

MONTHLY MAXIMUMS OF NYS APPROVED FORMULAS

Effective Date: **August 2023**

The purpose of this document is to guide staff in identifying appropriate formula issuance amounts according to the NYS WIC Program Formulary, with the goal of preventing over or under issuance of formula. Qualified local agency staff must individually tailor the formula issued based on the assessed needs of the participant, breastfeeding status, and professional judgement.

Add-A-Can

Reconstitution amounts vary by formula brand and type. In some instances, the reconstituted amounts do not meet the Full Nutrition Benefit (FNB).

The eleven formulas below require adjustment to their monthly maximums:

- ❖ [Enfamil Gentlease \(Powder\)](#)
- ❖ [Enfamil Infant \(Powder\)](#)
- ❖ [Enfamil Reguline \(Powder\)](#)
- ❖ [Similac Soy Isomil \(Powder\)](#)
- ❖ [Gerber Good Start Soy \(Powder\)](#)
- ❖ [Neocate Infant with DHA & ARA \(Powder\)](#)
- ❖ [Neocate Syneo Infant \(Powder\)](#)
- ❖ [Pregestimil \(Powder\)](#)
- ❖ [PurAmino Infant \(Powder\)](#)
- ❖ [Enfaport \(Ready to Use\)](#)
- ❖ [Similac PM 60/40 \(Powder\)](#)

Staff must follow Add-a-Can procedures to issue the additional can of formula for the appropriate benefit months. Numbers with bold font indicate the month that the additional can should be issued. The Add-a-Can procedures can be found on the WIC Library → Communication → NYWIC → Training → How to Manually Issue an Add-a-Can Formula.

Note: Powder infant formulas are not sterile but may be fed to premature infants or infants who have immune problems as directed by the participant's health care provider (HCP). Encourage parents to talk to their HCP about the need to sanitize bottles and nipples before use, or use cooled, boiled water for mixing.

Formula specifications in this document are subject to change.

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FORMULA ISSUANCE

Formula Issuance is based on USDA's definition of the Full Nutrition Benefit (FNB). Whole containers must be issued to provide at least the FNB and not exceed the USDA maximum allowance for the food package and breastfeeding status. A lower quantity of formula may be issued to support a participant's breastfeeding goals, establish formula tolerance, or for participant preference (excluding Food Package III prescriptions).

To meet USDA regulations for formula issuance, the monthly issuance is calculated by dividing the FNB by the number of reconstituted ounces in one can of formula and then rounding that number up to the next whole can. These calculations have all been completed and summarized in the tables below. Calculations listed are for initial certifications occurring between 0-1 month of age.

NYWIC Add-a-Can Schedule for Infants Breastfeeding Partially Some/Infant Non-Breastfeeding

INFANTS BREASTFEEDING PARTIALLY SOME/INFANTS NON-BREASTFEEDING												
FOOD PACKAGES	AGE (MONTHS)											
	1A				1B		II					
FORMULA	0-1 months	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	10-11 months	11-12 months
NEOCATE/NEOCATE SYNEO POWDER	9**	9**	8	8	10**	9	7	7	7	7	7	7
NEOCATE/NEOCATE SYNEO POWDER (NO SOLIDS)	N/A						10**	9	9	9	9	9
PREGESTIMIL POWDER	8**	7	7	7	8	8	6	6	6	6	6	6
PURAMINO POWDER	9**	9**	8	8	10**	9	7	7	7	7	7	7
PURAMINO POWDER (NO SOLIDS)	N/A						10**	9	9	9	9	9
ENFAPORT READY-TO-USE	23	23	23	23	25	25	18**	18**	17	17	17	17
SIMILAC PM 60/40 POWDER	8	8	8	8	9	9	7**	6	6	6	6	6
GERBER GOOD START SOY	6	6	6	6	7**	6	5**	5**	5**	4	4	4
GERBER GOOD START SOY (NO SOLIDS)	N/A						7**	7**	6	6	6	6

NYWIC Add-a-Can Schedule for Infants Breastfeeding Partially Mostly

INFANTS BREASTFEEDING PARTIALLY MOSTLY												
FOOD PACKAGES	AGE (MONTHS)											
	IA	IB			IC		II					
FORMULA	0-1 months	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	10-11 months	11-12 months
ENFAMIL GENTLEASE POWDER	1	5**	4	4	5	5	4	4	4	4	4	4
ENFAMIL INFANT POWDER	1	5**	4	4	5	5	4	4	4	4	4	4
ENFAMIL REGULINE POWDER	1	5**	4	4	5	5	4	4	4	4	4	4
SIMILAC SOY ISOMIL POWDER	1	5**	4	4	5	5	4	4	4	4	4	4
NEOCATE/NEOCATE SYNEO POWDER	1	4	4	4	5	5	4**	4**	3	3	3	3
PREGESTIMIL POWDER	1	4**	3	3	4	4	3	3	3	3	3	3
PURAMINO POWDER	1	4	4	4	5	5	4**	4**	3	3	3	3
ENFAPORT READY-TO-USE	3	11**	10	10	13	13	9	9	9	9	9	9
SIMILAC PM 60/40 POWDER	1	4	4	4	5	5	4**	3	3	3	3	3
GERBER GOOD START SOY	1	3	3	3	4**	3	3**	3**	2	2	2	2
GERBER GOOD START SOY (NO SOLIDS)	N/A						4**	3	3	3	3	3

Food Package III (6-12 month No Solids)

If an infant is unable to consume solid food at 6 months of age or older, as documented by the HCP, Food Package III allows the infant to receive additional formula in the amount issued at the 4-5 month full nutrition benefit. The higher issuance is indicated within this document.

