU (2oz btl).	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.	Abbott 48 bottles/case
Similac Special Care 24 w/Iron	441	Premature/LBW: 24 cal/oz, preterm; 50% of fat is MCT oil. Similar to Enfamil Premature 24 w/iron. Available in RTU (2oz btl).	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.	Abbott 48 bottles/case
Similac Special Care 24 High Protein	596	Premature/LBW: 24 cal/oz, preterm; 3.3 g of protein /100 cal. Similar to Enfamil Premature High Protein 24. Available in RTU (2oz btl).	1) Prematurity (<37 weeks) with increased protein needs 2) Low birth weight or very low birth weight (LBW, VLBW)	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.	Abbott 48 bottles/case
Similac Special Care 30	503	Premature/LBW: 30 cal/oz, preterm; 50% of fat is MCT oil; can be mixed with human milk as a fortifier or an extender. Similar to Enfamil Premature 30. Available in RTU (2oz btl).	1) Prematurity (<37 weeks) 2) Low birth weight or very low birth weight (LBW, VLBW)	Requirements: Documentation: Rx and Complete assessment Approval Authority: State Agency Limitations: Not intended for feeding LBW infants after they reach a weight of 8 pounds or consume 16-24 oz in 24 hours. Can only issue one month at a time.	Abbott 48 bottles/case
SOD Anamix Early	578	Metabolic: Methionine, cysteine-free with prebiotic fiber. Available in PWD (400g can).	Sulfite oxydase deficiency	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and young children.	Nutricia 6 cans/case

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Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
Suplena	239	Special Medical Conditions: 54 cal/oz, low in protein, phosphorus, potassium and sodium. High-calorie, lactose-free diet; nutritionally complete with fiber and prebiotics; for oral or tube feeding. Available in RTU (8oz ctrn).	1) Renal disease/low mineral condition 2) Fluid restriction 3) Protein restriction	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla
Tolerex	240	Elemental: 30 cal/oz, lactose-free, low fat, elemental with 100% free amino acids; nutritionally complete. Available in PWD (2.82oz packet).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) GER/GERD 4) Food allergies (cow's milk, soy or intact protein)/FPIES 5) Medical condition requiring an elemental formula such as: short bowel syndrome, necrotizing enterocolitis,	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: For ages 3 and older. Can only issue to women and children.	Nestle 60 packets/case
TwoCal HN	245	Increased Calorie Supplement: 60 cal/oz, high-calorie, high-nitrogen, high-protein; lactose-free; nutritionally complete; for oral or tube feeding. Similar to Resource 2.0. Available in RTU (8oz ctrn).	Fluid restriction with: 1) Increased protein needs 2) Increased calorie needs	Requirements: Documentation: Rx and Complete assessment Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 24 ctnrs/case vanilla, butter pecan
TYR Anamix Early	582	Metabolic: Tyrosine and phenylalanine-free with DHA/ARA. 13.5 g of protein equivalent per 100 g. Available in PWD (400g can).	Tyrosinemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and young children.	Nutricia 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
TYR Anamix Next	568	Metabolic: 34.7 cal/9 g scoop; Phenylalanine and tyrosine free with DHA & multi-fiber blend 29% soluble and 71% insoluble); 90% DHA & 100% Vit D in 20 g of protein. Nutritionally incomplete. Available in PWD (400g can).	Tyrosinemia	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 6 cans/case
Tyrex 1	357	Metabolic: Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for infants and toddlers; 15 g protein equivalents/100 g powder. Available in PWD (14.1oz can).	Tyrosinemia type I, II, or III	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Abbott 6 cans/case
Tyrex 2	358	Metabolic: Phenylalanine, tyrosine and lactose-free; nutritionally incomplete; for children and adults; 30 g protein equivalents/100 g powder. Available in PWD (14.1oz can).	Tyrosinemia type I, II, or III	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Abbott 6 cans/case
TYROS 1	467	Metabolic: Phenylalanine, tyrosine, lactose and galactose-free; nutritionally incomplete; 16.7 g protein equivalents/100 g powder; intended for infants and toddlers. Available in PWD (16oz can).	Tyrosinemia or other inborn errors of tyrosine metabolism	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency	Mead Johnson 6 cans/case
TYROS 2	330	Metabolic: Phenylalanine, tyrosine, lactose and galactose-free formula; nutritionally incomplete; 22 g protein equivalents/100 g powder; intended for children and adults. Available in PWD (16oz can).	Tyrosinemia or other inborn errors of tyrosine metabolism	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Mead Johnson 6 cans/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
UCD Anamix Jr.	548	Metabolic: 0.6 g protein (19.2 calories) in 5 g powder; essential amino acids and branched chain amino acids for positive nitrogen balance, non-protein calories, calcium, vitamin D, and zinc; nutritionally incomplete. Available in PWD (400g can).	Medical condition of Urea Cycle Disorder (UCD), hyperammonemia, hyperonithinemia, homocitrullinemia (HHH), and gyrate atrophy	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: Can only issue to women and children.	Nutricia 6 cans/case unflavored, vanilla
Vital HN	249	Special Medical Conditions: 30 cal/oz, high-nitrogen, low-fat, partially hydrolyzed protein; nutritionally complete; for oral or tube feeding; <0.25 g lactose per packet. Available in PWD (2.79oz packet).	1) Condition that impairs digestion/absorption 2) GI Disorder	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Abbott 6 packets/carton, 4 cartons/case vanilla smallest available unit: 6 packets
Vivonex Pediatric	250	Elemental: 24 cal/oz, lactose-free, nutritionally complete elemental; with 100% free amino acids; contains 68% MCT oil; for oral or tube feeding. Available in PWD (1.7oz packet).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Surgery or trauma	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 36 packets/case
Vivonex Plus	251	Elemental: 30 cal/oz, lactose-free, high-nitrogen, low-fat, elemental, 100% free amino acids; nutritionally complete; for oral or tube feeding. Available in PWD (2.8oz packet).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Surgery or trauma	Requirements: Documentation: Rx and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 36 packets/case
Vivonex T.E.N.	252	Elemental: 30 cal/oz, lactose-free, high-nitrogen elemental; with 100% free amino acids with glutamine; for oral or tube feeding. Available in PWD (2.84oz packet).	1) Condition that impairs digestion/absorption 2) GI Disorder 3) Surgery or trauma	Requirements: Documentation: RX and Formula history Approval Authority: Local Agency - Certifying Authority Limitations: Can only issue to women and children.	Nestle 60 packets/case

TEXAS WIC FORMULARY AND MEDICAL REASONS FOR ISSUANCE

March 2024

Formula Name	Formula Code	Description	Qualifying Conditions	Staff Guidance	Manufacturer/ Packaging*
WND 1	468	Metabolic: Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 6.5 g protein equivalents/100 g powder. Available in PWD (16oz can).	Urea cycle disorders	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For infants and toddlers.	Mead Johnson 6 cans/case
WND 2	331	Metabolic: Non-essential amino acids, lactose and galactose-free; nutritionally incomplete; 8.2 g protein equivalents/100 g powder. Available in PWD (16oz can).	Urea cycle disorders	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For children and adults. Can only issue to women and children.	Mead Johnson 6 cans/case
XLys, XTrp Maxamum	258	Metabolic: Lysine, tryptophan and fat-free; nutritionally incomplete; does not contain fat; 40 g protein equivalents/100 g powder. Available in PWD (454g can).	Glutaric acidemia type I	Requirements: Documentation: Metabolic prescription form Approval Authority: State Agency Limitations: For older children and adults. Can only issue to women and children.	Nutricia 6 cans/case orange

NUTRITION ASSESSMENT REQUIREMENTS GUIDE (March 2024)

Legend

** = FC-WCS (Formula Certified WIC Certification Specialist) can approve

* = WCS (WIC Certification Specialist) can approve

SA = State Agency approval required

CA = Certifying Authority

Directions

This handout lists all Texas WIC formulas in columns according to the assessment parameters required by the Texas WIC Formulary and Policy FD: 16.0. The required assessment parameters are described as follows:

No Assessment Required – Diet history, and other assessment parameters are not required in order to approve the formulas listed in this column. This applies to metabolic formulas (noted by ‡).

Formula History Required – Only a formula history is required to approve the formulas listed in this column. All other assessment parameters are optional at CA discretion. This applies to: contract formulas, formulas for tube feeding only, and all other formulas and situations not otherwise described. (noted by Δ)

Complete Assessment Required – A complete assessment includes: formula history, diet history, pertinent medical history, and anthropometric measurements and plotting. This applies to: situations when growth is of concern such as; prematurity, failure to thrive, growth impairment, etc. (noted by ○)

No Assessment Required ‡(All SA)	Formula History Required Δ	Complete Assessment Required ○
BCAD 1	Alfamino Infant	Benecalorie (SA)
BCAD 2	Alfamino Junior	BetaQuik MCT (SA)
Complex Essential MSD	Alimentum**	Boost
Complex Junior MSD	Calcilo XD	Boost Breeze
Complex MSD AA Blend	Carb Zero (SA)	Boost High Protein
Cyclinex 1	Compleat	Boost Kid Essentials
Cyclinex 2	Compleat Pediatric	Boost Kid Essentials 1.5
GA 1 Anamix Early Years	Compleat Pediatric Organic Blends	Boost Kid Essentials 1.5 w Fiber
GA	Compleat Pediatric Peptide 1.0	Boost Plus
GlutarAde AA Blend GA-1	Compleat Pediatric Peptide 1.5	Boost Pudding (SA)
GlutarAde Jr GA-1 Drink	Compleat Pediatric Reduced Calorie	Boost VHC
Glutarex 1	DiabetiSource AC	Compleat Pediatric Standard 1.0
Glutarex 2	Elecare DHA/ARA	Compleat Pediatric Standard 1.4
Glycosade	Elecare Jr	Duocal (SA)
HCU Anamix Early	Enfamil A.R. (over 1 yr of age*)	Enfacare/Enfamil Neuropro Enfacare**
HCU Anamix Next	Enfamil Gentlease (over 1 yr of age*)	Enfagrow Gentlease Toddler**
HCU Maxamum (XMet Maxamum)	Enfamil Infant (over 1 yr of age*)	Enfagrow Premium Toddler**
HCY 1	Enfamil Reguline (over 1 yr of age*)	Enfamil HMF (SA)
HCY 2	Enfaport	Enfamil Premature 24 (SA)
Hominex 1	EquaCare Jr	Enfamil Premature High Protein 24 (SA)
Hominex 2	Essential Care Jr	Enfamil Premature 30 (SA)
1 Valex 1	Extensive HA**	Ensure
1 Valex 2	FiberSource HN	Ensure Clear
IVA Anamix Early	Glytrol	Ensure High Protein Therapeutic Nutrition
IVA Anamix Next	Impact	Ensure Plus
IVA Maxamum (XLeu Maxamum)	Isosource 1.5	Ensure Pudding (SA)
Ketonex 1	Isosource HN	ENU Shake
Ketonex 2	Jevity 1 Cal	ENU Pro3+ (SA)
LMD	Kate Farms Pediatric Blended Meals	Fortini (SA)
Lophlex LQ PKU	Kate Farms Pediatric Peptide 1.0	Kate Farms Pediatric Standard 1.2
MMA-PA Anamix Early	Kate Farms Pediatric Peptide 1.5	Kate Farms Standard 1.0
MMA-PA Anamix Next	Kate Farms Peptide 1.5	GoodStart Gentlepro Toddler (3)**
MMA PA Maxamum (XMTVI Maxamum)	Ketocal 3:1 (SA)	Liquigen (SA)
MSUD Anamix Early	Ketocal 4:1 (SA)	MCT Oil (SA)
MSUD Maxamum	Keto Peptide (SA)	MCT Procal (SA)
OA 1	KetoVie 3:1 (SA)	Neosure**
OA 2	KetoVie 4:1 (SA)	Nutren 1.0
Periflex Advance	KetoVie 4:1 Peptide (SA)	Nutren 1.0 w/Fiber

NUTRITION ASSESSMENT REQUIREMENTS GUIDE (March 2024)

No Assessment Required ‡(All SA)	Formula History Required Δ	Complete Assessment Required ○
Periflex Junior Plus	KetoVie 4:1 Plant Based (SA)	Nutren 2.0
Periflex LQ PKU	KetoVie 4:1 Unflavored (SA)	Nutren Junior
PFD 2	Lipistart (SA)	Nutren Junior w/Fiber
Phenex 1	Monogen	Pediasmart
Phenex 2	Neocate w DHA/ARA	Pediasmart Pea Protein
Phenyl-Free 1	Neocate Junior	Pediasure
Phenyl-Free 2	Neocate Junior w Prebiotics	Pediasure w/Fiber
Phenyl-Free 2HP	Neocate Nutra (SA)	Pediasure Enteral 1.0
PhenylAde 60 Drink	Neocate Splash	Pediasure Enteral w/Fiber 1.0
PhenylAde (Drink)	Neocate Syneo	Pediasure 1.5
PhenylAde Essential	Nepro	Pediasure 1.5 w/Fiber
PhenylAde MTE AA Blend	Nourish (SA)	Pediasure Reduced Calorie
Phlexy-10 Drink	Nourish Peptide (SA)	Pediasure Sidekicks
PKU Air20	NovaSource Renal	Peptamen Jr HP 1.2
PKU Maxamum (XPhe Maxamum)	Nutramigen**	Polycal (SA)
PKU Periflex Early	Nutramigen LGG**	Resource 2.0
PKU Sphere15	Nutramigen Toddler**	Sim Go&Grow Toddler**
PKU Sphere20	Nutren Pulmonary	Sim Go&Grow Toddler NGMO-HMO**
Propimex 1	NutriHep	Similac HMF Hydrolyzed Protein Liquid Concentrate (SA)
Propimex 2	Osmolite 1.0	Similac HMF Liquid Concentrate (SA)
SOD Anamix Early	Osmolite 1.2	Similac Special Care 20 (SA)
TYR Anamix Early	Oxepa	Similac Special Care 24 w/ Iron (SA)
TYR Anamix Next	Pediasure Peptide 1.0	Similac Special Care 24 High Protein (SA)
Tyrex 1	Pediasure Peptide 1.5	Similac Special Care 30 (SA)
Tyrex 2	Peptamen	TwoCal HN
TYROS 1	Peptamen 1.5	
TYROS 2	Peptamen Jr	
UCD Anamix Jr	Peptamen Jr 1.5	
WND 1	Peptamen Jr w/Fiber	
WND 2	Peptamen Jr PHGG	
XLys, XTrp Maxamum	Pepticate	
	Perative	
	Portagen	
	Pregestimil 24	
	Pregestimil DHA/ARA**	
	Promote (SA)	
	Promote w/Fiber (SA)	
	Pro-Phree (SA)	
	Pulmocare	
	PurAmino	
	PurAmino Jr	
	RCF (SA)	
	Real Food Blends (SA)	
	Renalcal	
	Renastart (SA)	
	Renastep (SA)	
	Replete w/ Fiber	
	Similac for Diarrhea	
	Similac PM 60/40	
	Similac Soy Isomil (over 1 yr of age)*	
	Suplena	
	Tolerex	
	Vital HN	
	Vivonex Pediatric	
	Vivonex Plus	
	Vivonex T.E.N.	

