



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

October 1, 2016

Dear Physician:

The Ohio Department of Health subscribes to the infant feeding recommendations made by the American Academy of Pediatrics, Committee on Nutrition. The Ohio Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) encourages you to join us in promoting and supporting breast milk as the optimal food and the primary feeding choice for the first 12 months of life and beyond for all children.

For those mother and infant dyads who choose not to breastfeed exclusively, supplemental iron-fortified formula is available through Ohio WIC. There are several notable changes to Ohio WIC's formulary, beginning October 1, 2016.

Every 3-5 years, Ohio WIC rebids its standard infant formula contract. All state WIC offices are required to have an infant formula contract in order to afford the cost of providing supplemental formula to eligible infants and to be the best possible stewards of taxpayer dollars. Beginning October 1, 2016, Ohio WIC's new standard infant formula contract will change from Similac products to Gerber products. A transitional period will take place from October through December, with all affected Ohio WIC participants switching to the new standard products by January 1, 2017. Descriptions of the new Ohio WIC contract standard formulas are as follows.

Gerber Good Start Gentle (Stage 1 only) is a standard milk-based, iron-fortified formula available in powder, concentrate, and ready-to-feed (RTF) for use in routine infant feeding. The product provides 20 calories and .30 mg iron per fluid ounce. The product contains Comfort Proteins® which are easier to digest, and a blend of docosahexaenoic acid (DHA), prebiotics, and probiotics to promote gastrointestinal (GI) health, brain, and eye development. It is also a non-genetically modified organism (non-GMO). No prescription will be necessary for this product.

Gerber Good Start Soy (Stage 1 only) is a standard soy-based (lactose-free), iron-fortified formula available in powder, concentrate, and RTF for management of galactosemia, milk or lactose intolerance (acute or chronic), or in routine infant feeding. The product provides 20 calories and .36 mg iron per fluid ounce. The product contains soy proteins and DHA. It is also non-GMO, Kosher Pareve, and Halal. No prescription will be necessary for this product.

Gerber Good Start Soothe (Stage 1 only) is a standard milk-based, low-lactose, iron-fortified formula available in powder for management of acute or chronic lactose intolerance and the symptoms thereof, including excessive crying, colic, fussiness, and gas, or routine infant feeding. The product provides 20 calories and .30 mg iron per fluid ounce. The product contains Comfort Proteins®, the probiotic *L. reuteri*, and DHA to promote GI health, brain, and eye development. It is also non-GMO. No prescription will be necessary for this product.

If you would like more information about Gerber products, you can review Gerber's Medical Professional Resource Center at medical.gerber.com or call 1-800-628-2229 (BABY). A direct Gerber contact for hospital staff or local health care providers is Vanessa Cavallaro, Gerber Field Sales Manager, who can be reached at Vanessa.Cavallaro@us.nestle.com or 617-877-9883. Additional information about Gerber products, how they compare to Abbott products, the science behind the formulation of Gerber products, and changes to expect in infants undergoing the transition can be received by watching a prerecorded 15-minute webinar made for Ohio WIC health professionals at the following link: <https://nestlenutrition.box.com/s/enaa3zmv7bjv4oihkkgivumsum4con1d>. As always, you are welcome to contact your local WIC office with any questions or concerns.

In addition to the new standard infant formulas noted above, each year there is a review of submissions for specialized products to be added to Ohio WIC's formulary. Beginning October 1, 2016, the following products will also be available for issuance from Ohio WIC:

Alfamino Infant and Alfamino Junior – These products, manufactured by Nestle, are nutritionally complete, hypoallergenic, free amino acid, lactose/gluten free formulas for infants and children (respectively) with cow's milk protein allergy, multiple food allergies, or malabsorption/maldigestion issues (eosinophilic GI disorders, short bowel syndrome, etc.). Both products are available in a 14.1oz powder container. Alfamino Infant contains docosahexaenoic acid/arachidonic acid (DHA/ARA) and 43% medium-chain triglycerides (MCT). Alfamino Junior contains 65% MCT. Both products currently provide the highest amount of MCT in products in this category. A prescription will be required prior to issuance of either of these products.

