

# Chapter Four

## Food Package - Formula

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### Overview

**In This Chapter** This chapter is divided into eight (8) sections, as well as eight (8) appendices

Formula packages are reserved for issuance to infants or women and children with a qualifying medical condition and medical documentation to receive eligible infant formula, exempt infant formula, and medical foods as defined in this chapter.

### Infant Formula Policy

The Arizona WIC Program will issue rebated formula to partially breastfed or non-breastfed infant participants, except under special circumstances.

### Contents

Section	Title	Page Number
A	Formula Food Packages for Women, Infants, and Children with Special Dietary Needs	4-2
B	Special Formula AHCCCS Policy	4-7
C	Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula	4-10
D	Issuance of Formula for the Premature Infant	4-12
E	Food Packages for Formula Fed Infants – Issuance of Liquid Formula	4-13
F	Food Packages for Formula Fed Infants – Issuance of Low Iron Formula	4-15
G	Issuance of Special Formula – Conditions for PediaSure/Boost Issuance	4-16
H	Issuance of Special Formula – Local Agency Responsibilities	4-17
Appendix A	How to Calculate Formula Volume	4-20
Appendix B	Alternate Screening Form	4-22
Appendix C	WIC/AHCCCS Formula Coverage Flow Chart	4-24
Appendix D	AHCCCS Referral Letter and Form	4-26
Appendix E	Formula Descriptions	4-30
Appendix F	Arizona WIC Formula List	4-36
Appendix G	Arizona WIC Program Medical Documentation Forms	4-146
Appendix H	Request for New Food Package Form	4-150

# Chapter Four

## Food Package - Formula

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### Section A

#### Formula Food Packages for Women, Infants, and Children with Special Dietary Needs

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##### Introduction

Children and women with special dietary needs may receive formula if a physician determines that the participant has a medical condition which precludes or restricts the use of conventional foods and necessitates the use of formula as outlined in Chapter 3, Section L.

A written medical authorization from a health professional with prescriptive authority is required prior to the issuance of any special formula to meet the medical and nutritional needs of the WIC clients.

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##### Policy

Evaluation and approval in AIM of the prescribed formula by the Local Agency Nutritionist or approved Local Agency Registered Nurse is required. Nutritionists must meet the requirements as defined in Chapter 7 of this manual.

Registered Nurses must have a four-year degree and specialize in infant and child health. Registered Nurses must also have been trained in the Arizona In Motion (AIM) system and approved by the Local Agency's State Nutrition Consultant.

In the absence of a Nutritionist or approved Registered Nurse, a one-month supply of the prescribed formula may be issued pending the Local Agency Nutritionist's approval, with the exception of regular non-contract formulas. All contract formula appropriate for a condition must be tested and eliminated.

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##### Definition of Special Formula

Formula intended for use by participants who have inborn errors of metabolism, premature or low birth weight infants, or participants who otherwise have a documented medical or dietary condition.

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##### Limitations

Formulas may not be authorized solely for the purpose of enhancing nutrient intake or managing body weight of participants. 7CFR 246.10 (e)(3)(i)

*Continued on Next Page*

# Chapter Four

## Food Package - Formula

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### Section A

#### Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

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#### Medical/ Prescriptive Authority

The provider name and signature must be on the following forms in order to be valid:

- Arizona WIC Special Formula Authorization Form  
Children, Women and Healthy Infants
- Arizona WIC Special Formula Authorization Form  
For Premature and Medically Fragile Infants
- Arizona WIC Milk Alternative Request Form
- Doctor's Prescription Form
- Doctor's Letterhead with Prescription

Please assess if the provider signing the authorization form(s) is one of the following:

M.D.  Yes  No

D.O.  Yes  No

P.A. (any specialty)  Yes  No

N.P. (any specialty)  Yes  No

If the answer is "No" to all of the above, you cannot approve the prescription to issue a special formula.

Medical authorization is only accepted if prescriptive authority is a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Physician Assistant (P.A.), or Nurse Practitioner (N.P).

Examples of providers without prescriptive authority in Arizona WIC include, but are not limited to:

- C.E.D. Prof. – Professional ID Card (Mexico)
  - C.E.D. Especialista (Mexico)
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## Chapter Four

### Food Package - Formula

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#### **Written Medical Authorization (Prescription)**

Medical documentation must be provided on the Special Formula Authorization form (see Appendix G) and include the following:

- Date of prescription
  - Name of formula
  - Type of formula (i.e., ready-to-feed, powder, or concentrate)
  - Amount needed per day
  - Diagnosis or explanation of need
  - Duration
  - Signature of the prescriptive authority requesting formula (signature stamps and facsimiles are acceptable)
  - Contact information for the person prescribing the formula
- 

#### **Supplemental Formulas Requiring Medical Documentation**

Medical documentation is required for issuance of the following supplemental formulas:

- Any non-contract brand infant formula
  - Any infant formula prescribed to a child or adult
  - Any exempt infant formula
  - Any WIC-eligible medical food (see Chapter 3, Section L)
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#### **Verbal Medical Authorization**

Verbal prescriptions are acceptable, but shall be documented in the participant's record with all the details required for a written prescription, and followed up with a written prescription within 30 days.

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# Chapter Four

## Food Package - Formula

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### Section A

#### Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

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<b>Indications</b>	<p>The formula requested must be indicated for the medical condition and age of the client. For example, if the medical formula requested is indicated for use as an adult nutritional or developed for a child over one year of age, this would not be an approved WIC formula for an infant.</p>
<b>Issuance of Special Formulas</b>	<p>If the client does not have a written prescription, only an RD or nutritionist can approve one month of formula if the client has been on the formula prior. Prior use of a formula should be confirmed by conversation with licensed healthcare professional or by documentation (e.g. past record of being on the formula). Means of ensuring prior use of formula should be documented in AIM, including names/contact info of any healthcare professionals spoken with if applicable.</p> <p>When an incomplete prescription is presented, three months of formula may be issued as long as the following criteria are met:</p> <ul style="list-style-type: none"><li>• The prescription at a minimum contains the formula name and diagnosis</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• The missing prescription information has been obtained through a verbal order from a licensed healthcare provider and written documentation will be obtained within 30 days.</li></ul> <p>Note: If complete written prescription is not obtained within this issuance period, no more of the formula can be given until written documentation is complete.</p>
<b>Incomplete Written Medical Authorizations</b>	<p>Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority. The missing information will be documented in the Notes section of the Food Package screen of the AIM system.</p>
<b>Challenge</b>	<p>When a formula has been prescribed, a different formula cannot be challenged or issued during the prescription period without first obtaining approval from the health care provider who prescribed the formula. This change should be documented in the Care Plan screen under the Notes section of AIM.</p>

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## Chapter Four

### Food Package - Formula

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#### Section A

#### Formula Food Packages for Women, Infants, and Children with Special Dietary Needs (Continued)

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<b>Monitoring</b>	During a Management Evaluation (ME), the State will review the usage rate and participant files for unapproved issuance of non-contract formulas and corrective action, and financial penalties may be imposed for unauthorized issuance of non-contract formulas. Medical documentation must be maintained on file at the local clinic.
<b>Food Package Availability</b>	If a food package cannot be found in AIM that meets the client's needs, the Local Agency Nutritionist must complete and submit the Request For New Food Package form to the State Food Package Specialist. (Reference Chapter 4, Appendix H).
<b>AHCCCS</b>	If a participant requiring a special formula is participating in AHCCCS, it is the responsibility of the WIC nutritionist to review the criteria for AHCCCS special formula coverage and explain the process to the participant. (Reference: Chapter 4, Section B)

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# Chapter Four

## Food Package - Formula

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### Section B

#### Special Formula AHCCCS Policy

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#### Policy

The formula provided by WIC for infants, children, and women must be appropriate to their age and medical condition. It must be nutritionally complete and meet all federal guidelines specified for Food Package I, II, and III. Contract brand infant formulas that are iron fortified and do not require the addition of any ingredients other than water, exempt infant formulas, and WIC eligible medical foods make up these packages.

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#### Procedure

##### A) AHCCCS tube feeding

- 1) When a request comes in for medical nutritional therapy for a tube feeding for an Arizona Health Care Cost Containment System (AHCCCS) client, the WIC staff should refer the client back to their AHCCCS primary care doctor for coordination. The tube feeding formula is a covered AHCCCS expense and should be processed as a prior authorization.
- 2) If the AHCCCS client receives both tube feeding formula and oral supplemental nutritional feeding, both products are a covered AHCCCS expense and should be processed as a prior authorization. (Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form is not required)

##### B) AHCCCS commercial oral nutritional supplements (special formula)

AHCCCS defines a commercial oral nutritional supplement as a formula that provides nourishment and increased calorie intake of other age appropriate foods or as the sole source of nutrition. WIC refers to these nutritional supplements as special formulas.

- 1) When a request comes in for a special formula for an AHCCCS client, WIC staff should abide by the following procedures:

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## Chapter Four

### Food Package - Formula

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#### Section B

#### Special Formula AHCCCS Policy (Continued)

#### Procedure (Continued)

- a) The WIC nutritionist will assess if the client meets at least two of the following criteria from the AHCCCS EPSDT Policy 430 Requirements to determine medical necessity:
- (1) At or below the 10<sup>th</sup> percentile for age and gender for three months or more.
  - (2) Reached a plateau in growth or nutritional status for more than six months.
  - (3) Demonstrated a medically significant decline in weight for three months or more.
  - (4) Consumes/eats no more than 25% of his or her nutritional requirements from age appropriate foods.
  - (5) Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products have been ruled out.
  - (6) Nutritional supplements needed on a temporary basis due to an emergent condition.
  - (7) High risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.
- b) If a client meets two or more of the AHCCCS criteria, WIC staff will refer them back to their primary care doctor to process and submit the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements form to the Health Care Plan. You may provide the client with a copy of the AHCCCS referral letter (see Appendix D).
- (1) WIC staff will issue a supply of formula each month until AHCCCS approval is completed.
  - (2) If special formula coverage is denied by the Health Care Plan, WIC staff should contact the State office for follow up.
- c) If the criteria is not met, the WIC nutritionist will tailor an appropriate package to meet the client's needs.

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## Chapter Four

### Food Package - Formula

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#### Section B

#### Special Formula AHCCCS Policy (Continued)

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##### Procedure (Continued)

##### C) Food package tailoring for infants, children, and women with special dietary needs

- 1) The goal of the food package tailoring guidelines is to ensure that all participants receive the Arizona WIC food package that best meets their individual nutritional and dietary needs. Packages for infants, children, and women with special dietary needs (Food Package III) may receive food packages that are tailored when formula needs are being supplied by an outside source such as AHCCCS or another insurer.
  - a) Only the Local Agency nutritionist should complete food package prescription tailoring for special needs infants, children, and women.
  - b) Tailoring should be coordinated with the participant's supervising health care provider to assure that the participant is provided food items that they can consume.
  - c) Document in the AIM Care Plan the reason for the food package tailoring.
  - d) Follow-up with the participant's health care provider will be done by the Local Agency WIC nutritionist on a regular basis to assure that the food package continues to meet the needs of the participant.

**NOTE: WIC participants may receive formula from AHCCCS and a food package from the Arizona WIC Program.**

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## Chapter Four

### Food Package - Formula

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#### Section C

#### Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula

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#### Policy

Contract brand infant formulas will be issued to all WIC infants unless there is medical documentation for an exempt infant formula. It is important to help infant caregivers understand that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract regular infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant. Issuance of non-contract formula is reserved by prescription under the following circumstances:

- Transition to an alternate contract formula is medically contraindicated for pre- or post-operative recovery where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- NICU discharge warrants continuation of a tolerated non-contract formula to avoid weight loss in the recovery of a previous Failure to Thrive infant (WIC risk 134) or infant who has experienced inadequate growth.
- Infants with a medical birth history of a congenital defect (WIC risk 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.
- Infants with a medical history of central nervous system disorders (WIC risk 348) and genetic/congenital disorders (WIC risk 349) where formula transition would put infant at risk for compromised nutritional status impacting growth and development.

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# Chapter Four

## Food Package - Formula

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### Section C

#### Food Packages for Formula Fed Infants – Issuance of Regular Non-Contract Formula (continued)

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**Definition of  
Regular Non-  
Contract Formula**

Regular non-contract formula as defined by cost containment measures includes standard iron fortified milk-based, soy-based, and lactose-free formulas that are nutritionally equivalent to contract brand formulas (i.e., Enfamil Premium, Prosobee Lipil, Enfamil Gentlease, Enfamil Lactofree, Enfagrow Premium, Enfagrow Gentlease, Enfagrow Soy, Good Start Gentle Plus, Good Start Protect Plus, and Good Start Soy Plus).

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**Local Agency  
Responsibility**

After assessment, if an infant meets one of the four mentioned criteria for non-contract formula with valid prescription, the Local Agency will contact the State Food Package Specialist or a State nutritionist for approval. After accepted, approval and relevant medical information shall be documented in the Care Plan in AIM.

One month of formula may not be issued without prior State approval.

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# Chapter Four

## Food Package - Formula

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### Section D

#### Issuance of Formula for the Premature Infant

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##### Policy

Feeding recommendations for infants born <37 weeks gestation include introduction to cow's milk at 12 months **corrected** age.

Corrected age (CA) is based on the age the infant would be if the pregnancy had gone to term. The CA is calculated by subtracting the number of weeks premature from the actual age in months.

- Example: If an infant was 6 weeks premature and the infant's actual age is 10 months old, then:  
 $10 \times 4 = 40 \text{ weeks} - 6 \text{ weeks} = 34 \text{ weeks}$  or 8 ½ months

It is at the Local Agency nutritionist's or referring medical provider's discretion to extend the use of infant formula to 12 months **corrected** age.

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##### Procedure

The Local Agency nutritionist will base feeding recommendations of the premature infant on birth weight, nutritional status, developmental stage, and continued monitoring of growth.

- If the need for continued formula is apparent, the participant will be referred back to their medical provider to obtain a prescription for the continuation of formula.
  - One month of formula food instruments may be issued to allow time for the participant to return to their medical provider for a complete prescription. This must be documented in the Notes section of AIM.
  - The participant must return the completed prescription to the Local Agency to continue to receive formula food instruments at the following appointment.
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# Chapter Four

## Food Package - Formula

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### Section E

#### Food Packages for Formula Fed Infants – Issuance of Liquid Formula

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##### Introduction

Although liquid infant formula is commercially sterile, powdered infant formula is not. Powdered infant formula contains low levels of *E. sakazakii*, which is a gram-negative, non-spore-forming bacterium belonging to the Enterobacteriaceae family. *E. sakazakii* has been associated with sepsis, meningitis, cerebritis and necrotizing enterocolitis. Premature infants, low birth weight infants or immunocompromised infants are at particular risk.

Improper preparation and refrigeration of powdered infant formula can cause an increase in the level of contamination of *E. sakazakii* in powdered formula.

The World Health Organization recommends: “In situations where the mother cannot breastfeed or chooses not to breastfeed for any reason, encourage caregivers of infants, particularly those at high risk, to use, whenever possible and appropriate, commercially sterile formula (e.g. liquid) or formula which has undergone an effective point-of-use decontamination procedure (e.g. heating reconstituted formula).”

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##### Definition

Infants who are born three or more weeks early (<37 weeks gestational age) are considered premature.

Infants who weigh less than 2,500 grams (<5.5 pounds) at birth are considered low birth weight.

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##### Policy

The Arizona WIC program will issue liquid concentrate infant formula, which is commercially sterile, to premature, low birth weight infants, and/or immunocompromised infants for up to six months corrected age.

When liquid concentrate is not available in the prescribed formula, ready-to-feed formula should be chosen. Powdered formula will only be issued to premature, low-birth weight, and/or immunocompromised infants with a health care provider’s prescription.

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## Chapter Four

### Food Package - Formula

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#### Section E (Continued)

#### Food Packages for Formula Fed Infants – Issuance of Liquid Formula

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##### Ready To Feed Formula

Ready-to-feed formula may be authorized without a prescription when the Competent Professional Authority determines and documents that one of the following applies:

- The participant's household has an unsanitary or restricted water supply.
- There is poor or no refrigeration available.
- The caregiver may have difficulty in correctly diluting concentrated liquid or powdered formula.
- When no other forms of the prescribed formula are available.
- If a ready-to-feed form better accommodates the participant's condition.
- If it improves the participant's compliance in consuming the prescribed WIC formula.

##### Concentrate Formula

In the case of rebate formula, concentrate may be issued without prescription for multiples (twins, triplets), premature, low birth weight infants, immunocompromised infants, or for better formula toleration when consulted by the nutritionist or approved Registered Nurse.

All other requests for concentrate formula require written prescriptions from the prescriptive authority.

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## Chapter Four

### Food Package - Formula

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#### Section F

#### Food Packages for Formula Fed Infants – Issuance of Low Iron Formula

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##### Policy

Low iron infant formula may only be issued to medically fragile infants in Food Package III and requires appropriate medical documentation with a qualifying condition. Conditions include, but aren't limited to, renal insufficiency and iron storage disorders.

**Note:** Spitting up, diarrhea, constipation, and colic are not acceptable reasons for issuing low iron formula.

The American Academy of Pediatrics Committee on Nutrition's Position Paper recommends that iron fortified formula be used for all formula-fed infants.

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# Chapter Four

## Food Package - Formula

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### Section G

#### Issuance of Special Formula – Conditions for PediaSure/Boost Issuance

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##### Acceptable Conditions

PediaSure/Boost (or comparable supplements) are intended for children one year of age and older and cannot be provided to infants. A written medical authorization for PediaSure/Boost can be accepted and food instruments issued when at least one of the following conditions exist:

- Current assignment of Risk 103 (Underweight). Underweight definition for WIC: Birth to 2 years, less than or equal to fifth percentile weight for length. Two to 5 years, less than or equal to fifth percentile BMI for age. (Growth patterns are currently based on the 2000 CDC growth charts in AIM.)
- Weight curve has crossed more than 2 percentile lines on the growth charts after having achieved a previously stable pattern. For example, the child has dropped from the 75<sup>th</sup> to the 25<sup>th</sup> percentile over time.
- Other medical conditions for the management of nutrition-related disorders

For all other questionable conditions, contact the State office for technical assistance.