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
593	ALFAMINO INF PWD 14.1OZ				94
593	Infant-PBF-Age 0		1		94
593	Infant-PBF-Age 1-3	Single	4		94
593	Infant-PBF-Age 4-5	Single	5		94
593	Infant-PBF-Age 6-11	Single	4		94
593	Infant-Formula-Age 0-3	Single	9		94
593	Infant-Formula-Age 4-5	Single	10		94
593	Infant-Formula-Age 6-11	Single	7		94
593	Infant-SBF Age 0-3	Single	9		94
593	Infant-SBF Age 4-5	Single	10		94
593	Infant-SBF Age 6-11	Single	7		94
593	More Formula (Partial) 6-11	Single	5		94
593	More Formula (Full) 6-11	Single	10		94
695	ALIMENTUM RTU 8OZ-6PK				48
695	Infant-PBF-Age 0		N/A		48
695	Infant-PBF-Age 1-3	Single	8		48
695	Infant-PBF-Age 4-5	Average	19	(10,9)	48
695	Infant-PBF-Age 6-11	Single	7		48
695	Infant-Formula-Age 0-3	Single	17		48
695	Infant-Formula-Age 4-5	Single	19		48
695	Infant-Formula-Age 6-11	Single	13		48
695	Infant-SBF Age 0-3	Single	17		48
695	Infant-SBF Age 4-5	Single	19		48
695	Infant-SBF Age 6-11	Single	13		48
695	More Formula (Partial) 6-11	Average	56	(10,10,9,9,9,9)	48
695	More Formula (Full) 6-11	Single	19		48
598	ALIMENTUM PWD 12.1OZ				87
598	Infant-PBF-Age 0		1		87
598	Infant-PBF-Age 1-3	Single	5		87
598	Infant-PBF-Age 4-5	Single	6		87
598	Infant-PBF-Age 6-11	Single	4		87
598	Infant-Formula-Age 0-3	Single	10		87
598	Infant-Formula-Age 4-5	Single	11		87
598	Infant-Formula-Age 6-11	Single	8		87
598	Infant-SBF Age 0-3	Single	10		87
598	Infant-SBF Age 4-5	Single	11		87
598	Infant-SBF Age 6-11	Single	8		87
598	More Formula (Partial) 6-11	Single	6		87
598	More Formula (Full) 6-11	Single	11		87
395	ALIMENTUM RTU 32OZ				32
395	Infant-PBF-Age 0		N/A		32
395	Infant-PBF-Age 0-3	Single	12		32
395	Infant-PBF-Age 4-5	Single	14		32
395	Infant-PBF-Age 6-11	Single	10		32
395	Infant-Formula-Age 0-3	Single	26		32
395	Infant-Formula-Age 4-5	Single	28		32
395	Infant-Formula-Age 6-11	Single	20		32
395	Infant-SBF Age 0-3	Single	26		32
395	Infant-SBF Age 4-5	Single	28		32
395	Infant-SBF Age 6-11	Single	20		32
395	More Formula (Partial) 6-11	Single	14		32
395	More Formula (Full) 6-11	Single	28		32

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
463	BCAD 1 PWD 16OZ				114
463	Infant-PBF-Age 0		N/A		114
463	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
463	Infant-PBF-Age 4-5	Single	4		114
463	Infant-PBF-Age 6-11	Single	3		114
463	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
463	Infant-Formula-Age 4-5	Single	8		114
463	Infant-Formula-Age 6-11	Single	6		114
463	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
463	Infant-SBF Age 4-5	Single	8		114
463	Infant-SBF Age 6-11	Single	6		114
463	More Formula (Partial) 6-11	Single	4		114
463	More Formula (Full) 6-11	Single	8		114
470	CALCILO XD PWD 13.2OZ				96
470	Infant-PBF-Age 0		1		96
470	Infant-PBF-Age 1-3	Single	4		96
470	Infant-PBF-Age 4-5	Single	5		96
470	Infant-PBF-Age 6-11	Single	4		96
470	Infant-Formula-Age 0-3	Single	9		96
470	Infant-Formula-Age 4-5	Single	10		96
470	Infant-Formula-Age 6-11	Single	7		96
470	Infant-SBF Age 0-3	Single	9		96
470	Infant-SBF Age 4-5	Single	10		96
470	Infant-SBF Age 6-11	Single	7		96
470	More Formula (Partial) 6-11	Single	5		96
470	More Formula (Full) 6-11	Single	10		96
342	CYCLINEX 1 PWD 14.1OZ				102
342	Infant-PBF-Age 0		1		102
342	Infant-PBF-Age 1-3	Single	4		102
342	Infant-PBF-Age 4-5	Single	5		102
342	Infant-PBF-Age 6-11	Average	19	(4, 3, 3, 3, 3, 3)	102
342	Infant-Formula-Age 0-3	Single	8		102
342	Infant-Formula-Age 4-5	Single	9		102
342	Infant-Formula-Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
342	Infant-SBF Age 0-3	Single	8		102
342	Infant-SBF Age 4-5	Single	9		102
342	Infant-SBF Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
342	More Formula (Partial) 6-11	Single	5		102
342	More Formula (Full) 6-11	Single	9		102
238	DUOCAL PWD 400G				66
238	Infant-PBF-Age 0		1		66
238	Infant-PBF-Age 1-3	Single	6		66
238	Infant-PBF-Age 4-5	Single	7		66
238	Infant-PBF-Age 6-11	Single	5		66
238	Infant-Formula-Age 0-3	Single	13		66
238	Infant-Formula-Age 4-5	Single	14		66
238	Infant-Formula-Age 6-11	Single	10		66
238	Infant-SBF Age 0-3	Single	13		66
238	Infant-SBF Age 4-5	Single	14		66
238	Infant-SBF Age 6-11	Single	10		66
238	More Formula (Partial) 6-11	Single	7		66
238	More Formula (Full) 6-11	Single	14		66

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
479	ELECARE PWD 14.1OZ				95
479	Infant-PBF-Age 0		1		95
479	Infant-PBF-Age 1-3	Single	4		95
479	Infant-PBF-Age 4-5	Single	5		95
479	Infant-PBF-Age 6-11	Single	4		95
479	Infant-Formula-Age 0-3	Single	9		95
479	Infant-Formula-Age 4-5	Single	10		95
479	Infant-Formula-Age 6-11	Single	7		95
479	Infant-SBF Age 0-3	Single	9		95
479	Infant-SBF Age 4-5	Single	10		95
479	Infant-SBF Age 6-11	Single	7		95
479	More Formula (Partial) 6-11	Single	5		95
479	More Formula (Full) 6-11	Single	10		95
667	ENFAMIL A.R. PWD 12.9OZ				91
667	Infant-PBF-Age 0	Single	1		91
667	Infant-PBF-Age 1-3	Single	4		91
667	Infant-PBF-Age 4-5	Single	5		91
667	Infant-PBF-Age 6-11	Single	4		91
667	Infant-Formula-Age 0-3	Single	9		91
667	Infant-Formula-Age 4-5	Single	10		91
667	Infant-Formula-Age 6-11	Single	7		91
667	Infant-SBF Age 0-3	Single	9		91
667	Infant-SBF Age 4-5	Single	10		91
667	Infant-SBF Age 6-11	Single	7		91
667	More Formula (Partial) 6-11	Single	5		91
667	More Formula (Full) 6-11	Single	10		91
668	ENFAMIL GENTL PWD 12.4OZ				90
668	Infant-PBF-Age 0		1		90
668	Infant-PBF-Age 1-3	Average	14	(5, 4, 4)	90
668	Infant-PBF-Age 4-5	Single	5		90
668	Infant-PBF-Age 6-11	Single	4		90
668	Infant-Formula-Age 0-3	Single	9		90
668	Infant-Formula-Age 4-5	Single	10		90
668	Infant-Formula-Age 6-11	Single	7		90
668	Infant-SBF Age 0-3	Single	9		90
668	Infant-SBF Age 4-5	Single	10		90
668	Infant-SBF Age 6-11	Single	7		90
668	More Formula (Partial) 6-11	Single	5		90
668	More Formula (Full) 6-11	Single	10		90
305	ENFAMIL HMF PWD .71G				1
305	Infant-PBF-Age 0		104		1
305	Infant-PBF-Age 1-3	Single	364		1
305	Infant-PBF-Age 4-5	Single	442		1
305	Infant-PBF-Age 6-11	Single	312		1
305	Infant-Formula-Age 0-3	Single	806		1
305	Infant-Formula-Age 4-5	Single	884		1
305	Infant-Formula-Age 6-11	Single	624		1
305	Infant-SBF Age 0-3	Single	806		1
305	Infant-SBF Age 4-5	Single	884		1
305	Infant-SBF Age 6-11	Single	624		1
305	More Formula (Partial) 6-11	Single	442		1
305	More Formula (Full) 6-11	Single	884		1

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
663	ENFAMIL INFAN PWD 12.5OZ				90
663	Infant-PBF-Age 0		1		90
663	Infant-PBF-Age 1-3	Average	14	(5, 4, 4)	90
663	Infant-PBF-Age 4-5	Single	5		90
663	Infant-PBF-Age 6-11	Single	4		90
663	Infant-Formula-Age 0-3	Single	9		90
663	Infant-Formula-Age 4-5	Single	10		90
663	Infant-Formula-Age 6-11	Single	7		90
663	Infant-SBF Age 0-3	Single	9		90
663	Infant-SBF Age 4-5	Single	10		90
663	Infant-SBF Age 6-11	Single	7		90
663	More Formula (Partial) 6-11	Single	5		90
663	More Formula (Full) 6-11	Single	10		90
664	ENFAMIL INFANT CON 13OZ				26
664	Infant-PBF-Age 0		N/A		26
664	Infant-PBF-Age 1-3	Single	14		26
664	Infant-PBF-Age 4-5	Single	17		26
664	Infant-PBF-Age 6-11	Single	12		26
664	Infant-Formula-Age 0-3	Single	31		26
664	Infant-Formula-Age 4-5	Single	12		26
664	Infant-Formula-Age 6-11	Single	31		26
664	Infant-SBF Age 0-3	Single	34		26
664	Infant-SBF Age 4-5	Single	24		26
664	Infant-SBF Age 6-11	Single	31		26
664	More Formula (Partial) 6-11	Single	24		26
664	More Formula (Full) 6-11	Single	34		26
665	ENFAMIL INFANT RTU 32OZ				32
665	Infant-PBF-Age 0		N/A		32
665	Infant-PBF-Age 1-3	Single	12		32
665	Infant-PBF-Age 4-5	Single	14		32
665	Infant-PBF-Age 6-11	Single	10		32
665	Infant-Formula-Age 0-3	Single	26		32
665	Infant-Formula-Age 4-5	Single	28		32
665	Infant-Formula-Age 6-11	Single	20		32
665	Infant-SBF Age 0-3	Single	26		32
665	Infant-SBF Age 4-5	Single	28		32
665	Infant-SBF Age 6-11	Single	20		32
665	More Formula (Partial) 6-11	Single	14		32
665	More Formula (Full) 6-11	Single	28		32
510	ENFAMIL LIQ HMF RTU 5ML				1
510	Infant-PBF-Age 0		N/A		1
510	Infant-PBF-Age 1-3	Single	364		1
510	Infant-PBF-Age 4-5	Single	442		1
510	Infant-PBF-Age 6-11	Single	312		1
510	Infant-Formula-Age 0-3	Single	806		1
510	Infant-Formula-Age 4-5	Single	884		1
510	Infant-Formula-Age 6-11	Single	624		1
510	Infant-SBF Age 0-3	Single	806		1
510	Infant-SBF Age 4-5	Single	884		1
510	Infant-SBF Age 6-11	Single	624		1
510	More Formula (Partial) 6-11	Single	442		1
510	More Formula (Full) 6-11	Single	884		1