Enfamil AR – This product, manufactured by Mead Johnson, is a nutritionally complete, milk-based, iron-fortified formula thickened with added rice starch for use in reducing the frequency and volume of spit-up. The product has a higher viscosity than standard formulas, but it flows freely through a bottle nipple. The product includes Natural Defense® Dual Prebiotics® to promote digestive health, and DHA/ARA to promote brain and eye development. The product will be available in powder and RTF. A prescription will be required prior to issuance of this product.

Enfamil Gentlease (RTF ONLY) – This product, manufactured by Mead Johnson is a nutritionally complete, milk-based, low-lactose, partially hydrolyzed protein formula designed to manage acute or chronic lactose intolerance and the symptoms thereof, including fussiness and/or gas. The product contains DHA/ARA. A prescription will be required prior to issuance of this product.

Please note that the new contract with Gerber includes Gerber Good Start Soothe as the exclusive powder product in the low lactose category of infant formulas; however, because the probiotic in the Soothe product is stable in powder form only, there is not an RTF version of the product at this time. Ohio WIC will offer Similac Sensitive and Enfamil Gentlease in RTF **only** for situations involving premature or medically fragile infants, caregiver's inability to mix the powder product appropriately, and/or water safety and other natural disaster or environmental

issues. A prescription will be required prior to issuance of these products, and additional information will need to be presented to support the RTF type.

Similac Human Milk Fortifier – This product is manufactured by Abbott and is to be used as a nutritional fortification to add to human milk for premature and low birth weight (LBW) infants up to 8 pounds. The product is available in .90g powder packets. The product has a low iron level so iron can be supplemented as needed, and is gluten-free, Kosher, and Halal. A prescription will be required prior to issuance of this product. The product will only be available to be issued by Ohio WIC on a month-by-month basis, and only for 8-12 weeks post discharge.

The *Ohio WIC Prescribed Formula and Food Request Form* has been revised to reflect the aforementioned changes. Please ensure that you are using the most current form with the **effective date of October 1, 2016**.

Special formulas issued by WIC must be prescribed for their specific nutrient content or for treatment of a medical condition. Prescription requests for special formulas must still contain all of the following information:

- participant's name and date of birth;
- amount of formula to be provided per day (**must be a specific, measurable volume**);
- intended length of use of the formula (not to exceed six months);
- documented medical diagnosis (**must relate to the special formula requested**);
- name of formula;
- any contraindications for other supplemental foods that WIC provides;
- signature, credentials, and telephone number of the health care provider; and
- date prescribed.

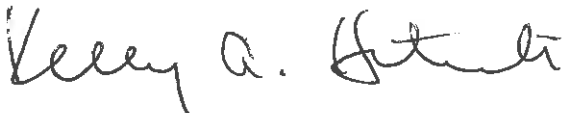
WIC reserves the right to deny a special formula request if the formula:

- prescription does not include the minimum information outlined in this letter,
- does not meet WIC requirements for issuance, or
- is prescribed solely for weight management or nonspecific "intolerance."

WIC health professionals will work with physicians to obtain any missing data and provide expedient service to participants. Health professionals in WIC clinics make their decisions on acceptable formulas and foods based on WIC policy and an individualized nutrition assessment.

Thank you for your continued support of the WIC program. If you should have any questions, please contact your local WIC office.

Sincerely,



Kelly A. Hetrick
Administrator, Ohio WIC Program

KAH/KRM/krm



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November 1, 2016

Dear Physician:

This letter is to inform you that effective immediately, Similac Sensitive (RTF) and Similac for Spit-Up (powder and RTF) are no longer authorized by the Ohio WIC program. This change is a federal mandate from the United States Department of Agriculture. Ohio WIC has sixty (60) days to transition all Ohio WIC participants who are currently issued benefits for either Similac Sensitive or Similac for Spit-Up to a different product.