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##### WIC Approval

Issuance of PediaSure/Boost requires the Local Agency nutritionist to:

- Complete a thorough screening and assessment as well as document all medical, nutrition, or psychosocial risk factors in the Care Plan in AIM.
- Obtain a current height and weight for accuracy in growth screening criterion.
- Provide nutrition education on nutrient-dense foods to help promote weight gain. This will be documented in the Notes section of the Care Plan screen of the AIM system.

Note: PediaSure/Boost cannot be issued:

- in response to “picky eaters”
  - for the sole purpose of enhancing nutrient intake or managing body weight without an underlying condition.
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# Chapter Four

## Food Package - Formula

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### Section H

#### Issuance of Special Formula – Local Agency Responsibilities

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<b>Policy</b>	Exempt formulas, non-contract formulas, and WIC medical formulas will be issued only to those participants who have a demonstrated and documented need. However, the need must be a result of a medical condition. All contract formula appropriate for a condition must be tested and eliminated.
<b>Documentation</b>	Prescriptions for special formulas or alternative milk requests are to be filed at the Local Agency, and made readily available for review. The State Agency requests for Local Agencies to have a prescription filing system, depending on the size of the agency. (For example, large agencies have a monthly prescription file; medium and small agencies have a quarterly prescription file.)
<b>Special Formula Ordering</b>	For any special formula issuance, participants must be informed on how to obtain the formula. WIC staff should ensure participants know whether the formula can be found on the retail shelf or must be ordered through a store pharmacy. For pharmacy special order products, WIC staff should aid the participant in finding a pharmacy that can issue the product. The first time a product is ordered for a client, it may be necessary to order the product for them.
<b>Unauthorized Issuance Reimbursement</b>	<p>Local Agencies may be required to reimburse the State Agency for all unauthorized issuance of non-contract and exempt special formulas detected during Management Evaluations or review of AIM reports. Unauthorized issuance of a non-contract or exempt special formula means:</p> <ul style="list-style-type: none"><li>• Lack of written medical authorization on file.</li><li>• Lack of Notes explaining exceptions on the Food Package screen in the AIM system.</li><li>• Issuance of a regular non-contract formula that does not meet one of the four criteria listed in Section E of this chapter.</li><li>• Lack of State approval for issuance of non-contract infant formula.</li></ul>

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## Chapter Four

### Food Package - Formula

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Special formulas are not authorized for: infants whose only condition is formula intolerance or allergy to lactose or sucrose. They should also not be given for lactose or milk protein allergies that can be managed by routine contract formula, or for conditions that can be successfully managed with one of the standard food packages. They should not be authorized for non-specific food or formula intolerance and are not to be authorized for the sole purpose of enhancing nutrient intake or managing body weight without an underlying medical condition.

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# Chapter Four

## Food Package - Formula

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### Section H

#### Issuance of Special Formula – Local Agency Responsibilities (Cont)

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##### Procedure for Handling Non-Contract and Special Formula Requests

##### Personal Preference:

- Recommendations will be made for a comparable contract formula and issued to the participant.
  - If participant states intolerance to a contract formula:
    - Explain to the participant or caregiver that WIC is a supplemental nutrition program and formula is not provided by entitlement. Non-contract infant formulas that are nutritionally equivalent will not be issued and prescriptions will not be accepted for a healthy infant. (See Section E for the four eligible criteria for the issuance of non-contract formula.)
    - The Local Agency nutritionist will complete the Alternate Formula Screening form (see Appendix B).
    - If it is determined through screening with the nutritionist that the intolerance is the result of improper formula preparation or inappropriate feeding, education will be provided and the appropriate contract formula will be issued.
    - If no outstanding issues arise during the screening process, the client will be referred to their physician for further follow-up.
  - Out-of-state transfer using non-contract formula
    - Explain to the participant or caregiver transferring into Arizona that each state may have different contract brand formulas. Provide education on the nutritionally equivalent Arizona state contract formulas.
    - Recommendations will be made for the transition to a comparable contract formula and issued to the participant.
    - If problems arise with the contract formula, the Local Agency nutritionist will complete the Alternate Formula Screening form to rule out any intolerance issues resulting from improper formula preparation or inappropriate feeding practices.
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# **Chapter Four**

## **Food Package - Formula**

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### **Appendix A: How to Calculate Formula Volume**

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# Chapter Four

## Food Package - Formula

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### Appendix A: How to Calculate Formula Volume

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#### Maximum Quantity

The maximum quantity of infant formula provided by the WIC Program monthly is varied depending on the age and category of the client. Please refer to the infant sections in Chapter 3 for maximum formula volumes.

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#### Standard Caloric Content

Similac Advance, Similac Soy Isomil, and Similac Sensitive for Fussiness & Gas yield twenty (20) kilocalories/ounce when prepared according to the directions on the product label.

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#### Formula Volume Calculation

To calculate formula volume:

1. Calculate the approximate amount of formula (in ounces) the client consumes each day and multiply it by the number of days in the month to give the total monthly volume.
  2. Determine the ounces of prepared formula that one (1) can of formula will provide. Prepared ounces will vary by formula.
  3. Divide the total monthly volume by the ounces one (1) can of prepared formula provides to establish the approximate number of cans the client will need for the month.
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**Example:** Baby is partially breastfed and consuming about 12 ounces of prepared Similac Advance powdered formula each day. The Similac Advance powdered formula can size is 12.9 ounces.

12 ounces per day X 31 days = 372 ounces per month

1 -12.9 ounce can of Similac Advance = 96 fl. ounces prepared

372 ounces per month / 96 fl ounces prepared = 3.875 cans

Round 3.875 up to 4 cans per month.

**Chapter Four**  
**Food Package - Formula**

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**Appendix B: Alternate Formula Screening Form**

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## WOMEN, INFANTS AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM ALTERNATE FORMULA SCREENING FORM

**INSTRUCTIONS: Complete for participants who indicate a problem with Similac Advance, Similac Isomil Soy, or Similac Sensitive for Fussiness & Gas infant formula and attach to the appropriate medical documentation form if necessary.**

Participant's Name: (Last, First)

Birth date

ID#

Physician's Name-Telephone Number:

LA#/Clinic#/Interviewer Code:

Formula History:

Name of Special Formula/Package#

Time Period of Authorization (by Nutritionist)

From:

To:

Screening for Problems(s) with Formula Preparation, Feeding, or Storage:

1. How is the formula being prepared? \_\_\_\_\_
2. How is the prepared formula being stored? \_\_\_\_\_
3. After baby is fed what is done with formula left in the bottle? \_\_\_\_\_
4. How many ounces of formula is the baby drinking during the day? \_\_\_\_\_
5. How are you holding the baby during feedings? \_\_\_\_\_
6. How often do you burp the baby? \_\_\_\_\_
7. Have any solid foods been started? \_\_\_\_\_

Circle the correct answer after reviewing questions 1-7 with parent/guardian.

8. Is the formula:

- a. Properly diluted? YES NO
- b. Prepared in a sanitary manner? YES NO
- c. Adequately refrigerated? YES NO

9. Is the Infant:

- a. Being overfed? YES NO
- b. Positioned correctly for feeding? YES NO
- c. Burped at necessary intervals? YES NO

Check the Symptom(s) reported by the parent/guardian from the use of Similac Advance, Isomil Advance, or Similac Sensitive:

- | YES                      | NO                       |                        | YES                      | NO                       |                                      |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea               | <input type="checkbox"/> | <input type="checkbox"/> | Skin rash                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting               | <input type="checkbox"/> | <input type="checkbox"/> | Congestion                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Watery, frothy stools  | <input type="checkbox"/> | <input type="checkbox"/> | Chronic runny nose                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal distension   | <input type="checkbox"/> | <input type="checkbox"/> | Wheezing                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Bloody stool           | <input type="checkbox"/> | <input type="checkbox"/> | Coughing                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Colicky abdominal pain | <input type="checkbox"/> | <input type="checkbox"/> | Family history of cow's milk allergy |

Check the following conditions to further evaluate reported problems:

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of soy allergy                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of corn allergy                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Infant recently has been taking medicine. If yes, specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Infant recently been sick or had a fever.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

Screening Results: (Initials) \_\_\_\_\_

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Based on screening, current formula is appropriate.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Problem appears to be due to improper feeding, preparation, or storage. Participant's parent/guardian counseled.     |
| <input type="checkbox"/> | <input type="checkbox"/> | Possible milk allergy or lactose intolerance - may need Similac Soy Isomil or Similac Sensitive for Fussiness & Gas. |
| <input type="checkbox"/> | <input type="checkbox"/> | Possible intolerance due to powdered form – may need to try the concentrate form.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

Care Plan:

\_\_\_\_\_

\_\_\_\_\_

Nutritionist's Name (Print) & Signature:

Date:

## **Chapter Four**

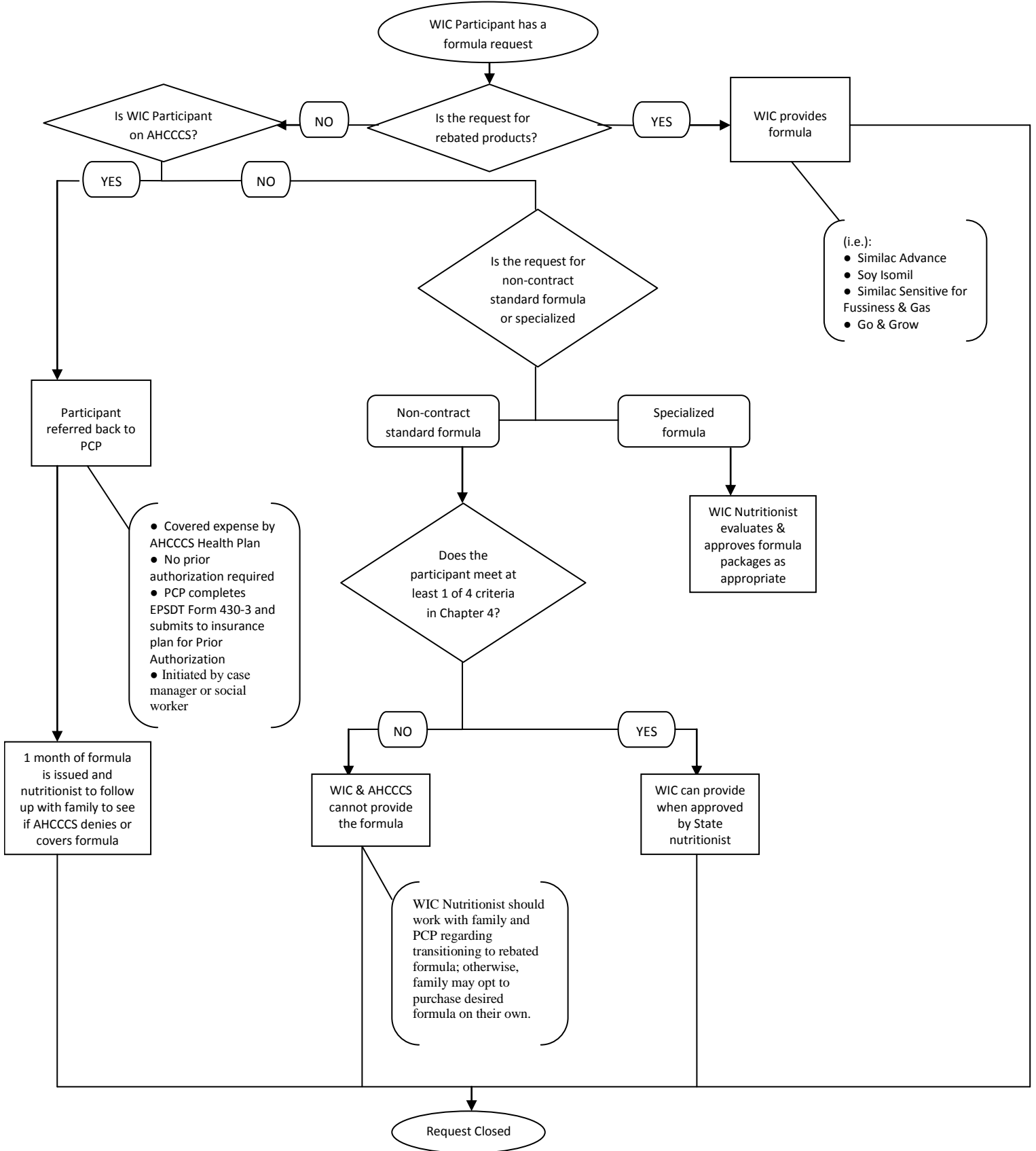
### **Food Package - Formula**

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#### **Appendix C: Arizona WIC/AHCCCS Formula Coverage Flow Chart**

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## WIC AHCCCS Formula Coverage Flowchart



**Chapter Four**  
**Food Package - Formula**

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**Appendix D:**  
**AHCCCS Referral Letter and Form**

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Date:

Re: (WIC Participant)

Dear Doctor,

Based on AHCCCS policy 430, WIC is referring AHCCCS covered WIC participants who receive enteral feedings or who qualify for medically necessary commercial oral nutritional supplements to their Primary Care Physician (PCP) for nutritional therapy.

According to AHCCCS policy 400 Section 430.C.5, Nutritional Assessment and Nutritional Therapy, “if an AHCCCS covered EPSDT member qualifies for nutritional therapy **due to a medical condition**, then AHCCCS Contractors are the primary payor for WIC-eligible exempt infant formulas and medical foods,” which includes commercial oral nutritional supplementation.

AHCCCS covers nutritional therapy for EPSDT-eligible members on an enteral, parenteral, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member’s daily nutritional and caloric intake. Prior authorization (PA) is required for commercial oral nutritional supplements.

The PCP or attending physician must complete and submit the AHCCCS approved form, “Certificate of Medical Necessity for Commercial Oral Nutritional Supplements” (Exhibit 430-3) to obtain PA from the Contractor. If the member meets two of the seven criteria listed on the form, AHCCCS supplies the commercial oral nutrition supplements. Please complete the enclosed form and process the form as a prior authorization.

Thank you for working with us on this procedure.

(Name) \_\_\_\_\_  
(WIC Nutritionist)  
(Local WIC clinic address)  
(Phone number)

EXHIBIT 430-3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
CERTIFICATE OF MEDICAL NECESSITY  
FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS  
(EPSDT MEMBERS)

SUBMITTED BY:

Provider Name: \_\_\_\_\_

Provider AHCCCS ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEMBER INFORMATION

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Initial

Member's AHCCCS ID Number: \_\_\_\_\_ Enrollment: \_\_\_\_\_  
(Contractor)

Member's Address: \_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT FOR COMMERCIAL ORAL NUTRITIONAL SUPPLEMENTS

Assessment performed by: \_\_\_\_\_

AHCCCS Provider ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Assessment Findings: (If necessary, add attachments to provide the most complete information)

1. Indicate which of the following criteria have been met to determine that oral supplemental nutritional feedings are medically necessary. (At least two of the following must be met.) Check all that apply.

a. The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for 3 months or more.	
b. The member has reached a plateau in growth and/or nutritional status for more than 6 months (prepubescent).	
c. The member has already demonstrated a medically significant decline in weight within the past 3 months (prior to the assessment).	
d. The member is able to consume/eat no more than 25% of his/her nutritional requirements from normal food sources.	
e. Absorption problems are evidenced by emesis, diarrhea, dehydration, weight loss, and intolerance to milk or formula products has been ruled out.	
f. The member requires oral supplemental nutritional feedings on a temporary basis due to an emergent condition; i.e. post-hospitalization (No PA for first 30 days).	
g. The member is at risk for regression due to chronic disease or condition.	

2. List past nutritional counseling efforts and alternative nutritional feedings which were tried (include by whom and the length of time that counseling was conducted and/or the alternative feedings that were used).

**ORAL SUPPLEMENTAL NUTRITIONAL FEEDING RECOMMENDATIONS**

Type of Nutritional Feeding	Source of Nutrition
Weaning from Tube Feeding	
Oral Feeding - Sole Source (PA required)	
Oral Feeding - Supplemental (PA Required)	
Emergency Supplemental Nutrition (No PA required for first 30 days)	

**Additional Comments:**

\_\_\_\_\_  
Nutritional Assessment Provider      Date

\_\_\_\_\_  
Member's PCP/Attending Physician      Date

Revised: 4/01/2007  
Effective: 1/01/2000

## **Chapter Four Food Package – Formula**

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### **Appendix E: Formula Descriptions**

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# Brief Formula Description

**Formulas:**

\*All infant formulas are 20kcal/fl oz unless otherwise stated.