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
670	ENFAMIL REGUL PWD 12.4OZ				90
670	Infant-PBF-Age 0		1		90
670	Infant-PBF-Age 1-3	Average	14	(5, 4, 4)	90
670	Infant-PBF-Age 4-5	Single	5		90
670	Infant-PBF-Age 6-11	Single	4		90
670	Infant-Formula-Age 0-3	Single	9		90
670	Infant-Formula-Age 4-5	Single	10		90
670	Infant-Formula-Age 6-11	Single	7		90
670	Infant-SBF Age 0-3	Single	9		90
670	Infant-SBF Age 4-5	Single	10		90
670	Infant-SBF Age 6-11	Single	7		90
670	More Formula (Partial) 6-11	Single	5		90
670	More Formula (Full) 6-11	Single	10		90
371	ENF ENFACARE PWD 13.6OZ				87
371	Infant-PBF-Age 0		1		87
371	Infant-PBF-Age 1-3	Single	5		87
371	Infant-PBF-Age 4-5	Single	6		87
371	Infant-PBF-Age 6-11	Single	4		87
371	Infant-Formula-Age 0-3	Single	10		87
371	Infant-Formula-Age 4-5	Single	11		87
371	Infant-Formula-Age 6-11	Single	8		87
371	Infant-SBF Age 0-3	Single	10		87
371	Infant-SBF Age 4-5	Single	11		87
371	Infant-SBF Age 6-11	Single	8		87
371	More Formula (Partial) 6-11	Single	6		87
371	More Formula (Full) 6-11	Single	11		87
623	ENF ENFACARE RTU 2OZ				2
623	Infant-PBF-Age 0		N/A		2
623	Infant-PBF-Age 1-3	Single	182		2
623	Infant-PBF-Age 4-5	Single	221		2
623	Infant-PBF-Age 6-11	Single	156		2
623	Infant-Formula-Age 0-3	Single	403		2
623	Infant-Formula-Age 4-5	Single	442		2
623	Infant-Formula-Age 6-11	Single	312		2
623	Infant-SBF Age 0-3	Single	403		2
623	Infant-SBF Age 4-5	Single	442		2
623	Infant-SBF Age 6-11	Single	312		2
623	More Formula (Partial) 6-11	Single	221		2
623	More Formula (Full) 6-11	Single	442		2
564	ENFAPORT RTU 6OZ-6PK				36
564	Infant-PBF-Age 0		N/A		36
564	Infant-PBF-Age 1-3	Average	31	(11, 10, 10)	36
564	Infant-PBF-Age 4-5	Single	13		36
564	Infant-PBF-Age 6-11	Single	9		36
564	Infant-Formula-Age 0-3	Single	23		36
564	Infant-Formula-Age 4-5	Single	25		36
564	Infant-Formula-Age 6-11	Average	104	(18, 18, 17, 17, 17, 17)	36
564	Infant-SBF Age 0-3	Single	23		36
564	Infant-SBF Age 4-5	Single	25		36
564	Infant-SBF Age 6-11	Average	104	(18, 18, 17, 17, 17, 17)	36
564	More Formula (Partial) 6-11	Single	13		36
564	More Formula (Full) 6-11	Single	25		36

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
669	ENF NEU GENTL RTU 32OZ				32
669	Infant-PBF-Age 0		N/A		32
669	Infant-PBF-Age 1-3	Single	12		32
669	Infant-PBF-Age 4-5	Single	14		32
669	Infant-PBF-Age 6-11	Single	10		32
669	Infant-Formula-Age 0-3	Single	26		32
669	Infant-Formula-Age 4-5	Single	28		32
669	Infant-Formula-Age 6-11	Single	20		32
669	Infant-SBF Age 0-3	Single	26		32
669	Infant-SBF Age 4-5	Single	28		32
669	Infant-SBF Age 6-11	Single	20		32
669	More Formula (Partial) 6-11	Single	14		32
669	More Formula (Full) 6-11	Single	28		32
673	ENF NEU GENT RTU 8OZ-6PK				48
673	Infant-PBF-Age 0		0		48
673	Infant-PBF-Age 1-3	Single	8		48
673	Infant-PBF-Age 4-5	Average	19	(10,9)	48
673	Infant-PBF-Age 6-11	Single	7		48
673	Infant-Formula-Age 0-3	Single	17		48
673	Infant-Formula-Age 4-5	Single	19		48
673	Infant-Formula-Age 6-11	Single	13		48
673	Infant-SBF Age 0-3	Single	17		48
673	Infant-SBF Age 4-5	Single	19		48
673	Infant-SBF Age 6-11	Single	13		48
673	More Formula (Partial) 6-11	Average	56	(10,10,9,9,9,9)	48
673	More Formula (Full) 6-11	Single	19		48
672	ENF NEU INFANT RTU 32OZ				32
672	Infant-PBF-Age 0		N/A		32
672	Infant-PBF-Age 1-3	Single	12		32
672	Infant-PBF-Age 4-5	Single	14		32
672	Infant-PBF-Age 6-11	Single	10		32
672	Infant-Formula-Age 0-3	Single	26		32
672	Infant-Formula-Age 4-5	Single	28		32
672	Infant-Formula-Age 6-11	Single	20		32
672	Infant-SBF Age 0-3	Single	26		32
672	Infant-SBF Age 4-5	Single	28		32
672	Infant-SBF Age 6-11	Single	20		32
672	More Formula (Partial) 6-11	Single	14		32
672	More Formula (Full) 6-11	Single	28		32
671	ENF NEU INF RTU 8OZ-6PK				48
671	Infant-PBF-Age 0		0		48
671	Infant-PBF-Age 1-3	Single	8		48
671	Infant-PBF-Age 4-5	Single	19	(10,9)	48
671	Infant-PBF-Age 6-11	Single	7		48
671	Infant-Formula-Age 0-3	Single	17		48
671	Infant-Formula-Age 4-5	Single	19		48
671	Infant-Formula-Age 6-11	Single	13		48
671	Infant-SBF Age 0-3	Single	17		48
671	Infant-SBF Age 4-5	Single	19		48
671	Infant-SBF Age 6-11	Single	13		48

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
671	More Formula (Partial) 6-11	Average	56	(10,10,9,9,9,9)	48
671	More Formula (Full) 6-11	Single	19		48
443	ENF PREM 24 IRN RTU 2OZ				2
443	Infant-PBF-Age 0		N/A		2
443	Infant-PBF-Age 1-3	Single	182		2
443	Infant-PBF-Age 4-5	Single	221		2
443	Infant-PBF-Age 6-11	Single	156		2
443	Infant-Formula-Age 0-3	Single	403		2
443	Infant-Formula-Age 4-5	Single	442		2
443	Infant-Formula-Age 6-11	Single	312		2
443	Infant-SBF Age 0-3	Single	403		2
443	Infant-SBF Age 4-5	Single	442		2
443	Infant-SBF Age 6-11	Single	312		2
443	More Formula (Partial) 6-11	Single	221		2
443	More Formula (Full) 6-11	Single	442		2
557	ENF PREMATURE 30 RTU 2OZ				2
557	Infant-PBF-Age 0		N/A		2
557	Infant-PBF-Age 1-3	Single	182		2
557	Infant-PBF-Age 4-5	Single	221		2
557	Infant-PBF-Age 6-11	Single	156		2
557	Infant-Formula-Age 0-3	Single	403		2
557	Infant-Formula-Age 4-5	Single	442		2
557	Infant-Formula-Age 6-11	Single	312		2
557	Infant-SBF Age 0-3	Single	403		2
557	Infant-SBF Age 4-5	Single	442		2
557	Infant-SBF Age 6-11	Single	312		2
557	More Formula (Partial) 6-11	Single	221		2
557	More Formula (Full) 6-11	Single	442		2
509	ENF PREM HI PR24 RTU 2OZ				2
509	Infant-PBF-Age 0		N/A		2
509	Infant-PBF-Age 1-3	Single	182		2
509	Infant-PBF-Age 4-5	Single	221		2
509	Infant-PBF-Age 6-11	Single	156		2
509	Infant-Formula-Age 0-3	Single	403		2
509	Infant-Formula-Age 4-5	Single	442		2
509	Infant-Formula-Age 6-11	Single	312		2
509	Infant-SBF Age 0-3	Single	403		2
509	Infant-SBF Age 4-5	Single	442		2
509	Infant-SBF Age 6-11	Single	312		2
509	More Formula (Partial) 6-11	Single	221		2
509	More Formula (Full) 6-11	Single	442		2
592	EXTENSIVE HA PWD 14.1OZ				96
592	Infant-PBF-Age 0		1		96
592	Infant-PBF-Age 1-3	Single	4		96
592	Infant-PBF-Age 4-5	Single	5		96
592	Infant-PBF-Age 6-11	Single	4		96
592	Infant-Formula-Age 0-3	Single	9		96
592	Infant-Formula-Age 4-5	Single	10		96
592	Infant-Formula-Age 6-11	Single	7		96
592	Infant-SBF Age 0-3	Single	9		96

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
592	Infant-SBF Age 4-5	Single	10		96
592	Infant-SBF Age 6-11	Single	7		96
592	More Formula (Partial) 6-11	Single	5		96
592	More Formula (Full) 6-11	Single	10		96
638	FORTINI INFANT RTU 4OZ				4
638	Infant-PBF-Age 0		N/A		4
638	Infant-PBF-Age 1-3	Single	91		4
638	Infant-PBF-Age 4-5	Single	111		4
638	Infant-PBF-Age 6-11	Single	78		4
638	Infant-Formula-Age 0-3	Single	202		4
638	Infant-Formula-Age 4-5	Single	221		4
638	Infant-Formula-Age 6-11	Single	156		4
638	Infant-SBF Age 0-3	Single	202		4
638	Infant-SBF Age 4-5	Single	221		4
638	Infant-SBF Age 6-11	Single	156		4
638	More Formula (Partial) 6-11	Single	111		4
638	More Formula (Full) 6-11	Single	221		4
580	GA1 ANAMIX EARL PWD 400G				90.1
580	Infant-PBF-Age 0		1		90.1
580	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
580	Infant-PBF-Age 4-5	Single	5		90.1
580	Infant-PBF-Age 6-11	Single	4		90.1
580	Infant-Formula-Age 0-3	Single	9		90.1
580	Infant-Formula-Age 4-5	Single	10		90.1
580	Infant-Formula-Age 6-11	Single	7		90.1
580	Infant-SBF Age 0-3	Single	9		90.1
580	Infant-SBF Age 4-5	Single	10		90.1
580	Infant-SBF Age 6-11	Single	7		90.1
580	More Formula (Partial) 6-11	Single	5		90.1
580	More Formula (Full) 6-11	Single	10		90.1
464	GA PWD 16OZ				114
464	Infant-PBF-Age 0		N/A		114
464	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
464	Infant-PBF-Age 4-5	Single	4		114
464	Infant-PBF-Age 6-11	Single	3		114
464	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
464	Infant-Formula-Age 4-5	Single	8		114
464	Infant-Formula-Age 6-11	Single	6		114
464	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
464	Infant-SBF Age 4-5	Single	8		114
464	Infant-SBF Age 6-11	Single	6		114
464	More Formula (Partial) 6-11	Single	4		114
464	More Formula (Full) 6-11	Single	8		114
659	GENERIC HA PWD 12.6OZ				89
659	Infant-PBF-Age 0		0		89
659	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	89
659	Infant-PBF-Age 4-5	Single	5		89
659	Infant-PBF-Age 6-11	Single	4		89
659	Infant-Formula-Age 0-3	Average	37	(10, 9, 9, 9, 9)	89
659	Infant-Formula-Age 4-5	Single	10		89
659	Infant-Formula-Age 6-11	Average	43	(8, 7, 7, 7, 7, 7)	89
659	Infant-SBF Age 0-3	Average	37	(10, 9, 9, 9, 9)	89

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
659	Infant-SBF Age 4-5	Single	10		89
659	Infant-SBF Age 6-11	Average	43	(8, 7, 7, 7, 7, 7)	89
659	More Formula (Partial) 6-11	Single	5		89
659	More Formula (Full) 6-11	Single	10		89
660	GENERIC HA PWD 19.8OZ				141
660	Infant-PBF-Age 0		0		141
660	Infant-PBF-Age 1-3	Single	3		141
660	Infant-PBF-Age 4-5	Average	7	(4, 3)	141
660	Infant-PBF-Age 6-11	Average	14	(3, 3, 2, 2, 2, 2)	141
660	Infant-Formula-Age 0-3	Single	6		141
660	Infant-Formula-Age 4-5	Average	13	(7, 6)	141
660	Infant-Formula-Age 6-11	Average	27	(5, 5, 5, 4, 4, 4)	141
660	Infant-SBF Age 0-3	Single	6		141
660	Infant-SBF Age 4-5	Average	13	(7, 6)	141
660	Infant-SBF Age 6-11	Average	27	(5, 5, 5, 4, 4, 4)	141
660	More Formula (Partial) 6-11	Average	19	(4, 3, 3, 3, 3, 3)	141
660	More Formula (Full) 6-11	Average	38	(7, 7, 6, 6, 6, 6)	141
661	GENERIC HA PWD 27.8OZ				197
661	Infant-PBF-Age 0		0		197
661	Infant-PBF-Age 1-3	Single	2		197
661	Infant-PBF-Age 4-5	Average	5	(3, 2)	197
661	Infant-PBF-Age 6-11	Average	10	(2, 2, 2, 2, 1, 1)	197
661	Infant-Formula-Age 0-3	Average	17	(5, 4, 4, 4, 4)	197
661	Infant-Formula-Age 4-5	Average	9	(5, 4)	197
661	Infant-Formula-Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	197
661	Infant-SBF Age 0-3	Average	17	(5, 4, 4, 4, 4)	197
661	Infant-SBF Age 4-5	Average	9	(5, 4)	197
661	Infant-SBF Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	197
661	More Formula (Partial) 6-11	Average	14	(3, 3, 2, 2, 2, 2)	197
661	More Formula (Full) 6-11	Average	27	(5, 5, 5, 4, 4, 4)	197
344	GLUTAREX 1 PWD 14.1OZ				96
344	Infant-PBF-Age 0		1		96
344	Infant-PBF-Age 1-3	Single	4		96
344	Infant-PBF-Age 4-5	Single	5		96
344	Infant-PBF-Age 6-11	Single	4		96
344	Infant-Formula-Age 0-3	Single	9		96
344	Infant-Formula-Age 4-5	Single	10		96
344	Infant-Formula-Age 6-11	Single	7		96
344	Infant-SBF Age 0-3	Single	9		96
344	Infant-SBF Age 4-5	Single	10		96
344	Infant-SBF Age 6-11	Single	7		96
344	More Formula (Partial) 6-11	Single	5		96
344	More Formula (Full) 6-11	Single	10		96
576	HCU ANAMIX EARL PWD 400G				90
576	Infant-PBF-Age 0		1		90
576	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90
576	Infant-PBF-Age 4-5	Single	5		90
576	Infant-PBF-Age 6-11	Single	4		90
576	Infant-Formula-Age 0-3	Single	9		90
576	Infant-Formula-Age 4-5	Single	10		90
576	Infant-Formula-Age 6-11	Single	7		90
576	Infant-SBF Age 0-3	Single	9		90