The comparable product to Similac Sensitive (RTF) that will be available from Ohio WIC is Enfamil Gentlease (RTF); the comparable product to Similac for Spit-Up is Enfamil AR. Please be advised that local WIC clinics will automatically transition affected participants to the comparable product unless they are directed otherwise by a physician. Participants may be switched to an Ohio WIC authorized product other than the comparable products with a valid prescription from a physician. If participants continue to require either Similac Sensitive or Similac for Spit-Up, they can pursue obtaining coverage via Medicaid, if applicable.

Ohio WIC's Prescribed Formula and Food Request Form has been revised to reflect the aforementioned changes. Please ensure that you are using the most current form with the **effective date of November 1, 2016.**

Special formulas issued by WIC must be prescribed for their specific nutrient content or for treatment of a medical condition. Prescription requests for special formulas must still contain all of the following information:

- participant's name and date of birth;
- amount of formula to be provided per day (**must be a specific, measurable volume**);
- intended length of use of the formula (not to exceed six months);
- documented medical diagnosis (**must relate to the specific formula requested**);
- name of formula;
- any contraindications for other supplemental foods that WIC provides;
- signature, credentials, and telephone number of the health care provider; and
- date prescribed.

WIC reserves the right to deny a special formula request if the formula:

- prescription does not include the minimum information outlined in this letter,
- does not meet WIC requirements for issuance, or
- is prescribed solely for weight management or nonspecific "intolerance."

WIC health professionals will work with physicians to obtain any missing data and provide expedient service to participants. The health professionals in the WIC clinics make their

decisions on acceptable formulas and foods based on WIC policy and an individualized nutrition assessment.

Thank you for your continued support of the WIC program. If you should have any questions, please contact your local WIC office.

Sincerely,



Kelly A. Hetrick
Administrator, Ohio WIC Program

KAH/KRM/krm

AUTHORIZED WIC FORMULAS

TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
Milk-Based, Iron-Fortified Infant Formula <ul style="list-style-type: none"> Gerber Good Start Gentle (Nestle Gerber) 	<p>Milk-based, iron-fortified formula. Provides 20 calories and .30 mg iron per fluid ounce.</p> <p>Available in powder, liquid concentrate, and Ready-to-feed (RTF). Reconstituted powder: 90 fl oz Reconstituted concentrate: 24.2 fl oz</p>	For routine feeding as a supplement to breastfeeding or when breastfeeding is discontinued before age one.	<p>None for powder or liquid concentrate</p> <p>RTF requires documentation of necessity on Nutrition Care Plan. Follow state policy for use of RTF.</p>
Soy-Based, Iron-Fortified Infant Formula <ul style="list-style-type: none"> Gerber Good Start Soy (Nestle Gerber) 	<p>Soy-based, iron-fortified formula. Provides 20 calories and .36 mg iron per fluid ounce.</p> <p>Available in powder, liquid concentrate, and RTF. Reconstituted powder: 91 fl oz Reconstituted concentrate: 24.2 fl oz</p>	For management of galactosemia, milk allergy, chronic or acute lactose intolerance. May also be used for routine feeding. Generally not recommended for premature infants due to the risk of osteopenia.	<p>None for powder or liquid concentrate</p> <p>RTF requires documentation of necessity on Nutrition Care Plan. Follow state policy for use of RTF.</p>
Milk-Based, Low-Lactose Infant Formula <ul style="list-style-type: none"> Gerber Good Start Soothe (Nestle Gerber) 	<p>Milk-based, low-lactose, iron-fortified infant formula. Provides 20 calories and .30 mg iron per fluid ounce.</p> <p>Available in powder only. Reconstituted powder: 90 fl oz</p>	For management of acute or chronic lactose intolerance and the symptoms thereof. May also be used for routine infant feeding.	Follow state policy for use of low-lactose/lactose-free milk-based formula.
Milk-Based, Low-Lactose Infant Formula <ul style="list-style-type: none"> Enfamil Gentlease (Mead Johnson) 	<p>Milk-based, low-lactose, iron-fortified infant formula providing 20 calories and .36 mg iron per fluid ounce.</p> <p>Available in RTF only.</p>	For management of acute or chronic lactose intolerance and the symptoms thereof. Follow state policy for use of RTF formulas.	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first. Documentation of medical need and appropriateness. Follow state policy for use of low-lactose/lactose-free milk-based formula.</p> <p>RTF requires documentation of necessity on Nutrition Care Plan. Follow state policy for use of RTF.</p>
Milk-Based, Iron-Fortified, Low-Lactose, and Rice Thickened Infant Formula <ul style="list-style-type: none"> Enfamil AR (Mead Johnson) 	<p>Milk-based, iron-fortified formula with added rice starch. Vitamins and minerals are balanced to prevent displacement from added rice starch. Provides 20 calories and .36 mg iron per fluid ounce.</p> <p>Available in powder and RTF. Reconstituted powder: 91 fl oz</p>	For management of symptoms of gastroesophageal reflux disease (GERD) or other feeding disorders not associated with overfeeding or incorrect positioning.	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first. Documentation of medical need and appropriateness. Follow state policy for use of formulas with added rice starch.</p> <p>RTF requires documentation of necessity on Nutrition Care Plan. Follow state policy for use of RTF.</p>