Formula	Description	Forms
<b>Similac Products (Abbott)</b>		
Similac Advance	<ul style="list-style-type: none"> <li>Formula infant standard.</li> </ul>	Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles)
Similac Soy Isomil	<ul style="list-style-type: none"> <li>Soy based standard infant formula.</li> </ul>	Powder (12.4oz cans) Conc (13oz cans) RTF (32oz bottles)
Similac Sensitive for Fussiness & Gas	<ul style="list-style-type: none"> <li>Lactose-free standard infant formula.</li> </ul>	Power (12.4oz cans) Conc (13oz cans) RTF (32oz bottles)
Similac Sensitive for Spit-Up (R.S.)	<ul style="list-style-type: none"> <li>RS stands for added Rice Starch</li> <li>Milk based, Lactose free</li> <li>Good for GER, GERD or reflux</li> </ul>	Powder (12.4oz cans) RTF (32oz bottles)
Similac Isomil DF	<ul style="list-style-type: none"> <li>Dietary management for diarrhea</li> <li>Soy formula</li> <li>Low osmolality</li> <li>For infants 6 mo and older</li> </ul>	RTF (32oz bottles)
Similac Expert Care Alimentum	<ul style="list-style-type: none"> <li>Hypoallergenic – contains a predigested protein</li> <li>Lactose-free</li> <li>RTF formula is corn-free</li> <li>Good for infants with milk protein allergy</li> </ul>	Powder (16oz cans) RTF (32oz bottles)
Similac Expert Care Neosure	<ul style="list-style-type: none"> <li>22 kcal/fl oz</li> <li>For premature infants</li> <li>Supports catch up growth</li> <li>Higher levels of protein, vitamins and minerals compared to standard formulas</li> </ul>	Powder (12.8oz cans) RTF (32oz bottles)
Elecare	<ul style="list-style-type: none"> <li>Nutritionally complete elemental formula for infants</li> <li>Broken down amino acids</li> <li>Does not contain milk protein, soy protein, fructose, galactose, lactose or gluten</li> <li>Vanilla form is for children 1 year and older, unflavored form is for infants and toddlers</li> <li>Good for infants that cannot tolerate intact or hydrolyzed proteins</li> <li>Good for infants with protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment.</li> </ul>	Powder (14.1 oz cans in vanilla and unflavored)
Similac Special Care 24 with Iron (also available in <i>High Protein and Low Iron</i> )	<ul style="list-style-type: none"> <li>24 kcal/fl oz</li> <li>For low birth weight and premature infants</li> <li>Not intended for infants once they reach 8 lbs.</li> </ul>	RTF (2oz nursettes)
Similac Special Care 30 with Iron	<ul style="list-style-type: none"> <li>30 kcal/fl oz</li> <li>For low birth weight and premature infants</li> <li>Not intended for infants once they reach 8 lbs.</li> </ul>	RTF (2oz nursettes)
Polycose	<ul style="list-style-type: none"> <li>An easily digested CHO when extra kcals are needed</li> <li>Rapid absorption</li> </ul>	Powder (12.3oz cans)

<b>Formula</b>	<b>Description</b>	<b>Forms</b>
<b>Similac Products (Abbott)</b>		
Polycose (cont.)	<ul style="list-style-type: none"> <li>• Reduced osmolality</li> <li>• Low renal-solute load</li> <li>• Lactose free</li> <li>• Should not be used for sole source of nutrition</li> </ul>	
Similac PM 60/40	<ul style="list-style-type: none"> <li>• 60:40 ratio of whey to casein (similar to human milk)</li> <li>• Low iron</li> <li>• For infants who need lower mineral intake, including those with impaired renal function.</li> <li>• Good for infants with hypercalcemia and hypocalcemia due to hyperphosphatemia</li> </ul>	Powder (14.1oz cans)
Similac Human Milk Fortifier	<ul style="list-style-type: none"> <li>• Intended for low birth weight infants as a supplement to preterm human milk</li> <li>• 3.5 kcal/packet</li> <li>• Usually only used in the hospitals</li> </ul>	Powder (.90g packets)
Similac Go and Grow (also available in Soy)	<ul style="list-style-type: none"> <li>• For toddlers 9-24 months</li> <li>• Increased vitamins and nutrients for toddlers</li> <li>• Soy form is lactose and milk free</li> </ul>	Powder (22oz cans)
Pediasure (also available with <i>Fiber</i> )	<ul style="list-style-type: none"> <li>• Supplemental drink</li> <li>• Milk based, lactose-free</li> <li>• With fiber comes only in vanilla flavor.</li> <li>• 237kcal per 8oz serving</li> </ul>	RTF (8oz cans in vanilla, strawberry and chocolate, Fiber one comes only in vanilla)
Pediasure Enteral Formula (also available with <i>Fiber</i> and <i>scFOS</i> )	<ul style="list-style-type: none"> <li>• Specially formulated for tube feeding</li> <li>• scFOS is a prebiotic</li> <li>• Milk based, lactose-free</li> <li>• For kids aged 1-13 years old</li> <li>• 237kcal per 8oz serving</li> </ul>	RTF (8oz cans vanilla flavor)
Vital Jr.	<ul style="list-style-type: none"> <li>• Hydrolyzed proteins for better/easier absorption</li> <li>• Semi-elemental formula</li> <li>• Lactose free</li> <li>• For kids ages 1-13 years old</li> <li>• 237kcal per 8oz serving</li> <li>• Good for kids with malabsorption, maldigestion and other GI conditions</li> </ul>	RTF (8oz cans in vanilla and strawberry flavor)
<b>Enfamil Products (Mead Johnson)</b>		
Enfamil Premium (Newborn or Infant)	<ul style="list-style-type: none"> <li>• Standard infant formula</li> </ul>	Powder (12.5oz cans) Conc (13oz cans) RTF (13oz bottles)
Enfamil Gentlease	<ul style="list-style-type: none"> <li>• Easily digested proteins that are partially hydrolyzed</li> <li>• 20% Lactose (reduced levels)</li> <li>• Good for lactose intolerance</li> </ul>	Powder (12oz cans) RTF (32oz can)
Enfamil Prosobee	<ul style="list-style-type: none"> <li>• Soy based standard infant formula</li> <li>• Good for milk protein allergy or lactose intolerance</li> </ul>	Powder (12.9oz cans) Conc (13oz cans) RTF (32 oz cans)
Enfamil Restful	<ul style="list-style-type: none"> <li>• Intended use is for bedtime feedings to help infant sleep though the night</li> <li>• Contains rice CHO</li> <li>• This is the same formulation as Enfamil AR</li> </ul>	Powder (12.9oz cans)
Enfamil AR	<ul style="list-style-type: none"> <li>• "Added rice" or AR in formula – thickens formula so infant has less reflux</li> <li>• Good for reflux, GERD or GER</li> </ul>	Powder (12.9oz cans) RTF (32 oz cans)

<b>Formula</b>	<b>Description</b>	<b>Forms</b>
<b>Enfamil Products (Mead Johnson)</b>		
Enfacare	<ul style="list-style-type: none"> <li>• 22 kcal/oz</li> <li>• Milk based</li> <li>• Higher levels of protein and some vitamin and minerals</li> <li>• Good for premature or low birth weight infants</li> </ul>	Powder (12.8oz cans) RTF (32oz cans)
Enfamil Premature High Protein 24 kcal	<ul style="list-style-type: none"> <li>• 24 kcal/fl oz</li> <li>• For VLBW and ELBW premature infants</li> <li>• Extra calories for premature or FTT.</li> </ul>	RTF (2oz nursettes)
Nutramigen Lipil w/Enflora LGG	<ul style="list-style-type: none"> <li>• Hypoallergenic for milk protein allergies.</li> <li>• Lactose free</li> <li>• extensively hydrolyzed protein</li> <li>• Enflora LGG to promote immune system balance and GI tract.</li> <li>• Good for milk protein allergy and soy allergy</li> </ul>	Powder (12.6oz cans)
Nutramigen AA Lipil	<ul style="list-style-type: none"> <li>• Amino acid based (proteins broken down)</li> <li>• Hypoallergenic</li> <li>• Scientifically designed for infants and toddlers with severe cow's milk protein allergies and/or multiple food protein allergies</li> <li>• May be good for babies that don't tolerate regular Nutramigen or other hydrolyzed protein formulas</li> </ul>	Powder (14.1oz cans)
Pregestimil	<ul style="list-style-type: none"> <li>• Hypoallergenic.</li> <li>• Contains MCT oil, which is more easily absorbed by babies with some GI problems</li> <li>• Lactose-free and sucrose (table sugar) free</li> <li>• Good for fat malabsorption.</li> <li>• Good for infants with cystic fibrosis, short bowel syndrome, intractable diarrhea, and severe protein calorie malnutrition. Also ok for infants with galactosemia.</li> </ul>	Powder (12oz cans) RTF (2oz nursettes)
Enfamil Human Milk Fortifier	<ul style="list-style-type: none"> <li>• For use with premature and low birth weight infants</li> <li>• Use as a supplement in human breast milk</li> <li>• Milk based</li> <li>• Increases levels of protein, energy, calcium, phosphorous, and other nutrients</li> </ul>	Powder (.025oz packets)
Enfamil Premium Toddler (also available in Gentlease and Soy)	<ul style="list-style-type: none"> <li>• For toddlers 10-36 months</li> <li>• Increased vitamins and nutrients for toddlers</li> <li>• Gentlease form contains partially broken downs proteins, and decreased lactose content</li> <li>• Soy form is lactose free</li> </ul>	Powder (24oz cans) RTF (32oz cans) – Premium Toddler only
<b>Nutricia</b>		
Neocate Infant	<ul style="list-style-type: none"> <li>• Infant formula (0-12 months)</li> <li>• Hypoallergenic</li> <li>• Amino acid based – easy to digest</li> <li>• Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment</li> </ul>	Powder (14oz cans)

<b>Formula</b>	<b>Description</b>	<b>Forms</b>
<b>Nutricia</b>		
Neocate Junior	<ul style="list-style-type: none"> <li>• Formula for ages 1-10 years</li> <li>• Hypoallergenic</li> <li>• Amino acid based- easy to digest</li> <li>• Extra vitamins and minerals for malabsorptive conditions</li> <li>• Good for cow and soy milk allergy, short bowel syndrome (SBS), Eosinophilic esophagitis (EE), GERD, and other gastrointestinal tract impairment</li> </ul>	Powder (14oz cans)
Duocal	<ul style="list-style-type: none"> <li>• 42 kcal/Tbsp- very high calorie</li> <li>• Duocal powder is completely soluble and mixes easily in liquids and moist foods</li> <li>• Milk-protein free</li> <li>• Appropriate for oral and tube feeding</li> <li>• 59% CHO, 41% fat</li> <li>• Good for disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, electrolyte restricted diets, high energy diets, and catabolic states (e.g. burns, trauma, post-operative stress)</li> </ul>	Powder (14oz cans)
<b>Gerber Good Start</b>		
Gerber Good Start Protect Plus	<ul style="list-style-type: none"> <li>• Standard infant formula</li> <li>• Comfort proteins- broken down 100% whey proteins</li> <li>• Contains <i>BIFIDUS BL</i> probiotic for improved immune and digestive systems</li> </ul>	Powder (12oz cans) Conc (13oz cans) RTF (32oz bottles)
Gerber Good Start Gentle Plus	<ul style="list-style-type: none"> <li>• Standard infant formula</li> <li>• Comfort proteins- broken down 100% whey proteins</li> </ul>	Powder (12oz cans) Conc (13oz cans) RTF (32oz bottles)
Gerber Good Start Soy Plus	<ul style="list-style-type: none"> <li>• Soy based standard infant formula</li> <li>• Good for milk protein allergy or lactose intolerance</li> </ul>	Powder (12oz cans) Conc (13oz cans) RTF (32oz bottles)
<b>Nestle Nutrition</b>		
Boost Kids Essentials 1.0	<ul style="list-style-type: none"> <li>• 1.0 kcal/mL</li> <li>• Lactose free</li> <li>• For ages 1-8 years old</li> <li>• Increased vitamins and nutrients for the older child</li> </ul>	8.25 fl oz cartons (24/pk)
Boost Kids Essentials 1.5	<ul style="list-style-type: none"> <li>• Used to be called Resource Just for Kids 1.5</li> <li>• 1.5 kcal/mL</li> <li>• For ages 1-13 years old</li> <li>• Increased vitamins and nutrients for the older child</li> <li>• May be consumed orally or used as a tube feeding</li> <li>• Lactose free, low residue</li> <li>• 11% Pro, 44% CHO, 45% fat</li> </ul>	8 fl oz cartons (27/pk)

**Formula issuance:**

**Green (bolded):** Can always issue without RX

**Orange (italicized):** Only RD and nutritionists can approve 1 month without prescription if client has been on the formula prior.

**Red (underlined):** One month without prescription **cannot** be issued. Must contact the state for approval.

<b>Similac</b>	<b>Enfamil</b>	<b>Gerber (formerly Nestle)</b>	<b>Neocate</b>	<b>Nestle Nutrition</b>	<b>Use</b>
<b>Similac Advance</b>	<u>Enfamil Premium (Newborn or Infant)</u>	<u>Gerber Good Start Protect Plus</u>			Regular
<b>Similac Sensitive for Fussiness &amp; Gas</b>	<u>Enfamil Gentlease</u>	<u>Gerber Good Start Gentle Plus</u>			Lactose intolerance
<b>Similac Soy Isomil</b>	<u>Enfamil Prosobee</u>	<u>Gerber Good Start Soy Plus</u>			Milk protein allergy or lactose intolerance
<i>Similac Sensitive for Spit-up (RS)</i>	<i>Enfamil AR</i>				Reflux, GERD, or GER
<i>Alimentum</i>	<i>Nutramigen Lipil Nutramigen AA Lipil</i>				Milk protein allergy and other food allergies
<i>Neosure</i>	<i>Enfacare</i>				Prematurity, low birth weight
<i>Elecare</i>	<i>Pregestimil</i>		<i>Neocate</i>		Protein maldigestion, malabsorption, severe food allergies, short-bowel syndrome, eosinophilic GI disorders, GI-tract impairment.
<i>Similac Special Care 24 or 30</i>	<i>Enfamil Premature High Protein 24 kcal</i>				Prematurity, low birth weight
<i>Similac 60/40</i>					Impaired renal function
<i>Polycose</i>					Increased CHO kcal needs
<i>Similac Human Milk Fortifier</i>	<i>Enfamil Human Milk Fortifier</i>				Prematurity, low birth weight
<i>Pediasure and Pediasure 1.5</i>				<i>Boost Kids Essentials 1.0 and 1.5</i>	For FTT, poor oral intake, malnutrition, oral surgery
<i>Vital Jr.</i>			<i>Neocate Junior Duocal</i>		Malabsorption, maldigestion and other GI conditions
<i>Go and Grow (also available in Soy)</i>	<u>Enfamil Premium Toddler (Gentlease and Soy also available)</u>	<u>Gerber Good Start 2 Protect Plus (Also available in 2 Gentle Plus and 2 Soy Plus)</u>			Increased vitamins and nutrients for toddlers

# **Chapter Four**

## **Food Package - Formula**

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### **Appendix F: Arizona WIC Formula List**

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## ARIZONA WIC FORMULA LIST FFY 2011

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Acerflex®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Valine-, leucine- and isoleucine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in children over the age of 1 year.	Pharmacy special order.		16oz (454g) can - 4 cans/case	
Add-Ins	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine, flavorless powder, containing essential and non essential amino acids, fat, vitamin, minerals and trace elements.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in individuals over one year of age.	Pharmacy special order.		0.64oz (18.2g) - 60 packet/case	
A-Soy	PBM Products, LLC (formerly Wyeth)	Medical Food	Adult/Older Child Supplements	X		Soy-based, cow's milk protein-free, lactose-free, cholesterol-free, gluten-free nutritional drink. Contains dietary fiber, omega 3 fatty acids, FOS prebiotics, and l-arginine. For oral or tube feeding.	For adults and children 10 years and older with cow's milk allergy, galactosemia or lactose intolerance.	Pharmacy special order.			8 oz can - 24 cans/case
BCAD 1	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, Leucine- and Valine-free iron fortified diet powder.	Inborn error of metabolism: For the dietary management of infants and toddlers with maple syrup urine disease (MSUD) under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

## ARIZONA WIC FORMULA LIST FFY 2011

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
BCAD2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Dietary powder free of the branched chain amino acids, isoleucine, leucine, and valine.	Inborn error of metabolism: For the dietary management of children and adults with MSUD or other inborn errors of branched chain amino acid metabolism under direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
Boost Plus®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high calorie, high protein oral supplement; lactose-free.	For patients with volume restriction (cancer, anorexia, chronic obstructive lung disease), fluid restriction (heart failure, liver disease) or weight gain requirements due to medical conditions.	6-packs available by retail. 24 cans/case available through pharmacy special order.			8 oz bottles - 6 bottles/case OR 8 oz cans - 24 cans/case
Boost®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete oral drink. Lactose-free, gluten-free, kosher.	For patients with general oral supplement needs because they are not consuming meals or may need more for meals; for geriatric patients.	6-packs available by retail. 24 cans/case available through pharmacy special order.			8 oz bottles - 6 bottles/case OR 8 oz cans - 24 cans/case

**ARIZONA WIC FORMULA LIST  
FFY 2011**

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Boost® Glucose Control™	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritional Drink specifically formulated to meet the unique nutritional needs of people with diabetes.	For adults with diabetes mellitus, glucose intolerance, or stress-induced hyperglycemia.	6-packs available by retail. 27 boxes/case available through pharmacy special order.			8 oz bottles - 6 bottles/case OR 8 oz boxes - 27 boxes/case
Boost® High Protein	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		High protein, nutritionally balanced oral supplement; lactose-free.	For adult participants with supplemental protein requirements such as those recovering from illness including HIV/AIDS, cancer, or wounds (including pressure wounds) and surgery.	6-packs available by retail. 24 cans/case available through pharmacy special order.			8 oz bottles - 6 bottles/case OR 8 oz cans - 24 cans/case
BOOST® Kid Essentials 1.5 Nutritionally Complete Drink	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 13 years of age. Lactose-free and gluten-free.	For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Pharmacy special order.			8 oz boxes - 27 boxes/case

## ARIZONA WIC FORMULA LIST FFY 2011

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Boost® Kid Essentials Nutritionally Complete Drink w/ Probiotic Straw	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 13 years of age. Attached straw that contains immune supporting probiotics. Lactose-free and gluten-free.	For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Retail			8.25 oz boxes – 6 boxes/ Pack
Boost® Kid Essentials Nutritionally Complete Drink w/ Standard Straw	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, oral supplement that meets the DRI levels of 25 vitamins and minerals for children 1 to 13 years of age. Lactose-free and gluten-free.	For children 1 to 13 years of age who require supplementation to achieve optimal growth and to meet nutritional requirements. Can be used for failure to thrive, oral supplementation, increased energy needs, celiac disease, growth failure, malnutrition, and weight management.	Pharmacy special order.			8 oz boxes - 27 boxes /case