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
576	Infant-SBF Age 4-5	Single	10		90
576	Infant-SBF Age 6-11	Single	7		90
576	More Formula (Partial) 6-11	Single	5		90
576	More Formula (Full) 6-11	Single	10		90
465	HCY 1 PWD 16OZ				114
465	Infant-PBF-Age 0		N/A		114
465	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
465	Infant-PBF-Age 4-5	Single	4		114
465	Infant-PBF-Age 6-11	Single	3		114
465	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
465	Infant-Formula-Age 4-5	Single	8		114
465	Infant-Formula-Age 6-11	Single	6		114
465	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
465	Infant-SBF Age 4-5	Single	8		114
465	Infant-SBF Age 6-11	Single	6		114
465	More Formula (Partial) 6-11	Single	4		114
465	More Formula (Full) 6-11	Single	8		114
346	HOMINEX 1 PWD 14.1OZ				96
346	Infant-PBF-Age 0		1		96
346	Infant-PBF-Age 1-3	Single	4		96
346	Infant-PBF-Age 4-5	Single	5		96
346	Infant-PBF-Age 6-11	Single	4		96
346	Infant-Formula-Age 0-3	Single	9		96
346	Infant-Formula-Age 4-5	Single	10		96
346	Infant-Formula-Age 6-11	Single	7		96
346	Infant-SBF Age 0-3	Single	9		96
346	Infant-SBF Age 4-5	Single	10		96
346	Infant-SBF Age 6-11	Single	7		96
346	More Formula (Partial) 6-11	Single	5		96
346	More Formula (Full) 6-11	Single	10		96
577	IVA ANAMIX EARL PWD 400G				90.1
577	Infant-PBF-Age 0		1		90.1
577	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
577	Infant-PBF-Age 4-5	Single	5		90.1
577	Infant-PBF-Age 6-11	Single	4		90.1
577	Infant-Formula-Age 0-3	Single	9		90.1
577	Infant-Formula-Age 4-5	Single	10		90.1
577	Infant-Formula-Age 6-11	Single	7		90.1
577	Infant-SBF Age 0-3	Single	9		90.1
577	Infant-SBF Age 4-5	Single	10		90.1
577	Infant-SBF Age 6-11	Single	7		90.1
577	More Formula (Partial) 6-11	Single	5		90.1
577	More Formula (Full) 6-11	Single	10		90.1
348	I VALEX 1 PWD 14.1.OZ				96
348	Infant-PBF-Age 0		1		96
348	Infant-PBF-Age 1-3	Single	4		96
348	Infant-PBF-Age 4-5	Single	5		96
348	Infant-PBF-Age 6-11	Single	4		96
348	Infant-Formula-Age 0-3	Single	9		96
348	Infant-Formula-Age 4-5	Single	10		96
348	Infant-Formula-Age 6-11	Single	7		96
348	Infant-SBF Age 0-3	Single	9		96

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
348	Infant-SBF Age 4-5	Single	10		96
348	Infant-SBF Age 6-11	Single	7		96
348	More Formula (Partial) 6-11	Single	5		96
348	More Formula (Full) 6-11	Single	10		96
456	KETOCAL 3:1 PWD 300G				105
456	Infant-PBF-Age 0		N/A		105
456	Infant-PBF-Age 1-3	Single	4		105
456	Infant-PBF-Age 4-5	Average	9	(5, 4)	105
456	Infant-PBF-Age 6-11	Single	3		105
456	Infant-Formula-Age 0-3	Single	8		105
456	Infant-Formula-Age 4-5	Single	9		105
456	Infant-Formula-Age 6-11	Single	6		105
456	Infant-SBF Age 0-3	Single	8		105
456	Infant-SBF Age 4-5	Single	9		105
456	Infant-SBF Age 6-11	Single	6		105
456	More Formula (Partial) 6-11	Average	26	(5, 5, 4, 4, 4, 4)	105
456	More Formula (Full) 6-11	Single	9		105
364	KETOCAL 4:1 PWD 300G				50
364	Infant-PBF-Age 0		1		50
364	Infant-PBF-Age 1-3	Single	8		50
364	Infant-PBF-Age 4-5	Single	9		50
364	Infant-PBF-Age 6-11	Single	7		50
364	Infant-Formula-Age 0-3	Single	17		50
364	Infant-Formula-Age 4-5	Single	18		50
364	Infant-Formula-Age 6-11	Single	13		50
364	Infant-SBF Age 0-3	Single	17		50
364	Infant-SBF Age 4-5	Single	18		50
364	Infant-SBF Age 6-11	Single	13		50
364	More Formula (Partial) 6-11	Single	9		50
364	More Formula (Full) 6-11	Single	18		50
350	KETONEX 1 PWD 14.1OZ				96
350	Infant-PBF-Age 0		1		96
350	Infant-PBF-Age 1-3	Single	4		96
350	Infant-PBF-Age 4-5	Single	5		96
350	Infant-PBF-Age 6-11	Single	4		96
350	Infant-Formula-Age 0-3	Single	9		96
350	Infant-Formula-Age 4-5	Single	10		96
350	Infant-Formula-Age 6-11	Single	7		96
350	Infant-SBF Age 0-3	Single	9		96
350	Infant-SBF Age 4-5	Single	10		96
350	Infant-SBF Age 6-11	Single	7		96
350	More Formula (Partial) 6-11	Single	5		96
350	More Formula (Full) 6-11	Single	10		96
498	LIPISTART PWD 400G				90
498	Infant-PBF-Age 0		1		90
498	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90
498	Infant-PBF-Age 4-5	Single	5		90
498	Infant-PBF-Age 6-11	Single	4		90
498	Infant-Formula-Age 0-3	Single	9		90
498	Infant-Formula-Age 4-5	Single	10		90
498	Infant-Formula-Age 6-11	Single	7		90
498	Infant-SBF Age 0-3	Single	9		90

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
498	Infant-SBF Age 4-5	Single	10		90
498	Infant-SBF Age 6-11	Single	7		90
498	More Formula (Partial) 6-11	Single	5		90
498	More Formula (Full) 6-11	Single	10		90
567	LIQUIGEN RTU 8.5OZ				8.5
567	Infant-PBF-Age 0		N/A		8.5
567	Infant-PBF-Age 1-3	Single	43		8.5
567	Infant-PBF-Age 4-5	Single	52		8.5
567	Infant-PBF-Age 6-11	Single	37		8.5
567	Infant-Formula-Age 0-3	Single	95		8.5
567	Infant-Formula-Age 4-5	Single	104		8.5
567	Infant-Formula-Age 6-11	Single	74		8.5
567	Infant-SBF Age 0-3	Single	95		8.5
567	Infant-SBF Age 4-5	Single	104		8.5
567	Infant-SBF Age 6-11	Single	74		8.5
567	More Formula (Partial) 6-11	Single	52		8.5
567	More Formula (Full) 6-11	Single	104		8.5
574	LMD PWD 16OZ				114
574	Infant-PBF-Age 0		N/A		114
574	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
574	Infant-PBF-Age 4-5	Single	4		114
574	Infant-PBF-Age 6-11	Single	3		114
574	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
574	Infant-Formula-Age 4-5	Single	8		114
574	Infant-Formula-Age 6-11	Single	6		114
574	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
574	Infant-SBF Age 4-5	Single	8		114
574	Infant-SBF Age 6-11	Single	6		114
574	More Formula (Partial) 6-11	Single	4		114
574	More Formula (Full) 6-11	Single	8		114
425	MCT OIL RTU 32OZ				32
425	Infant-PBF-Age 0		N/A		32
425	Infant-PBF-Age 1-3	Single	12		32
425	Infant-PBF-Age 4-5	Single	14		32
425	Infant-PBF-Age 6-11	Single	10		32
425	Infant-Formula-Age 0-3	Single	26		32
425	Infant-Formula-Age 4-5	Single	28		32
425	Infant-Formula-Age 6-11	Single	20		32
425	Infant-SBF Age 0-3	Single	26		32
425	Infant-SBF Age 4-5	Single	28		32
425	Infant-SBF Age 6-11	Single	20		32
425	More Formula (Partial) 6-11	Single	14		32
425	More Formula (Full) 6-11	Single	28		32
579	MMA-PA ANA EARL PWD 400G				90.1
579	Infant-PBF-Age 0		1		90.1
579	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
579	Infant-PBF-Age 4-5	Single	5		90.1
579	Infant-PBF-Age 6-11	Single	4		90.1
579	Infant-Formula-Age 0-3	Single	9		90.1
579	Infant-Formula-Age 4-5	Single	10		90.1
579	Infant-Formula-Age 6-11	Single	7		90.1
579	Infant-SBF Age 0-3	Single	9		90.1

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
579	Infant-SBF Age 4-5	Single	10		90.1
579	Infant-SBF Age 6-11	Single	7		90.1
579	More Formula (Partial) 6-11	Single	5		90.1
579	More Formula (Full) 6-11	Single	10		90.1
449	MONOGEN PWD 400G				76
449	Infant-PBF-Age 0		1		76
449	Infant-PBF-Age 1-3	Single	5		76
449	Infant-PBF-Age 4-5	Single	6		76
449	Infant-PBF-Age 6-11	Single	5		76
449	Infant-Formula-Age 0-3	Single	11		76
449	Infant-Formula-Age 4-5	Single	12		76
449	Infant-Formula-Age 6-11	Single	9		76
449	Infant-SBF Age 0-3	Single	11		76
449	Infant-SBF Age 4-5	Single	12		76
449	Infant-SBF Age 6-11	Single	9		76
449	More Formula (Partial) 6-11	Single	6		76
449	More Formula (Full) 6-11	Single	12		76
575	MSUD ANAMX EARL PWD 400G				90.1
575	Infant-PBF-Age 0		1		90.1
575	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
575	Infant-PBF-Age 4-5	Single	5		90.1
575	Infant-PBF-Age 6-11	Single	4		90.1
575	Infant-Formula-Age 0-3	Single	9		90.1
575	Infant-Formula-Age 4-5	Single	10		90.1
575	Infant-Formula-Age 6-11	Single	7		90.1
575	Infant-SBF Age 0-3	Single	9		90.1
575	Infant-SBF Age 4-5	Single	10		90.1
575	Infant-SBF Age 6-11	Single	7		90.1
575	More Formula (Partial) 6-11	Single	5		90.1
575	More Formula (Full) 6-11	Single	10		90.1
440	NEOCATE DHA/ARA PWD 400G				97
440	Infant-PBF-Age 0		1		97
440	Infant-PBF-Age 1-3	Single	4		97
440	Infant-PBF-Age 4-5	Single	5		97
440	Infant-PBF-Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	97
440	Infant-Formula-Age 0-3	Average	34	(9, 9, 8, 8)	97
440	Infant-Formula-Age 4-5	Average	19	(10, 9)	97
440	Infant-Formula-Age 6-11	Single	7		97
440	Infant-SBF Age 0-3	Average	34	(9, 9, 8, 8)	97
440	Infant-SBF Age 4-5	Average	19	(10, 9)	97
440	Infant-SBF Age 6-11	Single	7		97
440	More Formula (Partial) 6-11	Single	5		97
440	More Formula (Full) 6-11	Average	55	(10, 9, 9, 9, 9, 9)	97
525	NEOCATE NUTRA PWD 14OZ				36
525	Infant-PBF-Age 0		1		36
525	Infant-PBF-Age 1-3	Single	11		36
525	Infant-PBF-Age 4-5	Single	13		36
525	Infant-PBF-Age 6-11	Single	9		36
525	Infant-Formula-Age 0-3	Single	23		36
525	Infant-Formula-Age 4-5	Single	25		36
525	Infant-Formula-Age 6-11	Single	18		36
525	Infant-SBF Age 0-3	Single	23		36