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TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
<p>Milk-Based, Modified Vitamin and Mineral Content Infant Formula</p> <ul style="list-style-type: none"> • Similac PM 60/40 (Abbott) 	<p>Milk-based, low-iron formula. Provides 20 calories and .14 mg iron per fluid ounce. Provides reduced levels of several vitamins, minerals, and electrolytes. Provides 60% of protein as casein, 40% protein as whey.</p> <p>Available in powder. Reconstituted powder: 102 fl oz</p>	<p>Indicated for infants predisposed to hypocalcemia or whose renal, digestive, or cardiovascular functions would benefit from lowered mineral levels.</p>	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.</p>
<p>Premature Infant Formula</p> <ul style="list-style-type: none"> • Similac NeoSure (Abbott) 	<p>Milk-based, iron-fortified premature formula. Provides 22 calories and .40 mg iron per fluid ounce.</p> <p>Available in powder and RTF. Reconstituted powder: 87 fl oz</p>	<p>Standard formula for preterm infants. Available to preterm or low birth weight infants up to twelve months adjusted age.</p>	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.</p> <p>RTF should generally be reserved for immunocompromised premature infants, or premature infants under six-months of adjusted age.</p>
<p>Premature Infant Formula</p> <ul style="list-style-type: none"> • Enfamil EnfaCare (Mead Johnson) 	<p>Milk-based, iron-fortified premature formula. Provides 22 calories and .40 mg iron per fluid ounce.</p> <p>Available in powder and RTF. Reconstituted powder: 82 fl oz</p>	<p>Standard formula for preterm infants. Available to preterm or low birth weight infants up to twelve months adjusted age.</p>	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.</p> <p>RTF should generally be reserved for immunocompromised premature infants, or premature infants under six-months of adjusted age.</p>
<p>Hypoallergenic Infant Formula</p> <ul style="list-style-type: none"> • Enfamil Nutramigen with Enflora LGG (Mead Johnson) 	<p>Extensively hydrolyzed, lactose-free formula. Contains 0% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce.</p> <p>Available in powder. Reconstituted powder: 87 fl oz</p>	<p>Indicated for infants with cow milk or soy protein sensitivity or severe food allergies.</p>	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.</p>
<p>Hypoallergenic Infant Formula</p> <ul style="list-style-type: none"> • Enfamil Nutramigen (Mead Johnson) 	<p>Extensively hydrolyzed, lactose-free formula. Contains 0% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce.</p> <p>Available in liquid concentrate and RTF. Reconstituted concentrate: 26 fl oz</p>	<p>Indicated for infants with cow milk or soy protein sensitivity or severe food allergies.</p>	<p>Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.</p> <p>Follow state policy for use of RTF for this product.</p>