## ARIZONA WIC FORMULA LIST FFY 2011

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Boost® Pudding	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritional Pudding. Low residue and kosher. Thicker consistency for greater control in chewing and swallowing.	For patients with dysphagia, facial nerve damage, cancer, HIV/AIDS, chewing or swallowing difficulties, fluid or volume restricted diets, or need for alternative to liquid formula.	Pharmacy special order.			5 oz pudding can - 48 cans/case
Bright Beginnings Milk-Based Infant Formula with Iron and DHA & ARA	PBM Products, LLC (formerly Wyeth)	Infant Formula	Milk-Based	X		Iron fortified milk-based infant formula. Contains DHA and ARA.	For infants 0 - 12 months.	Retail.		25.7 oz can - 6 cans/case	
Bright Beginnings™ Pediatric Drink	PBM Products, LLC (formerly Wyeth)	Medical Food	Adult/Older Child Supplements	X		Nutritionally-complete, Kosher, lactose-free, gluten-free snack drink; can be used as supplement or as total nutrition support (with doctor's supervision).	For children 1 to 10 years old.	Retail.			8 oz bottles - 24 bottles/case

**ARIZONA WIC FORMULA LIST  
FFY 2011**

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Bright Beginnings™ Soy Pediatric Drink	PBM Products, LLC (formerly Wyeth)	Medical Food	Adult/Older Child Supplements	X		Nutritionally-complete, Kosher, lactose-free, gluten-free and cow's milk protein-free snack drink; can be used as supplement or as total nutrition support (with doctor's supervision).	For children 1 to 10 years old who are allergic to cow's milk protein and/or are lactose intolerant.	Retail.			8 oz cans - 24 cans/case
Calcilo XD®	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Nutritionally complete low-calcium/vitamin D-free infant formula.	For use in patients with Williams syndrome or osteoporosis.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Carnation® Instant Breakfast® (CIB) Lactose Free	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, oral drink. Lactose-free, gluten-free, low residue, and kosher.	Generally for adults and children at least 10 years of age who require additional calories, protein, vitamins, and minerals; appropriate for low-sodium, low-cholesterol, and carbohydrate-controlled diets.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Carnation® Instant Breakfast® (CIB) Lactose Free Plus	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high-calorie oral drink. Lactose-free, gluten-free, low residue, and kosher.	Generally for adults and children at least 10 years of age with a medical condition such as cancer, HIV or lactose intolerance when the use of conventional food is restricted or precluded.	Pharmacy special order.			250 ml can - 24 cans/case
Carnation® Instant Breakfast® (CIB) Lactose Free VHC	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, calorically dense oral drink. Lactose-free, gluten-free, low residue, and kosher.	Generally for adults and children at least 10 years of age who require very high calories and/or a severe fluid restriction.	Pharmacy special order.			250 ml can - 24 cans/case
Carnation® Instant Breakfast® No Sugar Added Ready to Drink	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Milk-based, reduced-carbohydrate liquid food for oral feeding.	Diabetic formula for adult participants with a medical condition such as HIV or cancer when the use of a conventional food is precluded or restricted.	Pharmacy special order.			325 ml bottle - 12 bottles/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Carnation® Instant Breakfast® Ready to Drink (CIB)	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Milk-based liquid food for oral feeding.	For adults with a medical condition such as HIV or cancer when conventional food is restricted or precluded.	Pharmacy special order.			325 ml bottle - 12 bottles/case
Citrulline Amino Acid Supplement	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered citrulline amino acid supplement on a carbohydrate base.	Provide dietary citrulline for patients 1 year of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	
Compleat®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Ready-to-use blenderized tube feeding formulated from traditional foods including: chicken, vegetables, and fruit. Provides complete, balanced nutrition and contains fiber for adults.	For use in patients with Semi-synthetic formula-related intolerance such as diarrhea, abdominal distention, constipation, nausea, long-term tube feeding.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Compleat® Pediatric	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Ready-to-use, blenderized tube feeding formulated from traditional foods including meat, fruit, and vegetables; designed for children ages 1-10.	For use in children requiring chronic or long-term, total or supplemental tube feeding; children with special health needs, failure to thrive, HIV/AIDS, developmental disabilities, chronic illnesses.	Pharmacy special order.			250 ml can - 24 cans/case
Complete Amino Acid Mix	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Powdered mixture of essential and non-essential amino acids. Not suitable as sole source of nutrition.	For the dietary management of conditions in which a nutritionally complete feed is not suitable or a modular approach is required. For individuals over 1 year of age.	Pharmacy special order.		7 oz (200 g) can - 2 cans/case	
Complex MSUD® Amino Acid Bar	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral feeding; does not contain Isoleucine, Leucine or Valine.	Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 -Can be used by children & adults -Not for infants under one year old.	Pharmacy special order.			47 gm bar - 12 bars/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Complex MSUD® Amino Acid Blend	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding ; does not contain Isoleucine, Leucine or Valine.	Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 -Can be used by children & adults -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
Complex MSUD® Drink Mix	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain Isoleucine, Leucine or Valine.	Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 -Can be used by children & adults -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
Complex® Essential MSD Drink Mix	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; improved nutrient profile, contains flax & fiber; can be used for oral and/or tube feeding; does not contain Isoleucine, Leucine or Valine.	Inborn errors of metabolism: Maple Syrup Urine Disease Diagnosis Code 270.3 -Can be used by children & adults -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	

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FFY 2011**

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Crucial®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high-calorie, high-protein elemental diet for complete or supplemental tube feeding; lactose-free, gluten-free, and low residue.	For nutritional needs of adult patients suffering from trauma, major surgery, hypermetabolism, burns, malabsorption, and head injury.	Pharmacy special order.			250 ml can - 24 cans/case
Cyclinex®-1	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Free of non-essential amino acids.	Inborn errors of metabolism: Nutrition support of infants and toddlers with: urea cycle enzyme defects, Gyrate atrophy of the choroids and retina, HHH syndrome.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Cyclinex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Free of non-essential amino acids.	Inborn errors of metabolism: Nutrition support of infants and toddlers with: urea cycle enzyme defects, Gyrate atrophy of the choroids and retina HHH syndrome.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
EAA Supplement™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a low-volume drink.	For the dietary management of protein metabolism where essential amino acids are required; Suitable for urea cycle disorders; for patients 3 years of age and older.	Pharmacy special order.		12.5 g sachets - 50 sachets/case	
EleCare® (unflavored)	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete amino-acid based medical food for oral or tube feeding.	Dietary management of malabsorption or severe food allergies in infants and in children over 1.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
EleCare® DHA	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete amino-acid based medical food for oral or tube feeding.	Dietary management of malabsorption or severe food allergies in infants and in children over 1.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
EleCare® Vanilla	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete amino-acid based medical food for oral or tube feeding.	Dietary management of maldigestion or severe food allergies in infants and in children over 1.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Enfagrow Gentlease Next Step	Mead Johnson Nutritionals	Infant Formula/ Medical food	Milk-Based, Lactose-Reduced	X		Infant or toddler formula intended to replace milk; lactose reduced; provides 30 nutrients including iron, vitamins C, D and E and calcium; includes DHA and ARA.	For infants and toddlers (9-24 months) with lactose intolerance.	Retail.		24 oz can - 6 cans/case	
Enfagrow Premium Next Step	Mead Johnson Nutritionals	Infant Formula/ Medical food	Milk-Based	X		Infant or toddler formula intended to replace milk; provides 30 nutrients including iron, vitamins C, D and E and calcium; includes DHA and ARA.	For infants and toddlers (9-24 months).	Retail.		24 oz can - 6 cans/case	32 oz can - 6 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Enfagrow Soy Next Step	Mead Johnson Nutritionals	Infant Formula/ Medical food	Soy-Based, Lactose-Free	X		Infant or toddler formula intended to replace milk; made with soy protein instead of milk protein; provides 30 nutrients including iron, vitamins C, D and E and calcium; includes DHA and ARA.	For infants and toddlers (9-24 months) when soy is preferred.	Retail.		24 oz can - 6 cans/case	
Enfamil® AR for Spit-Up	Mead Johnson Nutritionals	Infant Formula	Milk-Based	X		Thickened formula with added rice starch.	For infants who spit up frequently.	Retail.		12.9 oz can - 6 cans/case	32 oz cans - 6 cans/case OR 2 fl oz bottles - 48 bottles/case OR 3 fl oz bottles - 48 bottles/case
Enfamil® EnfaCare® LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Milk-Based	X		Milk-based discharge formula; provides more calories, protein, vitamins and minerals than routine starter formulas. Formula includes DHA and ARA.	For infants who were born premature or with low birth weight.	Retail.		12.8 oz can - 6 cans/case	32 oz cans - 6 cans/case OR 2 fl oz bottles - 48 bottles/case OR 3 fl oz bottles - 48 bottles/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Enfamil® Gentlease® for Fussiness & Gas	Mead Johnson Nutritionals	Infant Formula	Milk-Based	X		Milk-based, partially hydrolyzed, iron fortified formula. Reduced levels of lactose and includes DHA and ARA.	For infants 0 - 12 months with fussiness or gas.	Retail.		12 oz can - 6 cans/case	2oz nursettes - 48 nursettes/case
Enfamil® Human Milk Fortifier	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Milk-Based	X		Milk-based powder to be added to breast milk.	For low-birthweight or premature infants.	Pharmacy special order.		0.71 gm sachet - 200 sachets/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Enfamil® Premature LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/ Metabolic	X		Formula containing added nutrition; includes DHA and ARA.	For use in hospitals as sole nutrition for premature infants. For feeding rapidly growing premature or low birthweight infants.	Pharmacy special order.			2 oz bottles (20 or 24 kcal/oz concentrations available)- 48 bottles/ case OR 3 oz bottles (20 or 24 kcal/oz concentrations available)- 48 bottles/ case
Enfamil® Premium™ LIPIL®	Mead Johnson Nutritionals	Infant Formula	Milk-Based	X		The only milk-based formula with Triple Health Guard. Supports baby's brain and eye development, and immune system.	For full-term infants who do not have special nutritional needs.	Retail.	13 oz can - 12 cans/case	12.5 oz can - 6 cans/case	32 oz can - 6 cans/case OR 2 oz bottles - 48 bottles/ case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Enfamil® ProSobee® for Sensitive Tummy	Mead Johnson Nutritionals	Infant Formula	Soy-Based, Lactose-Free	X		Soy-based formula with DHA and ARA; lactose-free; sucrose-free.	For babies when a soy formula is preferred.	Retail.	13 oz can - 12 cans/case	12.9 oz can - 6 cans/case	32 oz can - 6 cans/case OR 6 oz bottle - 24 bottles/case OR 2 oz bottle - 48 bottles/case OR 3 oz bottle - 48 bottles/case
Enfaport® LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Milk-Based	X		Nutritionally-complete formula; 84% of fat from MCT oil. Includes DHA and ARA.	For infants with chylothorax or LCHAD deficiency.	Pharmacy special order.			8 fl oz cans - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Enlive®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		High-calorie, fat-free oral supplement. Fat-free, clear liquid nutrition containing high-quality protein and fortified with 20 essential vitamins and minerals.	Nutrition support for people with cancer, heart disease, pancreatitis, and hyperlipidemia. Ideal choice for people on clear liquid, pre- and postsurgical, bowel-prep, fat-malabsorptive, and fat-restricted diets.	Pharmacy special order.			8.1 oz box - 27 boxes/case
Ensure Plus® HN	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		A nutritionally complete, lactose-free, high-nitrogen formula for oral or tube feeding.	For adults and children age 4 and older. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that requires extra calories, corresponding higher concentrations of protein, and other nutrients to achieve a required caloric intake in a limited volume and conventional foods are restricted or precluded. When used for tube feedings, follow the physician's instructions.	Pharmacy special order.			8 oz can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Ensure®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		A nutritionally complete, lactose-free, low-residue formula for oral or tube feeding.	For adults and children age 4 and older. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case
Ensure® Fiber FOS	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete formula.	Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case
Ensure® High Calcium	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete formula, lactose-free and gluten-free.	For adults post-surgery. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Ensure® High Protein	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		High-protein, nutritionally complete, lactose-free and gluten free formula.	Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case
Ensure® Powder	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		A low-residue powder that, when reconstituted with water, is a low-residue formula.	For the dietary management of a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods and which may require a low-residue diet.	Pharmacy special order.		14 oz can - 6 cans/case	
Ensure® Pudding	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Complete, balanced nutrition in pudding form.	For adults with dysphasia. Prescribed due to a medical condition (i.e. Cancer, HIV, cerebral palsy, etc.) that restricts or precludes the use of conventional foods.	Pharmacy special order.			4 oz cups - 48 cups/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
EO28 Splash	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Pediatric amino acid-based ready-to-feed liquid for children over 1 year in age. Nutritionally complete, including vitamins, minerals, and trace elements.	For patients with GI tract impairment, malabsorption, gastroesophageal reflux, other conditions where an elemental diet is indicated.	Pharmacy special order.			237 mL box - 27 boxes/case
Essential Amino Acid Mix	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Powdered mixture of essential amino acids, including cystine and histidine.	For the dietary management of urea cycle disorders and other conditions where a nutritionally complete feed is not suitable or a modular approach is required. For individuals over 1 year of age.	Pharmacy special order.		7 oz (200 g) can - 2 cans/case	
Fibersource® HN	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high-nitrogen, lactose-free liquid formula with a blend of soluble and insoluble fiber. (10g fiber/1000mL) for adults.	For use in patients with elevated protein requirements, abnormal bowel function, extended inactivity, developmentally disabled, neurological impairment, long-term tube feeding.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
GA	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Lysine- and Tryptophan-free iron fortified diet powder.	Inborn error of metabolism: For the dietary management of infants, children, and adults with glutaric acidemia type I under direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
Glucerna®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, low-carbohydrate, high-fat, gluten- and lactose-free liquid food with added soy fiber, chromium, selenium, molybdenum, taurine, and L-carnitine for oral or tube feeding. CAUTION: When used for tube feeding, follow physician's instructions.	For adults and children 4 years of age and older requiring dietary management of hyperglycemia.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case
Glucerna® Meal Replacement Bars	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete meal or snack replacement/supplement.	For people with diabetes or abnormal glucose tolerance.	Pharmacy special order.			2.04 oz bar - 24 bars/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Glucerna® Select	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Specialized high-protein liquid medical food with a unique carbohydrate blend featuring slowly digested corn maltodextrin, sugar alcohols, fructose, soy fiber, and fructooligosaccharides (FOS) that has been clinically proven to blunt postprandial glycemic response.	For people with diabetes or abnormal glucose tolerance. For tube-feeding or oral nutrition. CAUTION: When used for tube feedings, follow the physician's instructions.	Pharmacy special order.			8 oz can - 24 cans/case
Glucerna® Shake	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Low carbohydrate, complete balanced nutrition for oral use only.	For people with diabetes or abnormal glucose tolerance.	Retail and pharmacy special order.			Retail: 8 oz bottle - 6 bottles/pack; special order: 8 oz can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Glucerna® Snack Bar	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Between meal snack.	For people with diabetes or abnormal glucose tolerance.	Pharmacy special order.			1.41 oz (40 g) bars - 24 bars/case
Glutarex®-1	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Amino acid-modified medical food with iron.	Nutrition support of infants and toddlers with glutaric aciduria type I. Give only to infants and toddlers with proven glutaric aciduria type I who are under medical supervision. Must be supplemented with intact protein and fluid in prescribed amounts to completely meet lysine, tryptophan and water requirements.	Pharmacy special order.		14.1 oz (400g) can - 6 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Glutarex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Amino acid-modified medical food.	Nutrition support of children and adults with glutaric aciduria type I. Give only to children and adults with proven glutaric aciduria type I who are under medical supervision. Must be supplemented with intact protein in prescribed amounts to completely meet lysine and tryptophan requirements.	Pharmacy special order.		14.1 oz (400g) can - 6 cans/case	
Good Start® Gentle Plus	Gerber Infant Nutrition	Infant Formula	Milk-Based	X		Milk-based formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA.	For infants 0 - 12 months.	Retail.	13 oz can - 12 cans/case	12 oz can - 6 cans/case OR 25.7 oz can - 6 cans/case	32 oz can - 6 cans/case OR 8.45 oz can - 24 cans/case OR 3 oz bottles - 48 bottles/case
Good Start® Gentle Plus 2	Gerber Infant Nutrition	Infant Formula	Milk-Based	X		Milk based older-infant and toddler formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA.	For use in healthy infants 9-24 months of age.	Retail.		24 oz can - 6 cans/case	

## ARIZONA WIC FORMULA LIST FFY 2011

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Good Start® Nourish Plus	Gerber Infant Nutrition	Infant Formula	Milk-Based	X		Milk-based formula with easy to digest 100% whey protein, partially hydrolyzed.	For infants 0 - 12 months.	Retail.		25.7 oz can - 6 cans/case	
Good Start® Premature 24	Gerber Infant Nutrition	Exempt Infant Formula	Milk-Based	X		Milk-based 24 calorie per fluid ounce premature infant formula, 100% whey protein, partially hydrolyzed, designed to promote easy digestion and provides complete nutritional support specially formulated for premature infants.	For premature infants whose digestive system is fragile. Prematurity/low birth weight.	Pharmacy special order.			3 oz bottles - 48 bottles/case
Good Start® Protect Plus	Gerber Infant Nutrition	Infant Formula	Milk-Based	X		Milk-based formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA. Also contains the probiotic Bifidus BL™.	For infants 0 - 12 months.	Retail.		24 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Good Start® Protect Plus 2	Gerber Infant Nutrition	Infant Formula	Milk-Based	X		Milk-based older-infant and toddler formula with easy to digest 100% whey protein, partially hydrolyzed; contains DHA and ARA. Also contains the probiotic Bifidus BL™.	For infants 9 - 24 months.	Retail.		24 oz can - 6 cans/case	
Good Start® Soy Plus	Gerber Infant Nutrition	Infant Formula	Soy-Based, Lactose-Free	X		Milk-free, lactose-free, soy-based formula with partially hydrolyzed soy protein; contains DHA and ARA.	For infants 0 - 12 months who require a soy-based or lactose-free formula.	Retail.	13 oz can - 12 cans/case	12 oz can - 6 cans/case OR 25.7 oz can - 6 cans/case	32 oz can - 6 cans/case OR 3 oz bottles - 48 bottles/case
Good Start® Soy Plus 2	Gerber Infant Nutrition	Infant Formula	Soy-Based, Lactose-Free	X		Milk-free, lactose-free, soy-based older-infant and toddler formula; contains DHA and ARA.	For use in infants 9-24 months of age who require a soy-based or lactose-free formula.	Retail.		24 oz can - 6 cans/case	
HCU Cooler™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide methionine free protein for patients 8 years of age and older.	Pharmacy special order.	130 mL pouch - 30 pouches/case		