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
525	Infant-SBF Age 4-5	Single	25		36
525	Infant-SBF Age 6-11	Single	18		36
525	More Formula (Partial) 6-11	Single	13		36
525	More Formula (Full) 6-11	Single	25		36
601	NEOCATE SYNEO PWD 400G				95
601	Infant-PBF-Age 0		1		95
601	Infant-PBF-Age 1-3	Single	4		95
601	Infant-PBF-Age 4-5	Single	5		95
601	Infant-PBF-Age 6-11	Single	4		95
601	Infant-Formula-Age 0-3	Single	9		95
601	Infant-Formula-Age 4-5	Single	10		95
601	Infant-Formula-Age 6-11	Single	7		95
601	Infant-SBF Age 0-3	Single	9		95
601	Infant-SBF Age 4-5	Single	10		95
601	Infant-SBF Age 6-11	Single	7		95
601	More Formula (Partial) 6-11	Single	5		95
601	More Formula (Full) 6-11	Single	10		95
370	NEOSURE PWD 13.1OZ				87
370	Infant-PBF-Age 0		1		87
370	Infant-PBF-Age 1-3	Single	5		87
370	Infant-PBF-Age 4-5	Single	6		87
370	Infant-PBF-Age 6-11	Single	4		87
370	Infant-Formula-Age 0-3	Single	10		87
370	Infant-Formula-Age 4-5	Single	11		87
370	Infant-Formula-Age 6-11	Single	8		87
370	Infant-SBF Age 0-3	Single	10		87
370	Infant-SBF Age 4-5	Single	11		87
370	Infant-SBF Age 6-11	Single	8		87
370	More Formula (Partial) 6-11	Single	6		87
370	More Formula (Full) 6-11	Single	11		87
662	NEOSURE PWD 22.8OZ				151
662	Infant-PBF-Age 0		0		151
662	Infant-PBF-Age 1-3	Average	8	(3, 3, 2)	151
662	Infant-PBF-Age 4-5	Single	3		151
662	Infant-PBF-Age 6-11	Average	13	(3, 2, 2, 2, 2, 2)	151
662	Infant-Formula-Age 0-3	Average	22	(6, 6, 5, 5)	151
662	Infant-Formula-Age 4-5	Single	6		151
662	Infant-Formula-Age 6-11	Average	25	(5, 4, 4, 4, 4, 4)	151
662	Infant-SBF Age 0-3	Average	22	(6, 6, 5, 5)	151
662	Infant-SBF Age 4-5	Single	6		151
662	Infant-SBF Age 6-11	Average	25	(5, 4, 4, 4, 4, 4)	151
662	More Formula (Partial) 6-11	Single	3		151
662	More Formula (Full) 6-11	Single	6		151
430	NEOSURE RTU 32OZ				32
430	Infant-PBF-Age 0		N/A		32
430	Infant-PBF-Age 1-3	Single	12		32
430	Infant-PBF-Age 4-5	Single	14		32
430	Infant-PBF-Age 6-11	Single	10		32
430	Infant-Formula-Age 0-3	Single	26		32
430	Infant-Formula-Age 4-5	Single	28		32
430	Infant-Formula-Age 6-11	Single	20		32
430	Infant-SBF Age 0-3	Single	26		32

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
430	Infant-SBF Age 4-5	Single	28		32
430	Infant-SBF Age 6-11	Single	20		32
430	More Formula (Partial) 6-11	Single	14		32
430	More Formula (Full) 6-11	Single	28		32
031	NUTRAMIGEN CON 13OZ				26
031	Infant-PBF-Age 0		N/A		26
031	Infant-PBF-Age 1-3	Single	14		26
031	Infant-PBF-Age 4-5	Single	17		26
031	Infant-PBF-Age 6-11	Single	12		26
031	Infant-Formula-Age 0-3	Single	31		26
031	Infant-Formula-Age 4-5	Single	34		26
031	Infant-Formula-Age 6-11	Single	24		26
031	Infant-SBF Age 0-3	Single	31		26
031	Infant-SBF Age 4-5	Single	34		26
031	Infant-SBF Age 6-11	Single	24		26
031	More Formula (Partial) 6-11	Single	17		26
031	More Formula (Full) 6-11	Single	34		26
480	NUTRAMIGEN PWD 12.6OZ				87
480	Infant-PBF-Age 0		1		87
480	Infant-PBF-Age 1-3	Single	5		87
480	Infant-PBF-Age 4-5	Single	6		87
480	Infant-PBF-Age 6-11	Single	4		87
480	Infant-Formula-Age 0-3	Single	10		87
480	Infant-Formula-Age 4-5	Single	11		87
480	Infant-Formula-Age 6-11	Single	8		87
480	Infant-SBF Age 0-3	Single	10		87
480	Infant-SBF Age 4-5	Single	11		87
480	Infant-SBF Age 6-11	Single	8		87
480	More Formula (Partial) 6-11	Single	6		87
480	More Formula (Full) 6-11	Single	11		87
658	NUTRAMIGEN PWD 19.8OZ				139
658	Infant-PBF-Age 0		0		139
658	Infant-PBF-Age 1-3	Single	3		139
658	Infant-PBF-Age 4-5	Average	7	(4, 3)	139
658	Infant-PBF-Age 6-11	Average	14	(3, 3, 2, 2, 2, 2)	139
658	Infant-Formula-Age 0-3	Single	6		139
658	Infant-Formula-Age 4-5	Average	13	(7, 6)	139
658	Infant-Formula-Age 6-11	Single	5		139
658	Infant-SBF Age 0-3	Single	6		139
658	Infant-SBF Age 4-5	Average	13	(7, 6)	139
658	Infant-SBF Age 6-11	Single	5		139
658	More Formula (Partial) 6-11	Average	20	(4, 4, 3, 3, 3, 3)	139
658	More Formula (Full) 6-11	Average	39	(7, 7, 7, 6, 6, 6)	139
657	NUTRAMIGEN PWD 27.8OZ				192.5
657	Infant-PBF-Age 0		0		192.5
657	Infant-PBF-Age 1-3	Single	2		192.5
657	Infant-PBF-Age 4-5	Average	5	(3, 2)	192.5
657	Infant-PBF-Age 6-11	Average	10	(2, 2, 2, 2, 1, 1)	192.5
657	Infant-Formula-Age 0-3	Average	17	(5, 4, 4, 4,)	192.5
657	Infant-Formula-Age 4-5	Single	5		192.5
657	Infant-Formula-Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	192.5
657	Infant-SBF Age 0-3	Average	17	(5, 4, 4, 4,)	192.5

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
657	Infant-SBF Age 4-5	Single	5		192.5
657	Infant-SBF Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	192.5
657	More Formula (Partial) 6-11	Average	14	(3, 3, 2, 2, 2, 2)	192.5
657	More Formula (Full) 6-11	Single	5		192.5
024	NUTRAMIGEN RTU 32OZ				32
024	Infant-PBF-Age 0		N/A		32
024	Infant-PBF-Age 1-3	Single	12		32
024	Infant-PBF-Age 4-5	Single	14		32
024	Infant-PBF-Age 6-11	Single	10		32
024	Infant-Formula-Age 0-3	Single	26		32
024	Infant-Formula-Age 4-5	Single	28		32
024	Infant-Formula-Age 6-11	Single	20		32
024	Infant-SBF Age 0-3	Single	26		32
024	Infant-SBF Age 4-5	Single	28		32
024	Infant-SBF Age 6-11	Single	20		32
024	More Formula (Partial) 6-11	Single	14		32
024	More Formula (Full) 6-11	Single	28		32
699	NUTRAMIGEN RTU 8OZ-6PK				48
699	Infant-PBF-Age 0		N/A		48
699	Infant-PBF-Age 1-3	Single	8		48
699	Infant-PBF-Age 4-5	Average	19	(10,9)	48
699	Infant-PBF-Age 6-11	Single	7		48
699	Infant-Formula-Age 0-3	Single	17		48
699	Infant-Formula-Age 4-5	Single	19		48
699	Infant-Formula-Age 6-11	Single	13		48
699	Infant-SBF Age 0-3	Single	17		48
699	Infant-SBF Age 4-5	Single	19		48
699	Infant-SBF Age 6-11	Single	13		48
699	More Formula (Partial) 6-11	Average	56	(10,10,9,9,9,9)	48
699	More Formula (Full) 6-11	Single	19		48
445	OA 1 PWD 16OZ				114
445	Infant-PBF-Age 0		N/A		114
445	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
445	Infant-PBF-Age 4-5	Single	4		114
445	Infant-PBF-Age 6-11	Single	3		114
445	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
445	Infant-Formula-Age 4-5	Single	8		114
445	Infant-Formula-Age 6-11	Single	6		114
445	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
445	Infant-SBF Age 4-5	Single	8		114
445	Infant-SBF Age 6-11	Single	6		114
445	More Formula (Partial) 6-11	Single	4		114
445	More Formula (Full) 6-11	Single	8		114
693	PEPTICATE PWD 14.1OZ				98
693	Infant-PBF-Age 0		1		98
693	Infant-PBF-Age 1-3	Single	4		98
693	Infant-PBF-Age 4-5	Single	5		98
693	Infant-PBF-Age 6-11	Average	20	(4,4,3,3,3,3)	98
693	Infant-Formula-Age 0-3	Average	33	(9,8,8,8)	98
693	Infant-Formula-Age 4-5	Average	19	(10,9)	98
693	Infant-Formula-Age 6-11	Single	7		98
693	Infant-SBF Age 0-3	Average	33	(9,8,8,8)	98

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
693	Infant-SBF Age 4-5	Average	19	(10,9)	98
693	Infant-SBF Age 6-11	Single	7		98
693	More Formula (Partial) 6-11	Single	5		98
693	More Formula (Full) 6-11	Average	55	(10,9,9,9,9,9)	98
352	PHENEX 1 PWD 14.1OZ				96
352	Infant-PBF-Age 0		1		96
352	Infant-PBF-Age 1-3	Single	4		96
352	Infant-PBF-Age 4-5	Single	5		96
352	Infant-PBF-Age 6-11	Single	4		96
352	Infant-Formula-Age 0-3	Single	9		96
352	Infant-Formula-Age 4-5	Single	10		96
352	Infant-Formula-Age 6-11	Single	7		96
352	Infant-SBF Age 0-3	Single	9		96
352	Infant-SBF Age 4-5	Single	10		96
352	Infant-SBF Age 6-11	Single	7		96
352	More Formula (Partial) 6-11	Single	5		96
352	More Formula (Full) 6-11	Single	10		96
311	PHENYL FREE 1 PWD 16OZ				114
311	Infant-PBF-Age 0		N/A		114
311	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
311	Infant-PBF-Age 4-5	Single	4		114
311	Infant-PBF-Age 6-11	Single	3		114
311	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
311	Infant-Formula-Age 4-5	Single	8		114
311	Infant-Formula-Age 6-11	Single	6		114
311	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
311	Infant-SBF Age 4-5	Single	8		114
311	Infant-SBF Age 6-11	Single	6		114
311	More Formula (Partial) 6-11	Single	4		114
311	More Formula (Full) 6-11	Single	8		114
581	PKU PERIFLXEARL PWD 400G				90.1
581	Infant-PBF-Age 0		1		90.1
581	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
581	Infant-PBF-Age 4-5	Single	5		90.1
581	Infant-PBF-Age 6-11	Single	4		90.1
581	Infant-Formula-Age 0-3	Single	9		90.1
581	Infant-Formula-Age 4-5	Single	10		90.1
581	Infant-Formula-Age 6-11	Single	7		90.1
581	Infant-SBF Age 0-3	Single	9		90.1
581	Infant-SBF Age 4-5	Single	10		90.1
581	Infant-SBF Age 6-11	Single	7		90.1
581	More Formula (Partial) 6-11	Single	5		90.1
581	More Formula (Full) 6-11	Single	10		90.1
570	POLYCAL PWD 400G				51
570	Infant-PBF-Age 0		1		51
570	Infant-PBF-Age 1-3	Single	8		51
570	Infant-PBF-Age 4-5	Single	9		51
570	Infant-PBF-Age 6-11	Single	7		51
570	Infant-Formula-Age 0-3	Single	16		51
570	Infant-Formula-Age 4-5	Single	18		51
570	Infant-Formula-Age 6-11	Single	13		51

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Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
570	Infant-SBF Age 0-3	Single	16		51
570	Infant-SBF Age 4-5	Single	18		51
570	Infant-SBF Age 6-11	Single	13		51
570	More Formula (Partial) 6-11	Single	9		51
570	More Formula (Full) 6-11	Single	18		51
597	PORTAGEN PWD 14.46OZ				64
597	Infant-PBF-Age 0		1		64
597	Infant-PBF-Age 1-3	Single	6		64
597	Infant-PBF-Age 4-5	Single	7		64
597	Infant-PBF-Age 6-11	Single	5		64
597	Infant-Formula-Age 0-3	Single	13		64
597	Infant-Formula-Age 4-5	Single	14		64
597	Infant-Formula-Age 6-11	Single	10		64
597	Infant-SBF Age 0-3	Single	13		64
597	Infant-SBF Age 4-5	Single	14		64
597	Infant-SBF Age 6-11	Single	10		64
597	More Formula (Partial) 6-11	Single	7		64
597	More Formula (Full) 6-11	Single	14		64
462	PREGESTIMIL 20 RTU 2OZ				2
462	Infant-PBF-Age 0		N/A		2
462	Infant-PBF-Age 1-3	Single	182		2
462	Infant-PBF-Age 4-5	Single	221		2
462	Infant-PBF-Age 6-11	Single	156		2
462	Infant-Formula-Age 0-3	Single	403		2
462	Infant-Formula-Age 4-5	Single	442		2
462	Infant-Formula-Age 6-11	Single	312		2
462	Infant-SBF Age 0-3	Single	403		2
462	Infant-SBF Age 4-5	Single	442		2
462	Infant-SBF Age 6-11	Single	312		2
462	More Formula (Partial) 6-11	Single	221		2
462	More Formula (Full) 6-11	Single	442		2
461	PREGESTIMIL 24 RTU 2OZ				2
461	Infant-PBF-Age 0		N/A		2
461	Infant-PBF-Age 1-3	Single	182		2
461	Infant-PBF-Age 4-5	Single	221		2
461	Infant-PBF-Age 6-11	Single	156		2
461	Infant-Formula-Age 0-3	Single	403		2
461	Infant-Formula-Age 4-5	Single	442		2
461	Infant-Formula-Age 6-11	Single	312		2
461	Infant-SBF Age 0-3	Single	403		2
461	Infant-SBF Age 4-5	Single	442		2
461	Infant-SBF Age 6-11	Single	312		2
461	More Formula (Partial) 6-11	Single	221		2
461	More Formula (Full) 6-11	Single	442		2
036	PREGESTIMIL PWD 16OZ				112
036	Infant-PBF-Age 0		N/A		112
036	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	112
036	Infant-PBF-Age 4-5	Single	4		112
036	Infant-PBF-Age 6-11	Single	3		112
036	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	112
036	Infant-Formula-Age 4-5	Single	8		112