AUTHORIZED WIC FORMULAS

TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
Hypoallergenic Infant Formula with MCT <ul style="list-style-type: none"> • Similac Alimentum (Abbott) 	Extensively hydrolyzed, lactose-free formula. Contains 33% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce. Available in powder and RTF. Reconstituted powder: 87 fl oz	Indicated for infants with cow milk or soy protein sensitivity, severe food allergies and fat malabsorption. Note: powdered Alimentum contains corn; RTF is corn-free.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first. Follow state policy for use of RTF for this product.
Hypoallergenic Infant Formula with MCT <ul style="list-style-type: none"> • Enfamil Pregestimil (Mead Johnson) 	Extensively hydrolyzed, lactose-free formula. Contains 50% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce. Available in powder. Reconstituted powder: 112 fl oz	Indicated for infants with cow milk or soy protein sensitivity, severe food allergies, and fat malabsorption.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Elemental Infant Formula <ul style="list-style-type: none"> • PurAmino DHA/ARA (Mead Johnson) 	100% amino-acid based formula. Contains 33% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce. Available in powder. Reconstituted powder: 98 fl oz	Indicated for infants with cow milk or soy protein sensitivity, gastrointestinal impairment, sensitivity to extensively hydrolyzed proteins and severe food allergies.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Elemental Infant Formula with MCT <ul style="list-style-type: none"> • EleCare for Infants (Abbott) 	100% amino-acid based formula. Contains 33% of fat as MCT. Provides 20 calories and .36 mg iron per fluid ounce when prepared as infant formula. Available in powder. Reconstituted powder: 95 fl oz	Indicated for infants with cow milk or soy protein sensitivity, gastrointestinal impairment, sensitivity to extensively hydrolyzed proteins, severe food allergies and fat malabsorption.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Elemental Infant Formula with MCT <ul style="list-style-type: none"> • Neocate Infant with DHA & ARA (Nutricia North America) 	100% amino-acid based formula. Provides 20 calories, 0.16 mg iron per fluid ounce, and 33% MCT oil. Available in powder. Reconstituted powder: 84 fl oz	Indicated for infants with cow milk or soy protein sensitivity, gastrointestinal impairment, sensitivity to extensively hydrolyzed proteins and severe food allergies.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Elemental Infant Formula with MCT <ul style="list-style-type: none"> • Alfamino Infant (Nestle) 	Free amino acid formula. Provides 20 calories, .36 mg iron per fluid ounce, and 43% MCT oil.	Indicated for infants with cow's milk protein allergy, multiple food allergies, or malabsorption/maldigestion issues.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.

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Hypoallergenic Elemental Caloric Medical Food <ul style="list-style-type: none"> • Neocate Nutra (Nutricia North America) 	100% amino-acid based medical food. Provides 175 calories, 3 grams protein, 7 grams fat, 2.2 mg iron per serving (37grams of powder.) Preparation will vary as prescribed by physician or dietitian.	Indicated for infants and children with cow milk or soy protein sensitivity, gastrointestinal impairment, sensitivity to extensively hydrolyzed proteins and severe food allergies. Note: Not nutritionally complete. Not for use with tube feeding.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Human Milk Fortifier <ul style="list-style-type: none"> • Similac Human Milk Fortifier (Abbott) 	Powder nutritional fortification to add to human milk; not nutritionally complete. .08 mg iron per .90g powder packet – iron should be supplemented from other sources. Preparation will vary as prescribed by physician or dietitian.	Indicated for premature and low birth weight infants who are receiving breast milk but have a continued need for a high nutrient density diet after discharge. Product is added to human milk (not water). Can be used for enteral feeding after enteral feeding is well established and tolerance is confirmed.	Authorization from a prescribing healthcare provider. Typically for use up to 8 pounds unless otherwise indicated (e.g. only 50% feeds are fortified). May only be issued one month at a time up to 8-12 weeks gestational age. Follow state policy.
Milk-Based Blended Foods Pediatric Formula <ul style="list-style-type: none"> • Compleat Pediatric (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula. Protein is from milk, chicken, and pea protein. Provides 33 calories and .41 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with intolerance to standard pediatric formulas requiring tube feeding. Not for oral supplementation. Note: contains real food ingredients. Corn, soy, and gluten free.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based Blended Foods Reduced Calorie Pediatric Formula <ul style="list-style-type: none"> • Compleat Pediatric Reduced Calorie (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula. Protein is from milk, chicken, and pea protein. Provides 20 calories and .41 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age requiring tube feedings with decreased energy needs. Not for oral supplementation. Note: contains real food ingredients. Corn, soy, and gluten free.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based Pediatric Formula <ul style="list-style-type: none"> • Boost Kid Essentials 1.0 Cal (Retail Version) (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula. Protein is from whey and casein. Provides 30 calories and .41 mg iron per fluid ounce. Available in RTF. Retail packaging is 8.25 oz. Institutional packaging is 8.0 oz.	Indicated for children over 1 year of age with a medical condition requiring tube feeding, full diet, or oral supplementation. Limited approval for infants with serious medical conditions. Contact NAS consultant for approval.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based Pediatric Formula <ul style="list-style-type: none"> • PediaSure • PediaSure Enteral • PediaSure with Fiber • PediaSure Enteral with Fiber (Abbott) 	Nutritionally complete, milk-based, lactose and gluten-free formula with or without fiber. Protein is predominately casein. Provides 30 calories and .40 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with a medical condition requiring tube feeding, full diet, or oral supplementation. Limited approval for infants with serious medical conditions. Contact NAS consultant for approval.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.