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
HCU Express Powder™	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a low-volume drink.	Provide methionine free protein for patients 8 years of age and older.	Pharmacy special order.		25 g sachets - 30 sachets/case	
HCU Gel™	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a paste or low-volume drink.	Provide methionine free protein for patients 1-10 years old.	Pharmacy special order.		20 g sachets - 30 sachets/case	
HCY 1	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Methionine-free iron fortified diet powder.	Inborn error of metabolism: For the dietary management of infants and toddlers with homocystinuria under direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
HCY 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Methionine-free formula.	Inborn errors of metabolism: For adults and children with homocystinuria; to be used under doctor's supervision.	Pharmacy special order.		16 oz can - 6 cans/case	
Hi-Cal™	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		High-calorie supplement fortified with vitamins and minerals.	For people needing extra calories/nutrition.	Pharmacy special order.			1 L bottle - 6 bottles/case
HOM 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of methionine; enriched with vitamins and minerals.	Inborn errors of metabolism: For the dietary management of homocystinuria due to cystathioninesynthase deficiency (vitamin B6-independent form) in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		500 g can - 2 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Hominex®-1	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Methionine-free formula.	Inborn errors of metabolism: Nutrition support for infants and toddlers with homocystinuria due to cystathione B-synthase deficiency.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Hominex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Methionine-free formula.	Inborn errors of metabolism: Nutrition support for infants and toddlers with homocystinuria due to cystathione B-synthase deficiency.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Isoleucine 1000 Amino Acid Supplement™	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered isoleucine amino acid supplement on a carbohydrate base.	Provide dietary isoleucine for patients 1 year of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	

**ARIZONA WIC FORMULA LIST  
FFY 2011**

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Isoleucine Amino Acid Supplement™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered isoleucine amino acid supplement on a carbohydrate base.	Provide dietary isoleucine for patients 1 years of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	
Isosource® HN	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high-nitrogen, lactose-free low residue formula for adults with elevated protein needs.	For use in patients with elevated protein requirements, malnutrition, inadequate oral intake, transitional feeding.	Pharmacy special order.			250 ml can - 24 cans/case
I-Valex®-1	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Leucine-free formula.	Inborn errors of metabolism: Nutrition support of infants and toddlers with disorders of leucine catabolism.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
I-Valex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Leucine-free formula.	Inborn errors of metabolism: Nutrition support of infants and toddlers with disorders of leucine catabolism.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Jevity 1.5®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		High-protein nutrition with fructooligosaccharides (FOS) and a patented fiber blend.	For tube feeding or oral feeding of patients with altered taste perception. CAUTION: When used for tube feeding, follow physician's instruction.	Pharmacy special order.			8 oz can - 24 cans/case
Jevity® 1 Cal	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Isotonic nutrition with fiber.	For patients who have intolerance of hyperosmolar feeding or altered taste perception.	Pharmacy special order.			8 oz can - 24 cans/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Jevity® 1.2 Cal	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High protein nutrition with fiber and NutraFlora@scFos®.	For patients who may benefit from a moderate-osmolality, high protein, fiber containing formula.	Pharmacy special order.			8 oz can - 24 cans/case
KetoCal® 3:1	Nutricia North America	Medical Food	Milk-Based	X		Medical food that contains a 3:1 (fat: carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate.	Provide complete or supplemental nutritional support for children over one year of age with intractable epilepsy.	Pharmacy special order.		11 oz (300 g) can - 6 cans/case	
KetoCal® 4:1	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Medical food that contains a 4:1 (fat: carbohydrate + protein) ratio enabling an individual to achieve and maintain a high level of ketosis; high in fat and low in carbohydrate.	Provide complete or supplemental nutritional support for children over one year of age with intractable epilepsy.	Pharmacy special order.		11 oz (300 g) can - 6 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Ketonex®-1	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, leucine-, valine-, free formula.	Inborn errors of metabolism: Nutrition support of children and adults with: maple syrup urine disease or B-ketothiolase deficiency.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Ketonex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, leucine-, valine-, free formula.	Inborn errors of metabolism: Nutrition support of children and adults with: maple syrup urine disease or B-ketothiolase deficiency.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
KetoVolve	Solace Nutrition	Medical Food	Metabolic	X		A 4:1 Ratio (fat to carbohydrate + protein) for managing the ketogenic diet. 90% fat (trans fat free, 25% of fat as MCT, contains a blend of polyunsaturated, monounsaturated, and saturated fat, GMO free)	For the dietary management of intractable epilepsy	Pharmacy special order		300 gm powder container - sold per individual container.	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
L-Emental™	Hormel Health Labs	Medical Food	Hypoallergenic/Metabolic	X		Elemental 100% free amino acid diet (adult) for oral or complete tube feeding; lactose free, gluten free, low residue.	For use in patients with inflammatory bowel disease, bowel resection, chronic diarrhea, Crohns disease, irradiated bowel, malabsorption, GI fistula, short bowel syndrome, pancreatic disorder, limited gut function.	Pharmacy special order.		0.36 oz packets - 50 packets/case	
Lipistart™	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, powdered medical food; mixed with water.	For the dietary management of fat malabsorption, disorders of long chain fatty acid oxidation, Type 1 hyperlipidemia and chylothorax; for patients 1 years of age and older.	Pharmacy special order.		400 g can - 6 cans/case	
LMD	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Leucine-free iron fortified dietary powder.	Inborn error of metabolism: For the dietary management of infants, children, and adults with inborn errors of Leucine Metabolism, including Isovaleric Acidemia, under direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Lophlex	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Low-volume, phenylalanine-free, amino acid-based powdered drink mix with vitamins and minerals.	Inborn errors of metabolism: For the dietary management of phenylketonuria in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		0.5 oz (14.3 g) packets - 30 packets/case	
MCT Oil™	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Modular source of MCT (Medium Chain Triglycerides).	For patients with problems hydrolyzing, absorbing and/or transporting conventional fats.	Pharmacy special order.			1 quart bottle - 6 bottles/case
MCT Pro-Cal™	Vitaflo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be mixed with liquid or food.	Provide additional MCT in the diet where needed; for patients 1 years of age and older.	Pharmacy special order.		16 g sachets - 25 sachets/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Methionaid®	Nutricia North America (formerly SHS)	Medical Food	Hypoallergenic/Metabolic	X		Methionine-free drink mix that contains a balanced mixture of all other essential and some non-essential amino acids. Contains minerals and trace elements and some water-soluble vitamins. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and homocystinuria (Vit. B6 non-responsive) in individuals over one year of age.	Pharmacy special order.		7 oz (200 g) cans - 10 cans/case	
Microlipid®	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		50% fat emulsion (safflower oil emulsion) for special dietary use in oral or tube-feeding formulas; high in linoleic acid.	For patients with increase caloric requirements, anorexia, decreased carbohydrate tolerance, or fluid/volume restriction.	Pharmacy special order.			3 oz bottles - 48 bottles/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Milupa MSUD 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of isoleucine, leucine and valine, enriched with vitamins and minerals.	Inborn errors of metabolism: For children with Maple syrup urine disease (classic, inherited and intermittent forms), hypervalinemia (isoleucine and leucine to be added), a-methylacetoacetic aciduria (leucine and valine to be added), ketotic hypoglycemia, leucine induced (idiopathic form) (isoleucine and valine to be added), or hyperprolinemia type II, with hyperleucine-isoleucinemia (valine to be added).	Pharmacy special order.		17.6 oz (500 g) cans - 2 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Milupa PKU 2 Tomato	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Powdered amino acid mixture with carbohydrates, fat, vitamins, minerals and trace elements. Due to the use of natural ingredients to achieve a savory taste, the product contains traces of phenylalanine (9 milligrams per sachet).	Inborn errors of metabolism: For the dietary management of phenylketonuria and hyperphenylalaninemia in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		1.6 oz (45 g) packets - 30 packets/case	
MMA/PA Express Powder™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a low-volume drink.	Provide methionine, threonine, valine free and isoleucine low protein for patients 8 years of age and older.	Pharmacy special order.		25 g sachet - 30 sachets/case	
MMA/PA Gel™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a paste or low-volume drink.	Provide methionine, threonine, valine free and isoleucine low protein for patients 1-10 years old.	Pharmacy special order.		20 g sachets - 30 sachets/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Monogen®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Milk-protein based powder, low in fat and high in medium chain triglycerides.	For the dietary management of gastrointestinal, lymphatic and metabolic disorders.	Pharmacy special order.		14 oz (400 g)-6 cans/case	
MSUD Aid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, leucine- and valine-free drink mix that contains a balanced mixture of all other essential and some non-essential amino acids. Contains minerals and trace elements and some water-soluble vitamins. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in individuals over one year of age.	Pharmacy special order.		7 oz (200 g) cans - 4 can/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
MSUD Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Valine-, leucine- and isoleucine-free formula; contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in infants.	Pharmacy special order.		14 oz (400 g) cans - 4 cans/case	
MSUD Cooler™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide leucine, isoleucine and valine free protein for patients 8 years of age and older.	Pharmacy special order.	130 mL pouch - 30 pouches/case		

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				Y e s	N o				Conc.	Powder	Ready-to-Use
MSUD Express Powder™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a low-volume drink.	Provide leucine, isoleucine and valine free protein for patients 8 years of age and older.	Pharmacy special order.		25 g sachets - 30 sachets/case	
MSUD Gel™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a paste or low-volume drink.	Provide leucine, isoleucine and valine free protein for patients 1-10 years old.	Pharmacy special order.			20 g sachets - 30 sachets/case
MSUD Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, leucine-, and valine- free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in toddlers and young children.	Pharmacy special order.		16 oz (454 g)- 4 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
MSUD Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, leucine-, and valine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven maple syrup urine disease in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) cans - 4 cans/case	
Neocate® Infant Formula	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Hypoallergenic. Complete nutritional support for infants with cow milk allergy and multiple food protein intolerance. Contains 100% free amino acids.	An infant formula for the dietary management of: allergies to cow's milk, multiple food protein intolerance, short bowel syndrome, eosinophilic esophagitis, gastroesophageal reflux, milk protein induced colitis, transition from parenteral to enteral nutrition.	Pharmacy special order.		14 oz (400 g) cans - 4 cans/case	

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FFY 2011**

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Neocate® Infant Formula with DHA/ARA	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Hypoallergenic. Complete nutritional support for infants with cow milk allergy and multiple food protein intolerance. Contains 100% free amino acids; includes DHA and ARA.	An infant formula for the dietary management of: allergies to cow's milk, multiple food protein intolerance, short bowel syndrome, eosinophilic esophagitis, gastroesophageal reflux, milk protein induced colitis, transition from parenteral to enteral nutrition.	Pharmacy special order.		14 oz (400 g) cans - 4 cans/case	
Neocate Nutra	Nutricia North America	Exempt Infant formula and Medical food	Hypoallergenic/Metabolic	X		A hypoallergenic semi-solid medical food for infants and toddlers with food allergies	Medical food for infants > than 6 months and toddlers with cow milk allergy or multiple food protein intolerance	Pharmacy special order		14 oz (400 g) cans - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Neocate® Junior	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		An elemental medical food containing 100% free amino acids. Complete nutritional support for children with gastrointestinal impairment due to milk protein allergies or sensitivity or other medical conditions affecting the gastrointestinal tract.	For children over one year of age with GI tract impairment, malabsorption, multiple food protein intolerance, cow's milk protein allergies, other medical conditions where an elemental diet is indicated.	Pharmacy special order.		14 oz (400 g) cans - 4 cans/case	
Neocate® One + Powder	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		An elemental medical food containing 100% free amino acids. Complete nutritional support for children with severe cow's milk allergies, multiple food protein intolerance or medical conditions where an elemental diet is indicated.	For children over one year of age with cow's milk protein allergies, multiple food protein intolerance, gastroesophageal reflux, other medical conditions where an elemental diet is indicated.	Pharmacy special order.		2.1 oz (60 g) packets - 15 packets/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Nepro®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Moderate protein, low-electrolyte, low-fluid, high-calorie formula.	For dialyzed dialysis patients with chronic renal failure (stage 5 of CKD). Also as supplement to prescribed diet or as sole source of nutrition under medical supervision.	Pharmacy special order.			8 oz cans - 24 cans/case
Nutramigen® LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Hypoallergenic formula; contains hydrolyzed protein.	For infants who are sensitive to the intact proteins in cow's milk and soy formulas.	Retail.	13 oz can - 12 cans/case	16 oz can - 6 cans/case (being D/C'd Dec 2009)	32 oz can - 6 cans/case OR 6 oz bottle - 24 bottles/case OR 2 oz bottle - 48 bottles/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Nutramigen® LIPIL® with Enflora™ LGG	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Hypoallergenic, extensively hydrolyzed protein so it is uncommonly recognized as an allergen by the body's immune system. The probiotic LGG has been shown to promote a healthy GI and immune system by supporting a balanced immune response, colonizing the infant's gut to support a beneficial microflora and promoting normal gut barrier function.	For the dietary management of infants with cow's milk protein allergy. Infants who are allergic to cow's milk protein may have immune system imbalance, a harmful gut microflora, and a compromised gut barrier.	Retail.		12.6 oz can - 6 cans/case	
Nutramigen® AA™ LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Hypoallergenic, amino acid-based formula for infants and toddlers with severe cow's milk protein and multiple food allergies.	For term infants and toddlers with severe cow's milk protein and multiple food allergies.	Pharmacy special order.		14.1 oz can - 4 cans/case	

**ARIZONA WIC FORMULA LIST  
FFY 2011**

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Nutren Junior®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, isotonic, whole protein liquid diet for complete or supplemental nutrition support in pediatric patients; use as oral and/or tube feeding; lactose-free and gluten-free, low-residue.	Designed for children ages 1-10, with stable and functioning gastrointestinal tract. Can be used with cancer; pre- and post-surgery; pediatric failure to thrive; neurologic disease or impairment; HIV/AIDS; multiple fractures; anorexia/weight loss; malnutrition and coma.	Pharmacy special order.			250 ml can - 24 cans/case
Nutren Junior® with Fiber	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, fiber-containing, whole protein liquid diet for complete or supplemental nutrition support for oral and/or tube feeding in pediatric patients; lactose-free and gluten-free, low-residue.	Designed for children ages 1-10, with stable and functioning gastrointestinal tract. Can be used with cancer; pre- and post-surgery; pediatric failure-to-thrive; neurological disease or impairment; HIV/AIDS; multiple fractures; anorexia/weight loss; malnutrition and coma.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Nutren Pulmonary®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, low carbohydrate formula with a high-fat profile that includes MCT and canola oil to improve tolerance. Calorically-dense to meet elevated energy needs in a low volume for oral and/or tube feeding use; lactose-free, gluten-free, low-residue, and kosher.	Generally designed for adults and children at least 10 years of age with respiratory disease. Designed to reduce CO2 production. High MCT content to minimize fat intolerance; elevated phosphorus content to replenish low serum phosphorus levels.	Pharmacy special order.			250 ml can - 24 cans/case
Nutren® 1.0	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, isotonic liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue and kosher.	Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding of patients with normal protein and calorie requirements.	Pharmacy special order.			250 ml can - 24 cans/case
Nutren® 1.0 with Fiber	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, isotonic, fiber-containing liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, and kosher.	Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with normal protein and calorie requirements but require dietary management of diarrhea and constipation.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Nutren® 1.5	Nestlé Clinical Nutrition	Medic al Food	Adult/Older Child Supplements	X		Nutritionally complete, high-calorie liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue, and kosher.	Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with increased caloric requirements and/or a fluid restriction. Contains 50 % of fat source as MCT to enhance absorption. and tolerance.	Pharmac y special order.			250 ml can - 24 cans/cas e
Nutren® 2.0	Nestlé Clinical Nutrition	Medic al Food	Adult/Older Child Supplements	X		Nutritionally complete, very high calorie liquid diet for complete or supplemental nutrition support for tube feeding; lactose-free, gluten-free, low-residue, and kosher.	Generally for adults and children at least 10 years of age; ideal for short- or long-term tube feeding for patients with very high caloric requirements, a severe fluid restriction, and/or fat malabsorption.	Pharmac y special order.			250 ml can - 24 cans/cas e