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
036	Infant-Formula-Age 6-11	Single	6		112
036	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	112
036	Infant-SBF Age 4-5	Single	8		112
036	Infant-SBF Age 6-11	Single	6		112
036	More Formula (Partial) 6-11	Single	4		112
036	More Formula (Full) 6-11	Single	8		112
356	PRO PHREE PWD 14.1OZ				102
356	Infant-PBF-Age 0		1		102
356	Infant-PBF-Age 1-3	Single	4		102
356	Infant-PBF-Age 4-5	Single	5		102
356	Infant-PBF-Age 6-11	Average	19	(4, 3, 3, 3, 3, 3)	102
356	Infant-Formula-Age 0-3	Single	8		102
356	Infant-Formula-Age 4-5	Single	9		102
356	Infant-Formula-Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
356	Infant-SBF Age 0-3	Single	8		102
356	Infant-SBF Age 4-5	Single	9		102
356	Infant-SBF Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
356	More Formula (Partial) 6-11	Single	5		102
356	More Formula (Full) 6-11	Single	9		102
354	PROPIMEX 1 PWD 14.1OZ				96
354	Infant-PBF-Age 0		1		96
354	Infant-PBF-Age 1-3	Single	4		96
354	Infant-PBF-Age 4-5	Single	5		96
354	Infant-PBF-Age 6-11	Single	4		96
354	Infant-Formula-Age 0-3	Single	9		96
354	Infant-Formula-Age 4-5	Single	10		96
354	Infant-Formula-Age 6-11	Single	7		96
354	Infant-SBF Age 0-3	Single	9		96
354	Infant-SBF Age 4-5	Single	10		96
354	Infant-SBF Age 6-11	Single	7		96
354	More Formula (Partial) 6-11	Single	5		96
354	More Formula (Full) 6-11	Single	10		96
460	PURAMINO PWD 14.1OZ				98
460	Infant-PBF-Age 0		1		98
460	Infant-PBF-Age 1-3	Single	4		98
460	Infant-PBF-Age 4-5	Single	5		98
460	Infant-PBF-Age 6-11	Average	20	(4, 4, 3, 3, 3, 3)	98
460	Infant-Formula-Age 0-3	Average	33	(9, 8, 8, 8)	98
460	Infant-Formula-Age 4-5	Average	19	(10, 9)	98
460	Infant-Formula-Age 6-11	Single	7		98
460	Infant-SBF Age 0-3	Average	33	(9, 8, 8, 8)	98
460	Infant-SBF Age 4-5	Average	19	(10, 9)	98
460	Infant-SBF Age 6-11	Single	7		98
460	More Formula (Partial) 6-11	Single	5		98
460	More Formula (Full) 6-11	Average	55	(10, 9, 9, 9, 9, 9)	98
230	RCF CON 13OZ				26
230	Infant-PBF-Age 0		N/A		26
230	Infant-PBF-Age 1-3	Single	14		26
230	Infant-PBF-Age 4-5	Single	17		26
230	Infant-PBF-Age 6-11	Single	12		26
230	Infant-Formula-Age 0-3	Single	31		26

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
230	Infant-Formula-Age 4-5	Single	34		26
230	Infant-Formula-Age 6-11	Single	24		26
230	Infant-SBF Age 0-3	Single	31		26
230	Infant-SBF Age 4-5	Single	34		26
230	Infant-SBF Age 6-11	Single	24		26
230	More Formula (Partial) 6-11	Single	17		26
230	More Formula (Full) 6-11	Single	34		26
600	RENASTART PWD 14.1OZ				70
600	Infant-PBF-Age 0		1		70
600	Infant-PBF-Age 1-3	Single	6		70
600	Infant-PBF-Age 4-5	Single	7		70
600	Infant-PBF-Age 6-11	Single	5		70
600	Infant-Formula-Age 0-3	Single	12		70
600	Infant-Formula-Age 4-5	Single	13		70
600	Infant-Formula-Age 6-11	Single	9		70
600	Infant-SBF Age 0-3	Single	12		70
600	Infant-SBF Age 4-5	Single	13		70
600	Infant-SBF Age 6-11	Single	9		70
600	More Formula (Partial) 6-11	Single	7		70
600	More Formula (Full) 6-11	Single	13		70
640	RENASTEP RTU (15-6.76OZ)				101
640	Infant-PBF-Age 0		N/A		101
640	Infant-PBF-Age 1-3	Average	11	(4, 4, 3)	101
640	Infant-PBF-Age 4-5	Average	9	(5, 4)	101
640	Infant-PBF-Age 6-11	Average	19	(4, 3, 3, 3, 3, 3)	101
640	Infant-Formula-Age 0-3	Single	8		101
640	Infant-Formula-Age 4-5	Single	9		101
640	Infant-Formula-Age 6-11	Average	38	(7, 7, 6, 6, 6, 6)	101
640	Infant-SBF Age 0-3	Single	8		101
640	Infant-SBF Age 4-5	Single	9		101
640	Infant-SBF Age 6-11	Average	38	(7, 7, 6, 6, 6, 6)	101
640	More Formula (Partial) 6-11	Average	27	(5, 5, 5, 4, 4, 4)	101
640	More Formula (Full) 6-11	Single	9		101
019	SIM DIARRHEA RTU 32OZ				32
019	Infant-PBF-Age 0		N/A		32
019	Infant-PBF-Age 1-3	Single	12		32
019	Infant-PBF-Age 4-5	Single	14		32
019	Infant-PBF-Age 6-11	Single	10		32
019	Infant-Formula-Age 0-3	Single	26		32
019	Infant-Formula-Age 4-5	Single	28		32
019	Infant-Formula-Age 6-11	Single	20		32
019	Infant-SBF Age 0-3	Single	26		32
019	Infant-SBF Age 4-5	Single	28		32
019	Infant-SBF Age 6-11	Single	20		32
019	More Formula (Partial) 6-11	Single	14		32
019	More Formula (Full) 6-11	Single	28		32
645	SIM HMF HP LIQ CON24-5ML				24
645	Infant-PBF-Age 0		N/A		24
645	Infant-PBF-Age 1-3	Single	16		24
645	Infant-PBF-Age 4-5	Single	19		24
645	Infant-PBF-Age 6-11	Single	13		24
645	Infant-Formula-Age 0-3	Single	34		24

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
645	Infant-Formula-Age 4-5	Single	27		24
645	Infant-Formula-Age 6-11	Single	36		24
645	Infant-SBF Age 0-3	Single	34		24
645	Infant-SBF Age 4-5	Single	27		24
645	Infant-SBF Age 6-11	Single	36		24
645	More Formula (Partial) 6-11	Single	19		24
645	More Formula (Full) 6-11	Single	37		24
644	SIM HMF LIQUID CON 5ML				1
644	Infant-PBF-Age 0		N/A		1
644	Infant-PBF-Age 1-3	Single	364		1
644	Infant-PBF-Age 4-5	Single	442		1
644	Infant-PBF-Age 6-11	Single	312		1
644	Infant-Formula-Age 0-3	Single	806		1
644	Infant-Formula-Age 4-5	Single	884		1
644	Infant-Formula-Age 6-11	Single	624		1
644	Infant-SBF Age 0-3	Single	806		1
644	Infant-SBF Age 4-5	Single	884		1
644	Infant-SBF Age 6-11	Single	624		1
644	More Formula (Partial) 6-11	Single	442		1
644	More Formula (Full) 6-11	Single	884		1
391	SIMILAC SOY ISOML CON 13OZ				26
391	Infant-PBF-Age 0		N/A		26
391	Infant-PBF-Age 1-3	Single	14		26
391	Infant-PBF-Age 4-5	Single	17		26
391	Infant-PBF-Age 6-11	Single	12		26
391	Infant-Formula-Age 0-3	Single	31		26
391	Infant-Formula-Age 4-5	Single	34		26
391	Infant-Formula-Age 6-11	Single	24		26
391	Infant-SBF Age 0-3	Single	31		26
391	Infant-SBF Age 4-5	Single	34		26
391	Infant-SBF Age 6-11	Single	24		26
391	More Formula (Partial) 6-11	Single	17		26
391	More Formula (Full) 6-11	Single	34		26
389	SIMILAC SOY ISOML PWD 12.4OZ				90
389	Infant-PBF-Age 0		1		90
389	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90
389	Infant-PBF-Age 4-5	Single	5		90
389	Infant-PBF-Age 6-11	Single	4		90
389	Infant-Formula-Age 0-3	Single	9		90
389	Infant-Formula-Age 4-5	Single	10		90
389	Infant-Formula-Age 6-11	Single	7		90
389	Infant-SBF Age 0-3	Single	9		90
389	Infant-SBF Age 4-5	Single	10		90
389	Infant-SBF Age 6-11	Single	7		90
389	More Formula (Partial) 6-11	Single	5		90
389	More Formula (Full) 6-11	Single	10		90
390	SIMILAC SOY ISOML RTU 32OZ				32
390	Infant-PBF-Age 0		N/A		32
390	Infant-PBF-Age 1-3	Single	12		32
390	Infant-PBF-Age 4-5	Single	14		32
390	Infant-PBF-Age 6-11	Single	10		32
390	Infant-Formula-Age 0-3	Single	26		32

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
390	Infant-Formula-Age 4-5	Single	28		32
390	Infant-Formula-Age 6-11	Single	20		32
390	Infant-SBF Age 0-3	Single	26		32
390	Infant-SBF Age 4-5	Single	28		32
390	Infant-SBF Age 6-11	Single	20		32
390	More Formula (Partial) 6-11	Single	14		32
390	More Formula (Full) 6-11	Single	28		32
042	SIM PM 60/40 PWD 14.1OZ				102
042	Infant-PBF-Age 0		1		102
042	Infant-PBF-Age 1-3	Single	4		102
042	Infant-PBF-Age 4-5	Single	5		102
042	Infant-PBF-Age 6-11	Average	19	(4, 3, 3, 3, 3, 3)	102
042	Infant-Formula-Age 0-3	Single	8		102
042	Infant-Formula-Age 4-5	Single	9		102
042	Infant-Formula-Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
042	Infant-SBF Age 0-3	Single	8		102
042	Infant-SBF Age 4-5	Single	9		102
042	Infant-SBF Age 6-11	Average	37	(7, 6, 6, 6, 6, 6)	102
042	More Formula (Partial) 6-11	Single	5		102
042	More Formula (Full) 6-11	Single	9		102
596	SIM SPEC 24 HP RTU 2OZ				2
596	Infant-PBF-Age 0		N/A		2
596	Infant-PBF-Age 1-3	Single	182		2
596	Infant-PBF-Age 4-5	Single	221		2
596	Infant-PBF-Age 6-11	Single	156		2
596	Infant-Formula-Age 0-3	Single	403		2
596	Infant-Formula-Age 4-5	Single	442		2
596	Infant-Formula-Age 6-11	Single	312		2
596	Infant-SBF Age 0-3	Single	403		2
596	Infant-SBF Age 4-5	Single	442		2
596	Infant-SBF Age 6-11	Single	312		2
596	More Formula (Partial) 6-11	Single	221		2
596	More Formula (Full) 6-11	Single	442		2
441	SIM SPEC 24 IRN RTU 2OZ				2
441	Infant-PBF-Age 0		N/A		2
441	Infant-PBF-Age 1-3	Single	182		2
441	Infant-PBF-Age 4-5	Single	221		2
441	Infant-PBF-Age 6-11	Single	156		2
441	Infant-Formula-Age 0-3	Single	403		2
441	Infant-Formula-Age 4-5	Single	442		2
441	Infant-Formula-Age 6-11	Single	312		2
441	Infant-SBF Age 0-3	Single	403		2
441	Infant-SBF Age 4-5	Single	442		2
441	Infant-SBF Age 6-11	Single	312		2
441	More Formula (Partial) 6-11	Single	221		2
441	More Formula (Full) 6-11	Single	442		2
503	SIM SPEC 30 RTU 2OZ				2
503	Infant-PBF-Age 0		N/A		2
503	Infant-PBF-Age 1-3	Single	182		2
503	Infant-PBF-Age 4-5	Single	221		2
503	Infant-PBF-Age 6-11	Single	156		2
503	Infant-Formula-Age 0-3	Single	403		2