AUTHORIZED WIC FORMULAS

TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
Milk-Based Pediatric Formula <ul style="list-style-type: none"> • Nutren Junior • Nutren Junior with Fiber (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula with or without fiber. Protein is 50% whey, 50% casein. Provides 30 calories and .40 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with a medical condition requiring tube feeding, full diet, or oral supplementation. Limited approval for infants with serious medical conditions. Contact NAS consultant for approval.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based High Calorie Pediatric Formula <ul style="list-style-type: none"> • Boost Kid Essentials 1.5 Cal • Boost Kid Essentials 1.5 Cal with fiber (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula with or without fiber. Protein is from whey and casein. Provides 45 calories and .41 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with a medical condition requiring higher calorie needs and tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based High Calorie Pediatric Formula <ul style="list-style-type: none"> • PediaSure 1.5 Cal • PediaSure 1.5 Cal with Fiber (Abbott) 	Nutritionally complete, milk-based, lactose and gluten-free formula with or without fiber. Contains added DHA Omega-3. Protein is from milk protein concentrate. Provides 44 calories and .34 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with a medical condition requiring higher calorie needs and tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Soy-Based Pediatric Formula <ul style="list-style-type: none"> • Bright Beginnings Soy Pediatric Drink (PBM Products) 	Nutritionally complete, soy-based, lactose and gluten-free formula. Provides 30 calories and .40 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with a medical condition requiring soy-based protein and tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Peptide-Based Pediatric Formula with MCT <ul style="list-style-type: none"> • Peptamen Junior • Peptamen Junior with Fiber • Peptamen Junior with Prebio¹ (Nestle) 	Nutritionally complete, lactose-free, 100% whey protein, peptide-based formula. Contains 60% of fat as MCT. Available with or without fiber or with Prebio ¹ . Provides 30 calories and .40 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with gastrointestinal impairment and/or malabsorption requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Peptide-Based Pediatric Formula with MCT <ul style="list-style-type: none"> • PediaSure Peptide (Abbott) 	Nutritionally complete, lactose-free, kosher product. Protein is 70% whey, 30% casein, peptide-based formula. Contains 50% of fat as MCT. Provides 30 calories and .41 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with gastrointestinal impairment and/or malabsorption requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.