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Nutren® Replete Fiber®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, fiber-containing, high-protein liquid nutrition for healing support and bowel management for diarrhea or constipation.; lactose-free, gluten-free, and kosher. Uses are tube feeding and/or oral supplement.	Formulated to meet the nutritional requirements of wound healing in patients requiring bowel management for diarrhea or constipation. For use in patients recovering from surgery, burns, or pressure ulcers. Generally designed for adults and children at least 10 years of age.	Pharmacy special order.			250 ml can - 24 cans/case
Nutren® Replete®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, high protein liquid nutrition for healing support; lactose-free, gluten-free, low residue, and kosher. Uses are tube feeding and/or oral supplement.	Formulated to meet the nutritional requirements of wound healing and protein repletion. Specifically formulated for use in patients recovering from surgery, burns, or pressure ulcers. Generally designed for adults and children at least 10 years of age.	Pharmacy special order.			250 ml can - 24 cans/case
NutriHep®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, calorically dense liquid formerly for Hepatic patients. Lactose-free, gluten-free, low-residue, and kosher. For tube feeding and/or oral supplement.	Generally designed for adults and children at least 10 years of age for the nutritional management of liver injury which can be caused by viral infection, ischemia, metabolic abnormalities, or damage from hepatotoxic substances.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
OA 1	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, Methionine-, Threonine- and Valine-free, iron fortified dietary powder.	Inborn error of metabolism: For the dietary management of infants and toddlers with propionic and methylmalonic acidemias under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
OA 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Isoleucine-, Methionine-, Threonine- and Valine-free, iron fortified dietary powder.	Inborn error of metabolism: For the dietary management of children and adults with propionic and methylmalonic acidemias under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Optimental®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Specialized elemental nutrition with structured lipids and fructooligosaccharides (FOS) for malabsorptive conditions.	For people with malabsorptive conditions such as Crohn's disease, metabolic stress, or short-bowel syndrome.	Pharmacy special order.			8 oz can - 24 cans/case
OS 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of isoleucine, methionine, threonine and valine, enriched with vitamins and minerals. NOTE: OS 2 may contain 100 mg isoleucine/100 g powder for technical reasons.	Inborn errors of metabolism: For the dietary management of propionic acidemia or methylmalonic aciduria (vitamin B12-independent form) in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		500 g can - 2 cans/case	
Osmolite® 1 Cal	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, high-nitrogen, isotonic, lactose-free, low-residue liquid food for oral or tube feeding.	For patients with caloric requirements of less than 2000 Cal per day or for patients with increased protein requirements.	Pharmacy special order.			8 oz can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Osmolite® 1.2 Cal	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High-nitrogen, low-residue liquid, lactose- and gluten-free.	For patients who may benefit from increased protein and calories.	Pharmacy special order.			8 oz can - 24 cans/case
Osmolite® 1.5 Cal	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High-protein, high calorie, low-residue liquid, lactose- and gluten-free.	For patients who may benefit from increased protein and calories, or for those with limited volume tolerance.	Pharmacy special order.			8 oz can - 24 cans/case
Oxepa®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Low-carbohydrate, calorie dense formula.	Nutrition support for critically ill patients on a mechanical ventilator.	Pharmacy special order.			8 oz can - 24 cans/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Parent's Choice Gentle Milk-Based Infant Formula	PBM Products, LLC (formerly Wyeth)	Infant Formula	Milk-Based	X		Cows milk-based formula that contains partially broken down whey with 1/4 the amount of lactose in std. milk-based formulas. Easy to digest for fussiness or gas.	For infants with fussiness or gas.	Retail.		24 oz can - 6 cans/case	
Parent's Choice Infant Formula for Older Infants with Iron and DHA & ARA	PBM Products, LLC (formerly Wyeth)	Medical Food	Milk-Based	X		Milk-based infant formula. Contains DHA and ARA.	For infants 4 months and older.	Retail.		25.75 oz can - 6 cans/case	
Parent's Choice Infant Formula with Iron Milk Based	PBM Products, LLC (formerly Wyeth)	Infant Formula	Milk-Based	X		Milk-based infant formula. Contains DHA and ARA.	For infants 0 - 12 months.	Retail.		25.75 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Parent's Choice Infant Formula with Iron Soy Based	PBM Products, LLC (formerly Wyeth)	Infant Formula	Soy-Based, Lactose-Free	X		Lactose-free, cow's milk protein-free, soy protein isolate formula. Contains DHA and ARA.	For infants who are intolerant to lactose or are allergic to cow's milk protein.	Retail.		25.75 oz can - 6 cans/case	
Parent's Choice Milk-Based Sensitivity Infant Formula	PBM Products, LLC (formerly Wyeth)	Infant Formula	Milk-Based, Lactose-Free	X		Lactose-free formula- CHO lactose is removed and replaced with a tolerated readily digested CHO.	For infants with lactose intolerance.	Retail.		25.75 oz can - 6 cans/case	
Parent's Choice Pediatric Drink	PBM Products, LLC (formerly Wyeth)	Medical Food	Adult/Older Child Supplements	X		Nutritionally-complete, lactose-free, gluten-free snack drink.	For children 1 to 10 years old; can be used as supplement or as total nutrition support (with doctor's supervision).	Retail.			8 oz bottles - 6 bottles/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PediaSure®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Virtually lactose-free, gluten-free liquid food for oral or tube feeding.	For children 1 to 10 years of age who are undernourished due to illness or a medical condition that warrants the prescription of the product.	Retail.			8 oz bottles - 6 bottles/pack
PediaSure® 1.5	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		50% more kcals and twice the protein of standard PediaSure. 350 kcal/can. Virtually lactose-free, gluten-free liquid food for oral or tube feeding.	For children 1 to 10 years of age who are undernourished due to illness or a medical condition that warrants the prescription of the product.	Pharmacy/special order			8oz cans – 24 cans/case
PediaSure® 1.5 with fiber	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		50% more kcals and twice the protein of standard PediaSure. With fiber 350 kcal/can. Virtually lactose-free, gluten-free liquid food for oral or tube feeding.	For children 1 to 10 years of age who are undernourished due to illness or a medical condition that warrants the prescription of the product.	Retail.			8oz cans – 24 cans/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
PediaSure® Enteral Formula	Abbott Nutrition	Medical Food	Milk-Based, Lactose-Free	X		A milk-based, gluten-free and lactose-free formula for tube or oral feeding.	For tube feeding children 1 to 13 years of age. May be used as the sole source of nutrition. See product literature or manufacturer representative for details. Note: Not for children with galactosemia. Use under medical supervision. Not intended for infants under 1 year of age unless specified by a physician.	Pharmacy special order.			8 oz cans - 24 cans/case
PediaSure® with Fiber	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		A milk-based, fiber-containing, gluten-free, lactose-free isotonic enteral formula for tube or oral feeding.	For children 1 to 10 years of age. Note: Use under medical supervision. Not intended for infants under 1 year of age unless specified by a physician. May be used as the sole source of nutrition. See product literature or manufacturer representative for details.	Retail.			8 oz bottles - 6 bottles/pack

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PediaSure® with Fiber Enteral Formula	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		A milk-based, gluten-free and lactose-free formula with fiber; contains a patented blend of soluble and insoluble fibers and fructooligosaccharides (FOS).	For children 1 to 13 years of age. It is designed for tube feeding but is also appropriate for oral feeding. Note: Not for children with galactosemia. Use under medical supervision. Not intended for infants under 1 year of age unless specified by a physician. May be used as the sole source of nutrition or as a supplement. See product literature or manufacturer representative for details.	Pharmacy special order.			8 oz cans - 24 cans/case
Pepdite Junior	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		A semi-elemental, non-dairy medical food containing low molecular weight peptides and free amino acids. Complete nutritional support for children with gastrointestinal impairment where a hydrolyzed, non-dairy formula is indicated.	For patients with GI tract impairment, malabsorption, whole protein intolerance, other medical conditions where an elemental diet is indicated.	Pharmacy special order.			51 gm packet - 15 packets/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Peptamen Junior®	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, isotonic, peptide-based elemental diet partially hydrolyzed whey protein. Provides complete or supplemental nutritional support; for tube feeding use; lactose-free, gluten-free, and low residue.	Provides a customized protein, lipid, vitamin, and mineral profile for children ages 1 to 10 with impaired gastrointestinal function; also for inflammatory bowel disease, short bowel syndrome, cystic fibrosis, chronic diarrhea, malabsorption, cerebral palsy, delayed gastric emptying, HIV/AIDS, and growth failure.	Pharmacy special order.			250 ml can - 24 cans/case
Peptamen Junior® with Prebio™	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, elemental liquid diet; may also be used as a dual feeding with TPN or as a transition diet from TPN.	For the nutritional management of children ages 1 to 10 with chronic diarrhea/malabsorption, growth failure, short-bowel syndrome, bowel transplants, cerebral palsy, Crohn's disease, HIV/AIDS and cystic fibrosis, as well as other conditions causing impaired gastrointestinal function.	Pharmacy special order.			250 ml can - 24 cans/case

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				Yes	No				Conc.	Powder	Ready-to-Use
Peptamen Junior® 1.5	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete peptide-based elemental nutrition for children ages 1 to 13. Lactose-free and gluten-free.	For children 1 to 13 years of age who require 100% enzymatically hydrolyzed whey protein. Can be used in children for a variety of medical conditions, including chronic diarrhea, short bowel syndrome and cystic fibrosis.	Pharmacy special order.			250 ml can - 24 cans/case
Peptamen Junior® Fiber	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Elemental formula with a blend of Prebio1 and insoluble fiber.	For the dietary management of gastrointestinal-compromised children 1 to 10 years of age. Can provide support for children with short bowel syndrome, cerebral palsy, cystic fibrosis, Crohn's disease, HIV/AIDS, malabsorption, chronic diarrhea, delayed gastric emptying, growth failure, and pancreatitis.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Peptamen®	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, isotonic, liquid, peptide-based elemental diet; provides complete or supplemental nutritional support in easily absorbed form from partially hydrolyzed whey protein for tube feeding; lactose-free, gluten-free, and low-residue.	For adults and children generally over 10 who have impaired gastrointestinal function; also short bowel syndrome, inflammatory bowel disease, malabsorption syndromes, pancreatic insufficiency, chronic diarrhea, radiation enteritis, and delayed gastric emptying.	Pharmacy special order.			250 ml can - 24 cans/case
Peptamen® with Prebio™	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, 100% hydrolyzed whey protein. Lactose-free, gluten-free. For tube feeding and/or oral supplement.	Complete elemental diet for adults and children at least 10 years of age with impaired gastrointestinal function with the added benefits of soluble fiber.	Pharmacy special order.			250 ml can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Peptamen® 1.5	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, calorically dense, liquid peptide-based elemental diet, provides complete or supplemental nutritional support in a readily absorbable form from partially hydrolyzed whey protein for tube feeding; lactose -free, gluten -free, low-residue.	For adults and children generally over 10 who have impaired gastrointestinal function with normal or elevated caloric requirements. Peptide-based to improve absorption, designed for those with malabsorption complicated by fluid restriction, elevated caloric requirements, volume sensitivity, shortened feeding schedule.	Pharmacy special order.			250 ml can - 24 cans/case
Peptamen® AF	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete elemental formula with partially hydrolyzed whey protein and soluble fiber. It is isotonic, high caloric and protein, lactose-free, gluten-free, and may be used for oral and/or tube feeding. It is not for individuals with galactosemia.	Designed for adults with medical conditions such as impaired gastrointestinal function, adult respiratory distress syndrome, organ transplant, cancer or sepsis. It is not for individuals with galactosemia.	Pharmacy special order.			250 ml can - 24 cans/case
Peptamen® OS 1.5 Complete Peptide-Based Elemental Nutrition (Peptamen OS 1.5)	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Peptide-based formula, made from hydrolyzed whey protein.	For individuals experiencing fluid or volume restrictions, increased caloric needs, shortened feeding schedules, malabsorption, GI surgery, pancreatic insufficiency, cystic fibrosis, IBD and those transitioning from TPN.	Pharmacy special order.			8 oz boxes - 27 boxes/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Peptamen® OS Complete Peptide-Based Elemental Nutrition (Peptamen OS)	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Peptide-based formula, made from hydrolyzed whey protein.	For individuals with GI issues such as malabsorption, short bowel syndrome, chronic or acute IBD flare-ups and those transitioning from TPN.	Pharmacy special order.			8 oz boxes - 27 boxes/case
Peptinex® 1.0 (formerly Peptinex®)	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		100% peptide and free amino acid formula for adults who require a semi-elemental oral supplement or tube feeding.	For use in patients with gastrointestinal impairment, bowel resection, malabsorption syndrome, pancreatitis, short bowel syndrome, GI enterocutaneous fistula, Crohn's disease, GI disorders related to AIDS, intolerance to intact protein.	Pharmacy special order.			8 oz boxes - 27 boxes/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Perative®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Specialized nutrition with partially hydrolyzed proteins and fructooligosaccharides (FOS) for metabolic stress.	For use in the nutritional management of metabolically stressed patients such as those with multiple fractures, wounds, burns, decubitus ulcers, surgery, hypermetabolism and/or risk of sepsis.	Pharmacy special order.			8 oz boxes - 27 boxes/case
Periflex Infant	Nutricia North America (formerly SHS)	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Phenylalanine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in infants.	Pharmacy special order.		14.1 oz (400 g) cans - 4 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Periflex Junior®	Nutricia North America (formerly SHS)	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in toddlers and young children.	Pharmacy special order.		16 oz (454 g) cans - 4 cans/case	
Periflex® Advance	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free powdered drink mix that contains a balanced mixture of other essential and non-essential amino acids, carbohydrate, fat and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) cans - 4 cans/case	
PFD 1	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Protein- and Amino acid-free product.	For the dietary management of infants and toddlers with inborn errors of amino acid metabolism under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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FFY 2011**

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PFD 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Protein- and Amino acid-free product.	For the dietary management of children and adults with inborn errors of amino acid metabolism or with special nutritional needs under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
Phenex™-1	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Phenylalanine-free formula.	Inborn errors of metabolism: Nutrition support for infants and toddlers with phenylketonuria (PKU) and hyperphenylalaninemia (hyperphe).	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Phenex™-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Inborn errors of metabolism: phenylalanine-free formula.	Inborn errors of metabolism: Nutrition support of children and adults with PKU or hyperphe.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	

## ARIZONA WIC FORMULA LIST FFY 2011

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
PhenylAde® 40 Drink Mixes	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free Metabolic formula; nutritionally incomplete; high in protein, low in fat and calories, can be used for oral and/or tube feeding; fortified with essential and non-essential amino acids.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.	Pharmacy special order.		25 g pouch - 20 pouches/case	
PhenylAde® Amino Acid Bars	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral feeding; some contain phenylalanine while others phenylalanine-free.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 -Can be used by children, adults and pregnant women -Not for infants under one year old.	Pharmacy special order.			47 g and 50 g bars (depending on flavor) - 12 bars/case
PhenylAde® Amino Acid Blend	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 -Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case OR 13 g pouches - 10 pouches/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PhenylAde® Drink Mixes	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 -Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
PhenylAde® Essential Drink Mixes	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; improved nutrient profile, contains flax & fiber; can be used for oral and/or tube feeding; does not contain phenylalanine.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 -Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use. Must be used under medical supervision.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case OR 40 g pouches - 16 pouches/case	
PhenylAde® MTE Amino Acid Blend	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Metabolic formula; nutritionally incomplete; can be used for oral and/or tube feeding; does not contain phenylalanine.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 -Can be used by children, adults and pregnant women -Not for infants under one year old -Not for parenteral use.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case OR 13 g pouches - 10 pouches/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PhenylAde®60 Drink Mix	Applied Nutrition Corporation	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free Metabolic formula; nutritionally incomplete; high in protein, low in calories and fat free, can be used for oral and/or tube feeding; fortified with vitamins, minerals, essential and non-essential amino acids.	Inborn errors of metabolism: Phenylketonuria Diagnosis Code 270.1 - Can be used by children, adults and pregnant women - Not for infants under one year old - Not for parenteral use. Must be used under medical supervision.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
Phenylalanine Amino Acid Supplement™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered phenylalanine amino acid supplement on a carbohydrate base.	Provide dietary phenylalanine for patients 1 years of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	
Phenyl-Free® 1	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Phenylalanine-free, iron-fortified dietary powder.	Inborn errors of metabolism: For the dietary management of infants and toddlers with PKU (phenylketonuria) under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Phenyl-Free® 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free dietary powder.	Inborn errors of metabolism: For the dietary management of children and adults with PKU (phenylketonuria) under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
Phenyl-Free® 2 HP	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free dietary powder; high in protein.	Inborn errors of metabolism: For the dietary management of children and adults with PKU (phenylketonuria), also appropriate for women with maternal PKU under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
Phlexy-10 Bars	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free but otherwise balanced mixture of essential and non-essential amino acids in a bar form. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children over the age of 1 year and adults.	Pharmacy special order.		1.5 oz (42 g) bars- 20 solid bars/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Phlexy-10 Capsules	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free but otherwise balanced mixture of essential and non-essential amino acids in a cellulose capsule. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children (need to be able to swallow capsules) and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		200/bottle	
Phlexy-10 Drink Mix	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids and carbohydrate. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children over the age of 1 year and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		0.7oz (20 g) sachet - 30 sachets/case	
PKU 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Inborn errors of metabolism: For children with phenylketonuria or hyperphenylalaninemia.	Pharmacy special order.		500 g can - 2 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PKU 3	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of phenylalanine, enriched with vitamins and minerals.	Inborn errors of metabolism: For the dietary management of phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		500 g can - 2 cans/case	
PKU Cooler 10™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide Phenylalanine-free protein for patients 3 years of age and older.	Pharmacy special order.	87 mL pouch - 30 pouches/case		
PKU Cooler 15™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide Phenylalanine-free protein for patients 8 years of age and older.	Pharmacy special order.	130 mL pouch - 30 pouches/case		