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
503	Infant-Formula-Age 4-5	Single	442		2
503	Infant-Formula-Age 6-11	Single	312		2
503	Infant-SBF Age 0-3	Single	403		2
503	Infant-SBF Age 4-5	Single	442		2
503	Infant-SBF Age 6-11	Single	312		2
503	More Formula (Partial) 6-11	Single	221		2
503	More Formula (Full) 6-11	Single	442		2
595	SIM SPEC CARE 20 RTU 2OZ				2
595	Infant-PBF-Age 0		N/A		2
595	Infant-PBF-Age 1-3	Single	182		2
595	Infant-PBF-Age 4-5	Single	221		2
595	Infant-PBF-Age 6-11	Single	156		2
595	Infant-Formula-Age 0-3	Single	403		2
595	Infant-Formula-Age 4-5	Single	442		2
595	Infant-Formula-Age 6-11	Single	312		2
595	Infant-SBF Age 0-3	Single	403		2
595	Infant-SBF Age 4-5	Single	442		2
595	Infant-SBF Age 6-11	Single	312		2
595	More Formula (Partial) 6-11	Single	221		2
595	More Formula (Full) 6-11	Single	442		2
578	SOD ANAMIX EARL PWD 400G				90.1
578	Infant-PBF-Age 0		1		90.1
578	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
578	Infant-PBF-Age 4-5	Single	5		90.1
578	Infant-PBF-Age 6-11	Single	4		90.1
578	Infant-Formula-Age 0-3	Single	9		90.1
578	Infant-Formula-Age 4-5	Single	10		90.1
578	Infant-Formula-Age 6-11	Single	7		90.1
578	Infant-SBF Age 0-3	Single	9		90.1
578	Infant-SBF Age 4-5	Single	10		90.1
578	Infant-SBF Age 6-11	Single	7		90.1
578	More Formula (Partial) 6-11	Single	5		90.1
578	More Formula (Full) 6-11	Single	10		90.1
240	TOLEREX PWD 2.82OZ				10
240	Infant-PBF-Age 0		1		10
240	Infant-PBF-Age 1-3	Single	37		10
240	Infant-PBF-Age 4-5	Single	45		10
240	Infant-PBF-Age 6-11	Single	32		10
240	Infant-Formula-Age 0-3	Single	81		10
240	Infant-Formula-Age 4-5	Single	89		10
240	Infant-Formula-Age 6-11	Single	63		10
240	Infant-SBF Age 0-3	Single	81		10
240	Infant-SBF Age 4-5	Single	89		10
240	Infant-SBF Age 6-11	Single	63		10
240	More Formula (Partial) 6-11	Single	45		10
240	More Formula (Full) 6-11	Single	89		10
582	TYR ANAMIX EARL PWD 400G				90.1
582	Infant-PBF-Age 0		1		90.1
582	Infant-PBF-Age 1-3	Average	13	(5, 4, 4)	90.1
582	Infant-PBF-Age 4-5	Single	5		90.1
582	Infant-PBF-Age 6-11	Single	4		90.1
582	Infant-Formula-Age 0-3	Single	9		90.1

TXIN INFANT FORMULA MAXIMUM QUANTITIES TABLE
March 2024

Sub-Cat	Formula Name/Food Package and Time Frame	Single/ Average	Monthly Formula Container Amounts	Monthly Formula Container Number when Averaged	Reconstituted Ounce Amount
582	Infant-Formula-Age 4-5	Single	10		90.1
582	Infant-Formula-Age 6-11	Single	7		90.1
582	Infant-SBF Age 0-3	Single	9		90.1
582	Infant-SBF Age 4-5	Single	10		90.1
582	Infant-SBF Age 6-11	Single	7		90.1
582	More Formula (Partial) 6-11	Single	5		90.1
582	More Formula (Full) 6-11	Single	10		90.1
357	TYREX 1 PWD 14.1OZ				96
357	Infant-PBF-Age 0		1		96
357	Infant-PBF-Age 1-3	Single	4		96
357	Infant-PBF-Age 4-5	Single	5		96
357	Infant-PBF-Age 6-11	Single	4		96
357	Infant-Formula-Age 0-3	Single	9		96
357	Infant-Formula-Age 4-5	Single	10		96
357	Infant-Formula-Age 6-11	Single	7		96
357	Infant-SBF Age 0-3	Single	9		96
357	Infant-SBF Age 4-5	Single	10		96
357	Infant-SBF Age 6-11	Single	7		96
357	More Formula (Partial) 6-11	Single	5		96
357	More Formula (Full) 6-11	Single	10		96
467	TYROS 1 PWD 16OZ				114
467	Infant-PBF-Age 0		N/A		114
467	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
467	Infant-PBF-Age 4-5	Single	4		114
467	Infant-PBF-Age 6-11	Single	3		114
467	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
467	Infant-Formula-Age 4-5	Single	8		114
467	Infant-Formula-Age 6-11	Single	6		114
467	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
467	Infant-SBF Age 4-5	Single	8		114
467	Infant-SBF Age 6-11	Single	6		114
467	More Formula (Partial) 6-11	Single	4		114
467	More Formula (Full) 6-11	Single	8		114
468	WND 1 PWD 16OZ				114
468	Infant-PBF-Age 0		N/A		114
468	Infant-PBF-Age 1-3	Average	10	(4, 3, 3)	114
468	Infant-PBF-Age 4-5	Single	4		114
468	Infant-PBF-Age 6-11	Single	3		114
468	Infant-Formula-Age 0-3	Average	29	(8, 7, 7, 7)	114
468	Infant-Formula-Age 4-5	Single	8		114
468	Infant-Formula-Age 6-11	Single	6		114
468	Infant-SBF Age 0-3	Average	29	(8, 7, 7, 7)	114
468	Infant-SBF Age 4-5	Single	8		114
468	Infant-SBF Age 6-11	Single	6		114
468	More Formula (Partial) 6-11	Single	4		114
468	More Formula (Full) 6-11	Single	8		114

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchas- ing Unit
593	ALFAMINO INF PWD 14.1OZ	9	94	846	Y	LA	1
594	ALFAMINO JR PWD 14.1OZ	14	62	868	N	LA	1
598	ALIMENTUM PWD 12.1OZ	10	87	870	Y	LA	1
395	ALIMENTUM RTU 32OZ	28	32	896	Y	LA	1
695	ALIMENTUM RTU 8OZ-6PK	18	48	864	Y	LA	1
463	BCAD 1 PWD 16OZ	7	114	798	Y	SA	1
278	BCAD 2 PWD 16OZ	9	93	837	N	SA	1
528	BENECALORIE RTU 1.5OZ	606	1.5	909	N	SA	Case/24
571	BETAQUIK MCT RTU 8.45OZ	107	8.45	904	N	SA	Case/18
496	BOOST BREEZE RTU 8OZ	113	8	904	N	LA	1
274	BOOST HP RTU 8OZ	113	8	904	N	LA	1
476	BOOST KE 1.5FBR RTU 8OZ	113	8	904	N	LA	1
475	BOOST KE 1.5 RTU 8OZ	113	8	904	N	LA	1
492	BOOST KE RTU 8OZ	113	8	904	N	LA	1
429	BOOST PLS RTU 8OZ	113	8	904	N	LA	1
275	BOOST PUDD RTU 5OZ	182	5	910	N	SA	4-pack
428	BOOST RTU 8OZ	113	8	904	N	LA	1
538	BOOST VHC RTU 8OZ	113	8	904	N	LA	1
470	CALCILO XD PWD 13.2OZ	9	96	864	Y	LA	1
572	CARB ZERO LCT RTU 8.45OZ	107	8.45	904	N	SA	Case/18
704	CMPL PED PEP1 RTU 8.45OZ	107	8.45	904	N	LA	1
635	CMPL PEDPEP1.5 RTU8.45OZ	107	8.45	904	N	LA	1
539	CMPL PED REDCAL RTU250ML	107	8.45	904	N	LA	1
636	CMPLT PED ORG RTU 10.1OZ	90	10.1	909	N	LA	1
686	CMPLT PEDST1.0 RTU 250ML	107	8.45	904	N	LA	1
687	CMPLT PEDST1.4 RTU 250ML	107	8.45	904	N	LA	1
544	CMPLX ESSNTL MSD PWD 1LB	10	91	910	N	SA	1
543	CMPLX MSD AA PWD 1LB	11	80.5	886	N	SA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchas- ing Unit
101	COMPLEAT PED RTU 250ML	107	8.45	904	N	LA	1
102	COMPLEAT RTU 250ML	107	8.45	904	N	LA	1
542	COMPLEX JR MSD PWD 400G	9	100	900	N	SA	1
342	CYCLINEX 1 PWD 14.1OZ	8	102	816	Y	SA	1
343	CYCLINEX 2 PWD 14.1OZ	10	88	880	N	SA	1
109	DIABET SRCE AC RTU 250ML	107	8.45	904	N	LA	1
238	DUOCAL PWD 400G	13	66	858	Y	SA	1
515	ELECARE JR PWD 14.1OZ	14	62	868	N	LA	1
479	ELECARE PWD 14.1OZ	9	95	855	Y	LA	1
608	ENFAGROW TODD PWD 24OZ	7	130	910	N	LA	1
690	ENFAGROW TODD PWD 32OZ	5	173	865	N	LA	1
667	ENFAMIL A.R. PWD 12.9OZ	10	91	910	Y	LA	1
668	ENFAMIL GENTL PWD 12.4OZ	10	90	900	Y	LA	1
305	ENFAMIL HMF PWD .71G	910	1	910	Y	SA	Carton/100
664	ENFAMIL INFANT CON 13OZ	35	26	910	Y	LA	1
663	ENFAMIL INFAN PWD 12.5OZ	10	90	900	Y	LA	1
665	ENFAMIL INFANT RTU 32OZ	28	32	896	Y	LA	1
510	ENFAMIL LIQ HMF RTU 5ML	910	1	910	Y	SA	Carton/100
670	ENFAMIL REGUL PWD 12.4OZ	10	90	900	Y	LA	1
564	ENFAPORT RTU 6OZ-6PK	25	36	900	Y	LA	6-pack
371	ENF ENFACARE PWD 13.6OZ	11	82	902	Y	LA	1
623	ENF ENFACARE RTU 2OZ	455	2	910	Y	LA	6-pack
700	ENF GENT TODD PWD 29.1OZ	5	158	790	N	LA	1
673	ENF NEU GENT RTU 8OZ-6PK	18	48	864	Y	LA	1
669	ENF NEU GENTL RTU 32OZ	28	32	896	Y	LA	1
672	ENF NEU INFANT RTU 32OZ	28	32	896	Y	LA	1
671	ENF NEU INF RTU 8OZ-6PK	18	48	864	Y	LA	1
443	ENF PREM 24 IRN RTU 2OZ	455	2	910	Y	SA	6-pack