AUTHORIZED WIC FORMULAS

TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
Peptide-Based High Calorie Pediatric Formula with MCT <ul style="list-style-type: none"> • PediaSure Peptide 1.5 Cal (Abbott) • Peptamen Junior 1.5 Cal (Nestle) 	Nutritionally complete, lactose-free, peptide-based formula. Protein source is predominately whey and fat source is at least 50% MCT. Provides 45 calories and approximately 0.61 mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with higher calorie needs due to gastrointestinal impairment and/or malabsorption requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Pediatric Formula with MCT <ul style="list-style-type: none"> • EleCare Junior (Abbott) 	100% amino-acid based, nutritionally complete formula. Contains 33% of fat as MCT. Provides 30 calories and .40 mg iron per fluid ounce when prepared as a pediatric formula. Available in powder. Reconstituted powder: 64 fl oz	Indicated for children over 1 year of age with gastrointestinal impairment, severe food allergies, and malabsorption who are sensitive to extensively hydrolyzed formulas requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Pediatric Formula with MCT <ul style="list-style-type: none"> • E028 Splash • Neocate Splash Unflavored (Nutricia North America) 	100% amino-acid based, nutritionally complete formula. Contains 35% of fat as MCT. Provides 30 calories and .40mg iron per fluid ounce. Available in RTF.	Indicated for children over 1 year of age with gastrointestinal impairment, severe food allergies, gastroesophageal reflux and malabsorption who are sensitive to extensively hydrolyzed formulas requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Pediatric Formula with MCT <ul style="list-style-type: none"> • Neocate Junior • Neocate Junior with Prebiotics (Nutricia North America) 	100% amino-acid based, nutritionally complete formula. Contains 35% of fat as MCT. Provides 30 calories and .40mg iron per fluid ounce. Available in powder. Reconstituted powder: 65 fl oz	Indicated for children over 1 year of age with gastrointestinal impairment, severe food allergies, and malabsorption who are sensitive to extensively hydrolyzed formulas requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Hypoallergenic Elemental Pediatric Formula with MCT <ul style="list-style-type: none"> • Alfamino Junior (Nestle) 	Nutritionally complete, hypoallergenic, free amino acid, lactose and gluten free pediatric formula with 65% MCT. Provides 30 calories and .53 mg iron per fluid ounce.	Indicated for children with cow's milk protein allergy, multiple food allergies, or malabsorption/maldigestion issues requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Caloric Additive <ul style="list-style-type: none"> • Super Soluble Duocal (Nutricia North America) 	Energy enhancer that is completely soluble in water, liquids, and moist foods without altering taste. Provides 42 calories per tablespoon of powder. Preparation will vary as prescribed by physician or dietitian. Available in powder. Reconstituted powder: 175 fl oz	Indicated for children and women with disorders of protein and amino acid metabolism, protein restricted diets, electrolyte restricted diets, or high energy diets (i.e. failure to thrive) requiring tube feeding, full diet, or oral supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.

AUTHORIZED WIC FORMULAS

TYPE OF FORMULA Name of Formula	BASIC DESCRIPTION (Reconstituted amounts are for one can).	INDICATIONS FOR USE	DOCUMENTATION REQUIRED
Clear Liquid Pediatric and Adult Formula <ul style="list-style-type: none"> • Boost Breeze (Nestle) 	Clear liquid, fruit-flavored, low fat, lactose and gluten-free formula. Protein is 100% whey (milk). Provides 31 calories and .33 mg iron per fluid ounce. Available in RTF.	Indicated for children and women with a need for clear liquid diet or fat malabsorption requiring oral supplementation. Note: Not nutritionally complete. Not for use with tube feeding	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based Adult Formula <ul style="list-style-type: none"> • Boost (Nestle) 	Nutritionally complete, milk-based, lactose and gluten-free formula. Provides 30 calories and .56 mg iron per fluid ounce. Available in RTF.	Indicated for women requiring increased calories. Used for tube feeding, full diet or diet supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.
Milk-Based Adult Formula <ul style="list-style-type: none"> • Ensure (Abbott) 	Nutritionally complete, milk-based, lactose and gluten-free formula. Provides 30 calories and .56 mg iron per fluid ounce. Available in RTF.	Indicated for women requiring increased calories. Used for tube feeding, full diet or diet supplementation.	Authorization from a prescribing healthcare provider. Update every six months or at the end of the authorization duration, whichever comes first.