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				Y e s	N o				Conc.	Powder	Ready-to-Use
PKU Cooler 20™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide Phenylalanine-free protein for patients 8 years of age and older.	Pharmacy special order.	174 mL pouch - 30 pouches/case		
PKU Gel™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a smooth gel or drink.	Provide phenylalanine-free protein for patients 1-8 years old.	Pharmacy special order.		20 g sachets - 30 sachets/case	
PKU-Express™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a smooth gel or drink.	Provide phenylalanine-free protein for patients 8 years or older.	Pharmacy special order.			25 g sachets - 30 sachets/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Polycal	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Powdered carbohydrate energy source. Contains maltodextrin as the sole ingredient.	For the dietary management of adults and children over 1 year of age with disease related malnutrition and conditions requiring a high energy, low fluid diet.	Pharmacy special order.		14 oz (400 g) cans - 12 cans/case	
Polydose®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Easily digested source of carbohydrate calories for use when additional calories are required. CAUTION: When Polydose is used for infants, do not feed undiluted.	For persons with increased caloric needs or unable to meet their caloric needs through the normal diet.	Pharmacy special order.		12.3 oz (350 g) - 6 cans/case	
Portagen®	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Milk-based powder with medium chain triglycerides (MCT).	For older children and adults with defects in the breakdown, absorption and transport of fat in the body.	Pharmacy special order.		16 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Pregestimil® LIPIL®	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		An iron-fortified, lactose-free, sucrose (table sugar)-free, hypoallergenic infant formula with 55% of the fat from medium-chain triglycerides (MCT) oil; includes DHA and ARA.	For infants who experience fat malabsorption and who may be sensitive to intact proteins.	Retail.		16 oz can - 6 cans/case	
Pregestimil® LIPIL® 20/24 Cal/fl oz	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		An iron-fortified, lactose-free, sucrose (table-sugar)-free, hypoallergenic infant formula with 55% of the fat from medium-chain triglycerides (MCT) oil; includes DHA and ARA.	For infants who experience fat malabsorption and who may be sensitive to intact proteins.	Pharmacy special order.			Both 20 kcal/oz and 24 kcal/oz concentrations come in 2 oz bottles - 48 bottles/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Product 3232A	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		A protein hydrolysate formula base that is to be used with added carbohydrate. It contains tapioca starch.	Inborn errors of metabolism: For use in the dietary management of infants and children with disaccharidase deficiencies or other disorders of carbohydrate metabolism under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
ProMod® Liquid Protein	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Concentrated liquid protein.	For people with increased protein needs including wounds, protein-energy malnutrition (PEM), involuntary weight loss (IWL), pre-and post-surgery, anorexia, stress, trauma, cancer and burns.	Pharmacy special order.			32 oz bottles - 6 bottles/case
Promote with Fiber®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Complete, balanced, very-high-protein, and fiber-fortified liquid formula.	For patients who need a higher proportion of calories from protein, for those with low caloric and/or wound healing needs and those at risk for protein-energy malnutrition or pressure ulcers.	Pharmacy special order.			24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Promote®	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		High-protein, nutritionally complete liquid food.	For patients who may benefit from an increased protein intake. A lactose-free/gluten-free liquid; it will not contribute to lactose-associated diarrhea.	Pharmacy special order.			8 oz cans - 24 cans/case
Pro-Phree®	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Protein-free formula.	Nutrition support of infants and toddlers requiring reduced protein intake or increased energy, minerals & vitamins.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Propimex®-1	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Methionine- and valine-free, low in isoleucine and threonine.	Inborn errors of metabolism: For nutrition support of infants and toddlers with propionic or methylmalonic acidemia.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	

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				Yes	No				Conc.	Powder	Ready-to-Use
Propimex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Methionine- and valine-free, low in isoleucine and threonine.	Inborn errors of metabolism: For nutrition support of infants and toddlers with propionic or methylmalonic acidemia.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Protifar	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Powdered concentrated protein source. Contains concentrated milk protein and soy lecithin as the sole ingredients.	For the dietary management of adults and children over 1 year of age with conditions that require increased or modified protein intake (e.g. hypoproteinemia).	Pharmacy special order.		8 oz (225 g) can - 12 cans/case	

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				Yes	No				Conc.	Powder	Ready-to-Use
ProViMin®	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Protein, vitamins and minerals.	Inborn errors of metabolism: Nutrition support for disorders of: abeta and hypobetalipoproteinemia, cholestasis, chylothorax, chylous ascites, fatty acid oxidation defects (mitochondrial), glutaric aciduria type II, hyperlipoproteinemia type I, lipodystrophy, congenital, lymphangiectasis, intestinal malabsorption of carbohydrate or fat, etc.	Pharmacy special order.		5.3 oz (150 g) can - 6 cans/case	
Pulmocare®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, high-fat, low-carbohydrate, lactose-free liquid food for oral and tube feeding.	For the dietary management of adults and children age 4 and older with respiratory insufficiency.	Pharmacy special order.			8 oz can - 24 cans/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Renalcal®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Ready-to-use, nutritionally incomplete calorically dense low protein formula with a low electrolyte profile for short term use; lactose-free, gluten-free, low residue and kosher. Uses are tube feeding and/or oral supplement.	Provides nutritional support for patients with acute renal failure. Generally recommended for adults and children at least 10 years of age. This formula contains no added electrolytes or fat soluble vitamins.	Pharmacy special order.			250 ml can - 24 cans/case
Resource Breeze®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Fruit-flavored, clear-liquid nutritional supplement for adults who cannot consume a sufficient intake of food to meet their nutritional requirements.	For use in patients with oncology, geriatrics, cerebrovascular accident, oral surgery, bowel preparation, anorexia, protein-calorie malnutrition, pressure ulcers, pre-and post-operative, fat malabsorption, HIV/AIDS, clear liquids.	Pharmacy special order.			8 oz boxes - 27 boxes/case

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Resource® 2.0	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Calorically dense, high-nitrogen, low-sodium, complete liquid formula for adults.	For patients on medication pass programs, wound prevention and treatment programs, fluid restricted/volume sensitive patients (congestive heart failure, liver disease with ascites, respiratory disease, pulmonary edema), shortened feeding schedules, elevated calorie and protein needs.	Pharmacy special order.			8 oz boxes - 27 boxes/case
Resource® Benecalorie®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Low-volume, calorie and protein supplement; allows for flexible serving options and helps reduce taste fatigue.	For patients with unintended weight loss and/or increased nutritional needs, such as those with cancer, HIV/AIDS, burns, COPD, fluid restriction and/or anorexia.	Pharmacy special order.			1.5 oz cups - 24 cups/case
Resource® Beneprotein® Instant Protein Powder	Nestlé Clinical Nutrition	Medical Food	Milk-Based, Lactose-Free	X		Whey protein supplement.	For those individuals who require additional protein to bolster their regular diet, help promote skin health, wound healing and immune support.	Pharmacy special order.		7 gm packet - 75 packets/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Resource® Dairy Thick®	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Ready to serve thickened, 2% reduced-fat milk.	For nutritional management of individuals with dysphagia.	Pharmacy special order.			8 oz boxes - 27 boxes/case
Resource® Nutritious Pudding	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Supplemental food in ready-to-serve cups.	To prevent unintended weight loss or malnutrition in patients with protein-calorie malnutrition, dysphagia, pureed, full liquid, or medication pass diet orders and risk of wounds.	Pharmacy special order.			4 oz cups - 48 cups/case
Resource® Thickened Juice	Nestlé Clinical Nutrition	Medical Food	Adult/Older Child Supplements	X		Ready-to-serve vitamin fortified thickened juice; available in nectar and honey consistency.	For use in patients with dysphagia.	Pharmacy special order.			8 oz boxes - 27 boxes/case OR 64 oz bottles - 8 bottles/case

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				Yes	No				Conc.	Powder	Ready-to-Use
Ross Carbohydrate Free (RCF)	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Carbohydrate-free formula.	For use in patients with carbohydrate malabsorption, disaccharidase deficiencies, glucose transport defect, seizure disorders requiring a ketogenic diet.	Pharmacy special order.	13 oz can - 12 cans/case		
ScandiCal®	AxcanPharma	Medical Food	Adult/Older Child Supplements	X		High calorie gluten-free powder provides 35 calories per tablespoon and is intended to be added to foods or beverages. Certified kosher.	For the dietary management of an adult or child with a warranted medical condition such as cystic fibrosis, malabsorption syndrome or cancer.	Pharmacy special order.		8 oz can - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
ScandiShake®	AxcanPharma	Medical Food	Adult/Older Child Supplements	X		High calorie gluten-free high-fat high-carbohydrate powdered mixture without supplemental vitamins and minerals. Certified kosher. Sweetened with Aspartame formulations. Note: ScandiShake® is not a meal replacement and should not be considered a complete nutritional supplement. Patients intending long-term use should consult a medical professional for additional dietary considerations.	For the dietary management of an adult or child with a warranted medical condition.	Pharmacy special order.		3 oz envelopes - 24 envelopes/case	
Similac Advance EarlyShield	Abbott Nutrition	Infant Formula	Milk-Based	X		Infant formula with iron; milk-based, supplemented with DHA and ARA. Supplemented with prebiotics, antioxidants, and nucleotides.	For infants 0 - 12 months.	Retail.	13 oz can - 12 cans/case	12.4 oz can - 6 cans/case	32 oz bottles - 6 bottles/case OR 8 oz bottles - 6 bottles/carton OR 2 fl oz bottles - 8 bottles/carton

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® Expert Care Alimentum	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Protein hydrolysate formula with iron; contains predigested protein (casein hydrolysate) to minimize allergenicity and an easily digested and absorbed fat blend. Also contains DHA and ARA.	As a nutritionally complete hypoallergenic formula for infants and as a supplemental beverage for children with severe food allergies, protein maldigestion or fat malabsorption.	Retail.		16 oz (454 g) - 6 cans/case	32 oz bottle - 6 bottles/case OR 8 oz bottle - 6 bottles/case
Similac® Expert Care for Diarrhea	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A soy formula with iron for diarrhea for oral or tube feedings. Caution: Should not be fed to infants or toddlers with constipation.	A short-term (7-10 days or as directed by a doctor) feeding for the dietary management of diarrhea in infants older than 6 months and toddlers.	Retail or pharmacy special order.			Retail: 32 oz bottle - 6 bottles/case OR Pharmacy order: 8 oz bottles - 24 bottles/case

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Similac® Expert Care NeoSure	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Exempt infant formula with iron; contains DHA and ARA. Provides higher levels of protein, vitamins, and minerals per 100 Cal than infant formula designed for full term infants. Contains 25% added medium-chain triglycerides (MCTs).	A exempt infant formula designed for premature infants. Use only under the supervision of a physician.	Retail.		13.1 oz (363 g) - 6 cans/case	32 oz bottle - 6 bottles/case OR 2 oz bottle - 48 bottles/case
Similac® Go and Grow Milk	Abbott Nutrition	Infant Formula	Milk-Based	X		Older infant and toddler formula with iron; milk-based, supplemented with DHA and ARA. (9-12 months=Infant Formula, 12+months=Medical Food). Formerly Similac® 2 Advance.	For older infants and toddlers 9 to 24 months old.	Retail.		22 oz (680 g) container - 6 cans/case	

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				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® Go and Grow Soy-Based Milk	Abbott Nutrition	Infant Formula	Soy-Based, Lactose-Free	X		Older infant and toddler soy formula with iron; supplemented with DHA and ARA; milk-free, lactose-free. (9-12 months=Infant Formula, 12+months=Medical Food). Formerly Similac® Isomil® 2 Advance®.	For older infants and toddlers 9 to 24 months old.	Retail.		22 oz (680 g) container - 6 cans/case	
Similac® Human Milk Fortifier	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Nutritionally incomplete supplement to be added to premature human milk (human milk fortifier.)	For premature or low-birthweight infants.	Pharmacy special order.		0.90 g packet - 150 packets/case	
Similac® Soy Isomil	Abbott Nutrition	Infant Formula	Soy-Based, Lactose-Free		X	A soy-based, iron-fortified infant formula, supplemented with DHA and ARA.	For infants with feeding problems such as allergies or sensitivity to cow's-milk protein; for patients with disorders for which lactose should be avoided, including lactase deficiency, lactose intolerance, and galactosemia (Powder preferred).	Retail.	13 oz can - 12 cans/case	12.4 oz can - 6 cans/case	32 oz bottle - 6 bottles/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® PM 60/40	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A low-iron infant formula for oral or tube feedings.	For infants predisposed to or being treated for hypocalcemia due to hyperphosphatemia, or those with impaired renal function who would benefit from lowered mineral intake. Additional iron should be supplied from other sources.	Pharmacy special order.		14.1 oz (400 g) can - 6 cans/case	
Similac® Sensitive for Fussiness & Gas	Abbott Nutrition	Infant Formula	Milk-Based, Lactose-Free		X	Lactose reduced, milk-based formula.	For lactose sensitivity and when milk-based formula is medically recommended.	Retail.	13 oz can - 12 cans/case	12.6 oz can - 6 cans/case	32 oz bottle - 6 bottles/case
Similac® Sensitive for Spit Up	Abbott Nutrition	Infant Formula	Milk-Based, Lactose-Free	X		Milk-based, lactose free infant formula. Contains rice starch.	For lactose sensitivity and when milk-based formula is medically recommended.	Retail.		12.3 oz can - 6 cans/case	32 oz bottle - 6 bottles/case

## ARIZONA WIC FORMULA LIST FFY 2011

(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® Sensitive Soy Isomil	Abbott Nutrition	Infant Formula	Soy-Based, Lactose-Free		X	A soy-based, iron-fortified infant formula, supplemented with DHA and ARA.	For infants with feeding problems such as allergies or sensitivity to cow's-milk protein; for patients with disorders for which lactose should be avoided, including lactase deficiency, lactose intolerance, and galactosemia (Powder preferred).	Retail.	13 oz can - 12 cans/case	12.4 oz can - 6 cans/case	32 oz bottle - 6 bottles/case
Similac® Special Care® 20 Low Iron	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A 20 Cal/fl oz, low-iron premature infant formula; contains DHA and ARA. Additional iron may be supplied from other sources as necessary.	For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.	Pharmacy special order.			2 oz bottles - 48 bottles/case
Similac® Special Care® 20 with Iron	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A 20 Cal/fl oz, iron-fortified premature infant formula; contains DHA and ARA.	For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.	Pharmacy special order.			2 oz bottles - 48 bottles/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® Special Care® 24 Low Iron	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A 24 Cal/fl oz, low-iron premature infant formula; contains DHA and ARA. Additional iron may be supplied from other sources as necessary.	For growing, low-birth-weight infants. Very low-birth-weight infants are particularly susceptible to gastrointestinal complications; therefore, feeding should be initiated cautiously.	Pharmacy special order.			2 oz bottles - 48 bottles/case
Similac® Special Care® 24 with Iron	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A 24 Cal/fl oz, iron-fortified premature infant formula; contains DHA and ARA.	For growing, low-birth-weight infants and premature infants. Similac Special Care Advance with Iron is not intended for feeding these infants after they reach a weight of 3600 g (approx. 8 lb) or as directed by a doctor. Use a vitamin supplement only as directed by a doctor.	Pharmacy special order.			2 oz bottles - 48 bottles/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Similac® Special Care® 30 with Iron	Abbott Nutrition	Exempt Infant Formula	Hypoallergenic/Metabolic	X		A 30 Cal/fl oz, iron-fortified premature infant formula; contains DHA and ARA.	For growing, low-birth-weight infants and premature infants. Similac Special Care Advance with Iron is not intended for feeding these infants after they reach a weight of 3600 g (approx. 8 lb) or as directed by a doctor. Use a vitamin supplement only as directed by a doctor.	Pharmacy special order.			2 oz bottles - 48 bottles/case
Super SolubleDuocal	Nutricia North America	Medical Food	Adult/Older Child Supplements	X		Used as energy supplement; powdered blend of fat and carbohydrate. Given to patients under medical supervision as energy supplement to diet; not suitable as sole source of nutrition.	Inborn errors of metabolism: For patients with disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, high energy diets, failure to thrive.	Pharmacy special order.		14 oz (400 g) cans - 4 cans/case	
Suplena®	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High-calorie, low-nitrogen, low-electrolyte liquid food; oral or tube feeding.	For renal conditions requiring protein, electrolyte and fluid restrictions. Also as supplement to the prescribed diet or as the sole source of nutrition under medical supervision. For adults and children 9 years of age and older.	Pharmacy special order.			Ready to Feed

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Tolerex®	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, very low-fat elemental diet for adults containing 100% free amino acids.	For use in patients with impaired digestion and absorption, specialized nutrient needs e.g. food allergies.	Pharmacy special order.		2.82 oz packets - 60 packets/case	
Two Cal® HN	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete, high-calorie, high-nitrogen liquid formula for oral or tube feeding.	For severely fluid-restricted patients or those with limited volume tolerance.	Pharmacy special order.			8 oz can - 24 cans/case
TYR 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of L-amino acids free of phenylalanine and tyrosine, enriched with vitamins and minerals.	Inborn errors of metabolism: For the dietary management of tyrosinemia type I, tyrosinemia type II, due to tyrosine amino-transferase deficiency (Richner-Hanhart Syndrome) in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		500 g can - 2 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
TYR Cooler™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Ready to drink protein substitute.	Provide tyrosine and phenylalanine free protein for patients 8 years of age and older.	Pharmacy special order.	130 mL pouch - 30 pouches/case		
TYR Express Powder™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a low-volume drink.	Provide tyrosine and phenylalanine free protein for patients 8 years of age and older.	Pharmacy special order.		25 g sachets - 30 sachets/case	
TYR Gel™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered medical food; can be blended with water into a paste or low-volume drink.	Provide tyrosine and phenylalanine free protein for patients 1-10 years old.	Pharmacy special order.			20 g sachets - 30 sachets/case

**ARIZONA WIC FORMULA LIST  
FFY 2011**

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Tyrex®-1	Abbott Nutrition	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-and tyrosine-free formula.	Inborn errors of metabolism: Nutrition support of infants and toddlers with tyrosinemia types I,II,III.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
Tyrex®-2	Abbott Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-and tyrosine-free formula.	Inborn errors of metabolism: Nutrition support of infants and toddlers with tyrosinemia types I,II,III.	Pharmacy special order.		14.1 oz (400 g) - 6 cans/case	
TYROS 1	Mead Johnson Nutritionals	Exempt Infant Formula & Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine- and Tyrosine-free iron fortified dietary powder.	Inborn error of metabolism: For the dietary management of infants and toddlers with Tyrosinemia Type I and Type II under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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FFY 2011**