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
557	ENF PREMATURE 30 RTU 2OZ	455	2	910	Y	SA	6-pack
509	ENF PREM HI PR24 RTU 2OZ	455	2	910	Y	SA	6-pack
606	ENSURE CLEAR RTU 8OZ	113	8	904	N	LA	1
573	ENSURE HP TN RTU 8OZ	113	8	904	N	LA	1
121	ENSURE PLS RTU 32OZ	28	32	896	N	LA	1
120	ENSURE PLS RTU 8OZ	113	8	904	N	LA	1
122	ENSURE PUDD RTU 4OZ	227	4	908	N	SA	4-pack
075	ENSURE RTU 8OZ	113	8	904	N	LA	1
634	ENU PRO3+ PWD 12OZ	19	46.1	876	N	SA	1
633	ENU SHAKE RTU (6-8.5OZ)	107	8.5	910	N	LA	6-pack
627	EQUACARE JR PWD 14.1OZ	14	62	868	N	LA	1
628	ESSNTL CARE JR PWD14.1OZ	14	62	868	N	LA	1
592	EXTENSIVE HA PWD 14.1OZ	9	96	864	Y	LA	1
126	FIBERSOURCE HN RTU 250ML	107	8.45	904	N	LA	1
638	FORTINI RTU 4OZ	227	4	908	Y	SA	1
580	GA1 ANAMIX EARL PWD 400G	10	90.1	901	Y	SA	1
464	GA PWD 16OZ	7	114	798	Y	SA	1
659	GENERIC HA PWD 12.6OZ	10	89	890	Y	LA	1
660	GENERIC HA PWD 19.8OZ	6	141	846	Y	LA	1
661	GENERIC HA PWD 27.8OZ	4	197	788	Y	LA	1
541	GLUTARADE AA GA1 PWD 1LB	11	81	891	N	SA	1
344	GLUTAREX 1 PWD 14.1OZ	9	96	864	Y	SA	1
345	GLUTAREX 2 PWD 14.1OZ	11	82	902	N	SA	1
540	GLUTRADE JR GA1 PWD 400G	16	54.7	875	N	SA	1
614	GLYCOSADE PWD 60G	166	5.48	910	N	SA	1
132	GLYTROL RTU 250ML	107	8.45	904	N	LA	1
602	GOGROW TODD PWD1.5LB	5	174	870	N	LA	1
626	GOGROW TODD NGMO PWD24OZ	5	174	870	N	LA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
603	GS GNTLPRO TODD PWD 24OZ	5	162	810	N	LA	1
576	HCU ANAMIX EARL PWD 400G	10	90	900	Y	SA	1
583	HCU ANAMIX NEXT PWD 400G	17	51.3	872	N	SA	1
261	HCU MAXAMUM PWD 454G	8	104	832	N	SA	1
465	HCY 1 PWD 16OZ	7	114	798	Y	SA	1
328	HCY 2 PWD 16OZ	9	93	837	N	SA	1
346	HOMINEX 1 PWD 14.1OZ	9	96	864	Y	SA	1
347	HOMINEX 2 PWD 14.1OZ	11	82	902	N	SA	1
152	ISOSOURCE 1.5 RTU 250ML	107	8.45	904	N	LA	1
153	ISOSOURCE HN RTU 250ML	107	8.45	904	N	LA	1
577	IVA ANAMIX EARL PWD 400G	10	90.1	901	Y	SA	1
584	IVA ANAMIX NEXT PWD 400G	18	50.3	905	N	SA	1
348	I VALEX 1 PWD 14.1.OZ	9	96	864	Y	SA	1
349	I VALEX 2 PWD 14.1OZ	11	82	902	N	SA	1
255	IVA MAXAMUM PWD 454G	8	104	832	N	SA	1
155	JEVITY RTU 8OZ	113	8	904	N	LA	1
456	KETOCAL 3:1 PWD 300G	8	105	840	Y	SA	1
364	KETOCAL 4:1 PWD 300G	18	50	900	Y	SA	1
505	KETOCAL 4:1 RTU 8OZ	113	8	904	N	SA	1
350	KETONEX 1 PWD 14.1OZ	9	96	864	Y	SA	1
351	KETONEX 2 PWD 14.1OZ	11	82	902	N	SA	1
643	KETO PEPTIDE RTU 8OZ	113	8	904	N	SA	1
631	KETOVIE 3:1 RTU 8.5OZ	109	8.3	904	N	SA	Case/30
705	KETOVIE 4:1 PB RTU 8.3OZ	109	8.3	904	N	SA	Case/30
629	KETOVIE 4:1PEP RTU 8.5OZ	107	8.3	904	N	SA	Case/30
630	KETOVIE 4:1 RTU 8.5OZ	107	8.3	904	N	SA	Case/30
632	KETOVIE 4:1 UN RTU 8.5OZ	107	8.3	904	N	SA	Case/30
703	KF PED BLEND RTU 8.45OZ	107	8.45	904	N	LA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
625	KF PED PEP1.0 RTU 8.45OZ	107	8.45	904	N	LA	1
610	KF PED PEP1.5 RTU 8.45OZ	107	8.45	904	N	LA	1
611	KF PED STD1.2 RTU 8.45OZ	107	8.45	904	N	LA	1
612	KF PEPTIDE 1.5 RTU 11OZ	82	11	902	N	LA	1
613	KF STANDARD 1.0 RTU 11OZ	82	11	902	N	LA	1
498	LIPISTART PWD 400G	10	90	900	Y	SA	1
567	LIQUIGEN RTU 8.5OZ	107	8.5	910	Y	SA	1
574	LMD PWD 16OZ	7	114	798	Y	SA	1
499	LOPHLEX LQ PKU RTU 4.2OZ	216	4.2	907	N	SA	Case/30
425	MCT OIL RTU 32OZ	28	32	896	Y	SA	1
618	MCT PROCAL PWD 16G	404	2.25	909	N	SA	Box/30
579	MMA-PA ANA EARL PWD 400G	10	90.1	901	Y	SA	1
585	MMA-PA ANA NEXT PWD 400G	18	50.3	905	N	SA	1
264	MMA PA MAXAMUM PWD 454G	8	104	832	N	SA	1
449	MONOGEN PWD 400G	11	76	836	Y	LA	1
575	MSUD ANAMX EARL PWD 400G	10	90.1	901	Y	SA	1
173	MSUD MAXAMUM PWD 454G	11	78	858	N	SA	1
440	NEOCATE DHA/ARA PWD 400G	9	97	873	Y	LA	1
504	NEOCATE JR PWD 400G	14	62	868	N	LA	1
525	NEOCATE NUTRA PWD 14OZ	25	36	900	Y	SA	1
565	NEOCATE SPLASH RTU 8OZ	113	8	904	N	LA	1
601	NEOCATE SYNEO PWD 400G	9	95	855	Y	LA	1
370	NEOSURE PWD 13.1OZ	10	87	870	Y	LA	1
662	NEOSURE PWD 22.8OZ	6	151	906	Y	LA	1
430	NEOSURE RTU 32OZ	28	32	896	Y	LA	1
174	NEPRO RTU 8OZ	113	8	904	N	LA	1
642	NOURISH PEPTIDE RTU 12OZ	75	12	900	N	SA	1
641	NOURISH RTU 12OZ	75	12	900	N	SA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
176	NOVASOURCE RENAL RTU 8OZ	113	8	904	N	LA	1
031	NUTRAMIGEN CON 13OZ	35	26	910	Y	LA	1
480	NUTRAMIGEN PWD 12.6OZ	10	87	870	Y	LA	1
658	NUTRAMIGEN PWD 19.8OZ	6	139	834	Y	LA	1
657	NUTRAMIGEN PWD 27.8OZ	4	192.5	770	Y	LA	1
024	NUTRAMIGEN RTU 32OZ	28	32	896	Y	LA	1
699	NUTRAMIGEN RTU 8OZ-6PK	18	48	864	Y	LA	1
555	NUTRAMIG TODD PWD 12.6OZ	10	86	860	N	LA	1
184	NUTREN 1.0 FBR RTU 250ML	107	8.45	904	N	LA	1
183	NUTREN 1.0 RTU 250ML	107	8.45	904	N	LA	1
187	NUTREN 2.0 RTU 250ML	107	8.45	904	N	LA	1
188	NUTREN JR FBR RTU 250ML	107	8.45	904	N	LA	1
189	NUTREN JR RTU 250ML	107	8.45	904	N	LA	1
192	NUTREN PULMON RTU 250ML	107	8.45	904	N	LA	1
190	NUTRIHEP RTU 250ML	107	8.45	904	N	LA	1
445	OA 1 PWD 16OZ	7	114	798	Y	SA	1
446	OA 2 PWD 16OZ	9	93	837	N	SA	1
062	OSMOLITE 1.0 RTU 8OZ	113	8	904	N	LA	1
193	OSMOLITE 1.2 RTU 8OZ	113	8	904	N	LA	1
196	OXEPA RTU 8OZ	113	8	904	N	LA	1
524	PEDIASmart PWD 12.7OZ	16	56	896	N	LA	1
292	PEDIASR ENT 1.0 RTU 8OZ	113	8	904	N	LA	1
293	PEDIAS ENT1.0FBR RTU 8OZ	113	8	904	N	LA	1
701	PEDIASR FBR RTU7.4OZ-4PK	30	29.6	888	N	LA	1
677	PEDIASR SHAKE PWD 14.1OZ	14	64	896	N	LA	1
507	PEDIASURE 1.5FBR RTU 8OZ	113	8	904	N	LA	1
506	PEDIASURE 1.5 RTU 8OZ	113	8	904	N	LA	1
514	PEDIASURE PEP1.0 RTU 8OZ	113	8	904	N	LA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
529	PEDIASURE PEP1.5 RTU 8OZ	113	8	904	N	LA	1
550	PEDIASR RED CAL RTU 8OZ	113	8	904	N	LA	1
034	PEDIASURE RTU 8OZ	113	8	904	N	LA	1
035	PEDIASURE W/FBR RTU 8OZ	113	8	904	N	LA	1
607	PED SIDEKICK RTU 8OZ-6PK	18	48	864	N	LA	6-pack
199	PEPTAMEN 1.5 RTU 250ML	107	8.45	904	N	LA	1
637	PEPTAMEN JR HP 1.2 RTU 8.5OZ	107	8.5	910	N	LA	1
685	PEPTAMENJR PHG RTU 250ML	107	8.45	904	N	LA	1
051	PEPTAMEN JR RTU 250ML	107	8.45	904	N	LA	1
197	PEPTAMEN RTU 250ML	107	8.45	904	N	LA	1
693	PEPTICATE PWD 14.1OZ	9	98	882	Y	LA	1
469	PEPTMN JR FBR RTU 8.45OZ	107	8.45	904	N	LA	1
478	PEPTMN JR 1.5 RTU 250ML	107	8.45	904	N	LA	1
200	PERATIVE RTU 8OZ	113	8	904	N	LA	1
527	PERIFLEX ADV PWD 16OZ	10	87	870	N	SA	1
566	PERIFLEX JR PLS PWD 400G	17	51	867	N	SA	1
497	PERIFLX LQ PKU RTU 8.5OZ	107	8.5	910	N	SA	1
329	PFD 2 PWD 16OZ	10	91	910	N	SA	1
352	PHENEX 1 PWD 14.1OZ	9	96	864	Y	SA	1
353	PHENEX 2 PWD 14.1OZ	16	55	880	N	SA	1
545	PHENYLADE 60 PWD 1LB	14	62.5	875	N	SA	1
547	PHENYLADE MTE AA PWD 1LB	11	78	858	N	SA	1
338	PHENYLADE PWD 454G	10	90	900	N	SA	1
501	PHENYLAD ESSNTL PWD 454G	10	89	890	N	SA	1
311	PHENYL FREE 1 PWD 16OZ	7	114	798	Y	SA	1
298	PHENYL FREE 2HP PWD 16OZ	10	89	890	N	SA	1
297	PHENYL FREE 2 PWD 16OZ	9	93	837	N	SA	1
439	PHLEXY 10 DRINK PWD 20G	303	3	909	N	SA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchasing Unit
617	PKU AIR20 RTU 5.88OZ	154	5.88	906	N	SA	Box/30
243	PKU MAXAMUM PWD 454G	8	104	832	N	SA	1
581	PKU PERIFLXEARL PWD 400G	10	90.1	901	Y	SA	1
615	PKU SPHERE15 PWD 27G	210	4.33	909	N	SA	Box/30
616	PKU SPHERE20 PWD 35G	172	5.28	908	N	SA	Box/30
570	POLYCAL PWD 400G	17	51	867	Y	SA	1
597	PORTAGEN PWD 14.46OZ	14	64	896	Y	LA	1
462	PREGESTIMIL 20 RTU 2OZ	455	2	910	Y	LA	6-pack
461	PREGESTIMIL 24 RTU 2OZ	455	2	910	Y	LA	6-pack
036	PREGESTIMIL PWD 16OZ	8	112	896	Y	LA	1
213	PROMOTE RTU 8OZ	113	8	904	N	SA	1
214	PROMOTE W/FBR RTU 8OZ	113	8	904	N	SA	1
356	PRO PHREE PWD 14.1OZ	8	102	816	Y	SA	1
354	PROPIMEX 1 PWD 14.1OZ	9	96	864	Y	SA	1
355	PROPIMEX 2 PWD 14.1OZ	16	55	880	N	SA	1
689	PSMART PEA PR PWD 12.7OZ	16	56	896	N	LA	1
219	PULMOCARE RTU 8OZ	113	8	904	N	LA	1
599	PURAMINO JR PWD 14.1OZ	13	66	858	N	LA	1
460	PURAMINO PWD 14.OZ	9	98	882	Y	LA	1
230	RCF CON 13OZ	35	26	910	Y	SA	1
688	REALFOOD BLNDS RTU 9.4OZ	96	9.4	902	N	LA	1
600	RENASTART PWD 14.1OZ	13	70	910	N	SA	1
640	RENASTEP RTU (15-6.76OZ)	9	101	909	N	SA	Case/15
224	REPLETE W/FBR RTU 250ML	107	8.45	904	N	LA	1
177	RESOURCE 2.0 RTU 8OZ	113	8	904	N	LA	1
019	SIM DIARRHEA RTU 32OZ	28	32	896	Y	LA	1
645	SIM HMF HP LIQ CON24-5ML	37	24	888	Y	SA	Carton/24
644	SIM HMF LIQUID CON 5ML	910	1	910	Y	SA	1

TXIN WOMEN AND CHILDREN MAXIMUM FORMULA QUANTITIES TABLE
MARCH 2024

Sub-Cat	Formula Name	Monthly Formula Quantity	Recon. Ounce	Monthly Max Ounces	Y=Issued to Infants N=Not Issued to Infants	Formula Approval Level	Smallest Purchas- ing Unit
042	SIM PM 60/40 PWD 14.1OZ	8	102	816	Y	LA	1
391	SIM SOY ISOML CON 13OZ	35	26	910	Y	LA	1
389	SIM SOY ISOML PWD 12.4OZ	10	90	900	Y	LA	1
390	SIM SOY ISOML RTU 32OZ	28	32	896	Y	LA	1
596	SIM SPEC 24 HP RTU 2OZ	455	2	910	Y	SA	1
441	SIM SPEC 24 IRN RTU 2OZ	455	2	910	Y	SA	1
503	SIM SPEC 30 RTU 2OZ	455	2	910	Y	SA	1
595	SIM SPEC CARE 20 RTU 2OZ	455	2	910	Y	SA	1
578	SOD ANAMIX EARL PWD 400G	10	90.1	901	Y	SA	1
239	SUPLINA RTU 8OZ	113	8	904	N	LA	1
240	TOLEREX PWD 2.82OZ	91	10	910	Y	LA	1
245	TWOCAL HN RTU 8OZ	113	8	904	N	LA	1
582	TYR ANAMIX EARL PWD 400G	10	90.1	901	Y	SA	1
568	TYR ANAMIX NEXT PWD 400G	17	51.3	872	N	SA	1
357	TYREX 1 PWD 14.1OZ	9	96	864	Y	SA	1
358	TYREX 2 PWD 14.1OZ	11	82	902	N	SA	1
467	TYROS 1 PWD 16OZ	7	114	798	Y	SA	1
330	TYROS 2 PWD 16OZ	9	93	837	N	SA	1
548	UCD ANAMIX JR PWD 400G	16	56	896	N	SA	1
249	VITAL HN PWD 2.79OZ	101	9	909	N	LA	Packet/6
250	VIVONEX PED PWD 1.7OZ	113	8	904	N	LA	1
251	VIVONEX PLS PWD 2.8OZ	91	10	910	N	LA	1
252	VIVONEX TEN PWD 2.84OZ	91	10	910	N	LA	1
468	WND 1 PWD 16OZ	7	114	798	Y	SA	1
331	WND 2 PWD 16OZ	9	93	837	N	SA	1
258	XLYS XTRP MAX PWD 454G	8	104	832	N	SA	1