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
TYROS 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine- and tyrosine-free dietary powder.	Inborn errors of metabolism: For the dietary management of children and adults with inborn errors of Tyrosine metabolism including Tyrosinemia Type II under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
UCD 2	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Mixture of all essential L-amino acids, enriched with vitamins and minerals.	Inborn errors of metabolism: For children with carbamyl phosphate synthesis deficiency, ornithine carbamyl phosphate deficiency, citrullinemia or argininosuccinic acid synthetase deficiency, argininosuccinase deficiency, or arginase deficiency.	Pharmacy special order.		500 g can - 2 cans/case	
Valine 1000 Amino Acid Supplement™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered valine amino acid supplement on a carbohydrate base.	Provide dietary valine for patients 1 year of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Valine Amino Acid Supplement™	VitaFlo USA LLC	Medical Food	Hypoallergenic/Metabolic	X		Powdered valine amino acid supplement on a carbohydrate base.	Provide dietary valine for patients 1 years of age and older.	Pharmacy special order.		4 g sachets - 30 sachets/case	
Vital High Nitrogen® (Vital HN®)	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Nutritionally complete, partially hydrolyzed diet that is useful as a source of total supplemental nutrition.	For use in patients with limited digestion and/or absorption.	Pharmacy special order.		2.79 oz (79 g) packets - 24 packets/case	
Vital jr.™ Strawberry	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Therapeutic Semi-Elemental Nutrition for Children for tube or oral feeding.	Complete or supplemental nutrition support for children 1-13 years with impaired gastrointestinal function, as well as, malabsorption, inflammatory bowel disease, short bowel syndrome, cystic fibrosis, chronic diarrhea, and growth failure.	Pharmacy special order.			8 oz can - 24 cans/case

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Vital jr.™ Vanilla	Abbott Nutrition	Medical Food	Adult/Older Child Supplements	X		Therapeutic Semi-Elemental Nutrition for Children for tube or oral feeding.	Complete or supplemental nutrition support for children 1-13 years with impaired gastrointestinal function, as well as, malabsorption, inflammatory bowel disease, short bowel syndrome, cystic fibrosis, chronic diarrhea, and growth failure.	Pharmacy special order.			8 oz can - 24 cans/case
Vivonex® Pediatric	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete elemental formula for children ages 1-10. Used as a tube feeding or consumed orally.	For use in patients with transitional feeding following TPN, short bowel syndrome, malabsorption syndrome, select trauma/surgery, Crohn's disease, GI enterocutaneous fistula, intractable diarrhea, GI disorder related to AIDS.	Pharmacy special order.		1.7 oz packets - 36 packets/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Vivonex® Plus	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High-nitrogen, low-fat, elemental diet for total enteral nutrition for adults.	For use in patients with transitional feeding following TPN, bowel resection, irradiated bowel malabsorption syndrome, select trauma/surgery, early postoperative feeding, Crohn's disease, GI enterocutaneous fistula, pancreatic disorders.	Pharmacy special order.		2.8 oz packets - 36 packets/case	
Vivonex® RTF	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		High-nitrogen, low-fat elemental diet for total enteral nutrition for adults.	For use in patients with bowel resection, irradiated bowel, malabsorption syndrome, select trauma/surgery, Crohn's disease, GI enterocutaneous fistula, pancreatic disorders, early postoperative feeding, transitional feeding following TPN.	Pharmacy special order.			250 ml cans - 24 cans/case
Vivonex® T.E.N.	Nestlé Clinical Nutrition	Medical Food	Hypoallergenic/Metabolic	X		Nutritionally complete low-fat, elemental diet for total enteral nutrition for adults.	For use in patients with bowel resection, irradiated bowel, malabsorption syndrome, select trauma/surgery, Crohn's disease, GI enterocutaneous fistula, pancreatic disorders, limited gut function.	Pharmacy special order.		2.84 oz packet - 60 packets/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
WND 1	Mead Johnson Nutritionals	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Non-essential amino acid-free iron fortified dietary powder.	Inborn error of metabolism: For the dietary management of infants and toddlers with inborn errors of the urea cycle under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	
WND 2	Mead Johnson Nutritionals	Medical Food	Hypoallergenic/Metabolic	X		Non-essential amino acid free dietary powder.	Inborn errors of metabolism: For the dietary management of children and adults with inborn errors of the urea cycle under the direct and continuing supervision of a doctor.	Pharmacy special order.		16 oz can - 6 cans/case	

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(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XLeu Analog®	Nutricia North America (formerly SHS)	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Leucine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrates, fat, vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in infants.	Pharmacy special order.		14 oz (400 g) can - 4 cans/case	
XLeu Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Leucine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in toddlers and young children.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XLeu Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Leucine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven isovaleric acidemia and other disorders of leucine metabolism in children over 8 years of age and adults.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
XLys, XTrp Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Lysine-and tryptophan-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven glutaric acidemia Type I in infants.	Pharmacy special order.		14 oz (400 g) can - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XLys, XTrp Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Lysine- and tryptophan- free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven glutaric acidemia type I in toddlers and young children.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
XLys, XTrp Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Lysine- and tryptophan--free powdered drink mix but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven glutaric academia Type I in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Yes	No				Conc.	Powder	Ready-to-Use
XMet Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Methionine-free but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, and vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven vitamin B6 non-responsive homocystinuria or hypermethioninemia in infants.	Pharmacy special order.		14 oz (400 g) can - 4 cans/case	
XMet Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Methionine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and homocystinuria (Vit. B6 non-responsive) in toddlers and young children.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XMet Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Methionine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven hypermethioninemia and Vit. B6 non-responsive homocystinuria in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
X-milk®	Florida Health Dynamics, LLC	Medical Food	Adult/Older Child Supplements	X		Milk-based, lactose-free nutritional drink.	For adults and children.	Pharmacy special order.			Ready to Feed

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XMTVI Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Methionine-, threonine-, valine-free and isoleucine-low but contains balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven methylmalonic or propionic acidemia in infants.	Pharmacy special order.		14 oz (400 g) can - 4 cans/case	
XMTVI Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Methionine-, threonine-, valine-free and isoleucine-low powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven propionic or methylmalonic acidemia in toddlers and young children.	Pharmacy special order.		16 oz (454 g) - 4 cans/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XMTVI Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Methionine-, threonine-, valine-free and isoleucine-low powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven propionic or methylmalonic acidemia in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
Xphe Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in toddlers and young children.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
Xphe Maxamum®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free powdered drink mix that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in older children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case OR 1.8 oz (50 g) sachet - 30 sachets/case	

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Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
Xphe Maxamum® Drink	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine-free drink that contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven phenylketonuria in children and adults, including pregnant women and women of child-bearing age.	Pharmacy special order.			8.5 fl oz (250 ml) - 18 boxes/case
XPhe, XTyr Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Phenylalanine- and tyrosine-free but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate, fat, vitamins, minerals, and trace elements. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven tyrosinemia in infants, when plasma methionine level is normal.	Pharmacy special order.			14 oz (400 g) can - 4 cans/case

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(Intended for use by AZ WIC Nutritionists/RDs **only** in combination with other resource materials)

Formula Name	Manufacturer	Category	Product Type	Written Approval		Description	Indications	Issuance Information	Packaging Form		
				Y e s	N o				Conc.	Powder	Ready-to-Use
XPhe, XTyr Maxamaid®	Nutricia North America	Medical Food	Hypoallergenic/Metabolic	X		Phenylalanine- and tyrosine-free powdered drink mix but contains a balanced mixture of all other essential and non-essential amino acids, carbohydrate and micronutrients. Not suitable as sole source of nutrition.	Inborn errors of metabolism: For the dietary management of proven tyrosinemia (when plasma methionine is normal) in toddlers and young children.	Pharmacy special order.		16 oz (454 g) can - 4 cans/case	
XPTM Analog®	Nutricia North America	Exempt Infant Formula	Hypoallergenic/Metabolic	X		Phenylalanine, tyrosine, and methionin-free but contains a balanced mixture of all other essential and non-essential amino-acids, carbohydrate, fat, vitamins, minerals, and trace elements. Not suitable as sole source of nutrition	Inborn errors of metabolism. For the dietary management of proven tyrosinemia in infants, when plasma methionine level is above normal.	Pharmacy special order.		14oz (400 g) can 4 cans/case	

**Disclaimer:** This formula list is intended for use by the Arizona WIC Program and is only to be used as a reference. Formula compositions may change or their names may change since this was last updated. Therefore, you should contact the formula company about a certain formula product change or the Arizona Department of Health Services WIC team for more information.

**Chapter Four**  
**Food Package - Formula**

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**Appendix G:**  
**Arizona WIC Program Medical Documentation Forms**

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# Chapter Four

## Food Package - Formula



### Arizona WIC Special Formula Authorization Form Children, Women and Healthy Infants

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WIC Client ID: \_\_\_\_\_

Please fully complete every section (1-7) to avoid delays in issuance.

**1. Formula(s) Previously Tried:**

WIC contract formula as noted by \*\*:

- Similac Advance EarlyShield
- Similac Soy Isomil
- Similac Sensitive for Fussiness & Gas
- Other: \_\_\_\_\_

**3. Amount of Formula Requested Per Day:** \_\_\_\_\_

(Ad lib is an acceptable response)

- Oral
- Tube Feeding

Please choose WIC contract formulas whenever possible, as noted by \*\*.

**2. Current Formula Request:**

- Similac Advance EarlyShield\*
- Similac Soy Isomil\*
- Similac Sensitive for Fussiness & Gas\*
- Similac Go & Grow\*
- Similac Go & Grow Soy\*
- Similac Sensitive for Spit Up
- Pediasure (must meet WIC criteria for issuance)
- Other: \_\_\_\_\_

Form of Formula:  Powder  Concentrate  Ready-to-feed

**4. Diagnosis for Special Formula or Medical Food:**

- Prematurity
- GERD or reflux
- Dysphagia
- Failure to thrive (<5th percentile wt/length or BMI/age)
- Food allergy: \_\_\_\_\_
- Other: \_\_\_\_\_

Note: Must be a specific medical diagnosis.

**5. WIC Food Restrictions:** Please check any foods listed below that are NOT appropriate for the diagnosis.

Note: Infant <6 mo will not receive foods.

- All foods are appropriate OR

Category	WIC Foods	Do Not Give	Comments
Infants (6-11 mo.)	Infant cereal	<input type="checkbox"/>	_____
	Infant Jarred-fruits/vegetables	<input type="checkbox"/>	_____
Children (1-5 yr.) and Women	Cow's milk	<input type="checkbox"/>	_____
	Cheese	<input type="checkbox"/>	_____
	Eggs	<input type="checkbox"/>	_____
	Peanut butter	<input type="checkbox"/>	_____
	Whole grains**	<input type="checkbox"/>	_____
	Cereal	<input type="checkbox"/>	_____
	Beans	<input type="checkbox"/>	_____
	Vegetables/fruits	<input type="checkbox"/>	_____
	Juice	<input type="checkbox"/>	_____
	Soy milk	<input type="checkbox"/>	_____
Exclusively Nursing Women	Canned Fish	<input type="checkbox"/>	_____

\*\*Grains include the options of whole wheat bread, brown rice, and/or corn tortillas.

**6. Length of Time Requested:** # months (circle): 1 2 3 4 5 6 OR # weeks: \_\_\_\_\_

**7. Print Provider Name/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Approved  Not Approved **Local Nutritionist/State Approval**  
Length of Authorization: From \_\_\_\_\_ To \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Please visit <http://www.azwic.gov/physicians.htm> for additional forms or information.

Revised 04/2010



**Arizona Wic Special Formula Authorization Form  
For Premature and Medically Fragile Infants**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ WIC Client ID: \_\_\_\_\_

*The above infant has been identified by the WIC staff as being premature and/or medically fragile. Since powder formulas are not sterile, they should only be fed to these infants if directed and supervised by a doctor. WIC issues a concentrate contract formula to these infants if no other authorization by the doctor is received. WIC encourages the authorization of powder or concentrate formula when medically appropriate, since it lowers costs and enables WIC to serve more clients. Please complete the following information so WIC can provide the appropriate formula:*

**Please fully complete every section (1-7) to avoid delays in issuance.**

**1. Current Formula Request: Please choose WIC contract formulas whenever possible.**

**Contract Formulas**

- Similac Advance EarlyShield
- Similac Soy Isomil
- Similac Sensitive for Fussiness & Gas

**Special Formulas**

- Enfamil Premature LIPIL, 24 kcal (RTF only)
- Similac Special Care w/ iron, 24 kcal (RTF only)
- Similac Expert Care NeoSure (Powder and RTF)
- EnfaCare LIPIL (Powder and RTF)
- Other Special Formula: \_\_\_\_\_

**2. Form of Formula:**  Powder  Concentrate  Ready-to-feed | **3. Amount of Formula Per Day:** \_\_\_\_\_  
(Ad lib is an acceptable response)

**4. Diagnosis for Special Formula:**

- Prematurity  GERD or reflux  Dysphagia  Failure to thrive (<5th percentile wt/length)
- Food allergy: \_\_\_\_\_  Other: \_\_\_\_\_

**Note: Must be a specific medical diagnosis.**

**5. WIC Food Restrictions:**

*Infants 6-11 months will receive the following foods in addition to the formula prescribed. Infants <6 mo will not receive foods. Please check any foods listed below that are NOT appropriate for the diagnosis.*

- All foods are appropriate for the client.

**OR**

WIC Foods	Do Not Give	Comment
Infant cereal	<input type="checkbox"/>	_____
Infant Jarred		
Fruits and Vegetables	<input type="checkbox"/>	_____

**6. Length of Time Requested: # months (circle):** 1   2   3   4   5   6 **OR # weeks:** \_\_\_\_\_

*Note: Special formulas need to be renewed every six months.*

**7. Print Provider Name/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Medical/Office Name and Address:** \_\_\_\_\_

**Local Nutritionist/State Approval**

Approved  Not Approved      Length of Authorization: From \_\_\_\_\_ To \_\_\_\_\_

Signature \_\_\_\_\_



## Arizona WIC Milk Alternative Request Form

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WIC Client ID: \_\_\_\_\_

**Please fully complete every section (1-4) to avoid delays in issuance.**

**1. Current Request:** \* Lactose-free or lactose-reduced milk is available upon request and does not require medical documentation

*Medical documentation required for children only*

- Soy Beverage
- Soy Beverage and Tofu
- Soy Beverage and Cheese

*Medical documentation required for all participant categories*

- Goat Milk

*Allowable for participants with qualifying reason (such as lactose intolerance)*

- Additional Cheese
- Additional Tofu

Other (please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Per federal regulation 7CFR246.10 medical documentation is required for the issuance of soy based beverages for children to ensure the healthcare provider is aware that a child may be at nutritional risk when milk is replaced by other foods given the Dietary Guidelines for Americans stress the importance of milk consumption in the development of bone mass for children.

**2. Medical Reason/Need for Request:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lactose Intolerance         | <input type="checkbox"/> Milk Protein Allergy           |
| <input type="checkbox"/> Severe Lactose Maldigestion | <input type="checkbox"/> Cow's Milk Sensitivity         |
| <input type="checkbox"/> Vegan                       | <input type="checkbox"/> Other (Please Describe): _____ |

**3. Length of Time Requested: # months (circle):** 1   2   3   4   5   6

**4. Print Provider Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Office/Clinic:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### WIC Staff Authorization

**Date Received:** \_\_\_\_\_ **Staff Name:** \_\_\_\_\_

**Chapter Four**  
**Food Package - Formula**

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**Appendix H:**  
**Request for New Food Package Form**

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## Request for New Food Package in AIM

If an appropriate food package isn't available for a client in AIM, it may need to be built. Please email the state Food Package Specialist with this request using the following form:

### Information:

\* = *indicates required fields*

Local Agency/Clinic: \_\_\_\_\_

\* **Date of Request:** \_\_\_\_\_ \* **Date needed by:** \_\_\_\_\_

Nutritionist Contact: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

\* **Participant ID:** \_\_\_\_\_ \* **Participant's Age:** \_\_\_\_\_ \* **Category:** \_\_\_\_\_

Name of WIC Participant: \_\_\_\_\_

Is this a tube-fed participant? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor's Prescription: Yes \_\_\_\_\_ No \_\_\_\_\_

### \* **Formula info:**

Formula(s) Requested: \_\_\_\_\_

Form: Powder \_\_\_\_\_ Concentrate \_\_\_\_\_ Ready-to-Use \_\_\_\_\_

Amount of formula requested/day: \_\_\_\_\_

Special mixing instructions: \_\_\_\_\_

### \* **Foods:**

#### **For Infants (6 to 11 months):**

\_\_\_ only jarred foods \_\_\_ only cereal \_\_\_ both \_\_\_ neither (no foods)

**\* Foods continued**

**For Children and Women:**

\_\_\_\_\_ No foods

OR

**All foods except (check all that apply):**

Category	WIC Foods	Please EXCLUDE
Children (1-5 yr.) and Women	Beans	
	Cereal	
	Cheese	
	Cow's milk	
	Eggs	
	Juice	
	Peanut butter	
	Whole grains*	
Exclusively Breastfeeding Women	Vegetables/fruits	
	Canned fish	

\* Grains include whole wheat bread, brown rice, & corn tortillas

**Specialty items to include:**

WIC Foods	Check if desired:
Soy milk	_____ 8th Continent _____ Pacific Ultra Soy
Tofu	_____ 1 lb _____ 2 lb _____ 3 lb _____ 4 lb
Goats milk	
Infant cereal	

If EN, please indicate if additional cheese desired: \_\_\_\_\_ 2 lb \_\_\_\_\_ 3lb

Indicate other requests or comments: \_\_\_\_\_

**Note: Upon the creation of a food package it will be available for use in AIM after end of day (EOD) processing. Local agency will be notified by E-mail or phone of the new food package number.**

**Outcome:**

WIC Approved: Yes \_\_\_\_\_ No\* \_\_\_\_\_

Date Created: \_\_\_\_\_ Food Package # \_\_\_\_\_ Created By: \_\_\_\_\_

\*If no, follow-up action: \_\_\_\_\_