The Food Package III-No Solids formula quantities are available in NYWIC, when all food quantities are changed to '0', and the formula quantity is set to the maximum within the prescription screen.

Breastfeeding

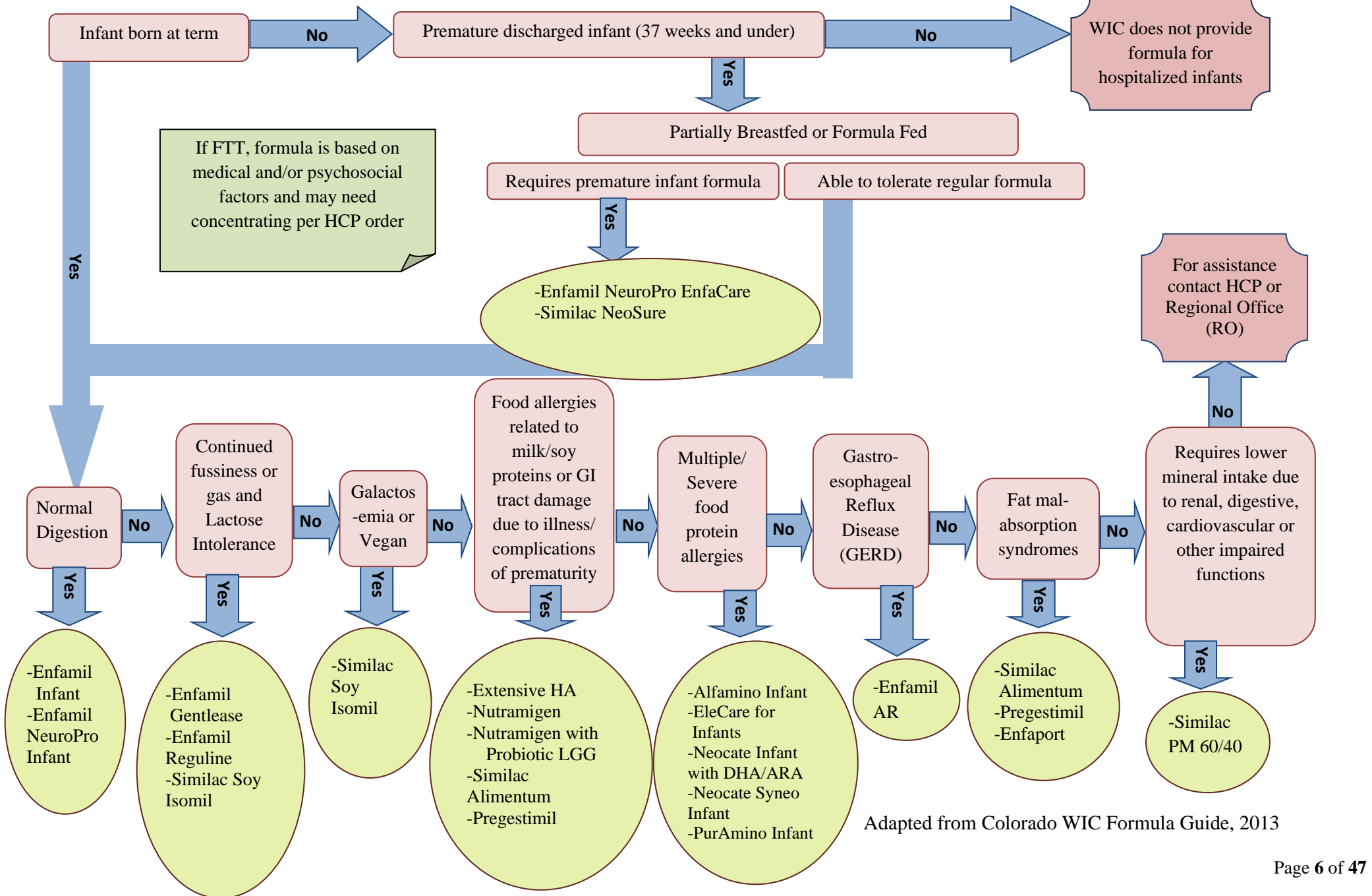
- Formula issued to any infant must be tailored to minimize the risk of reducing breastfeeding and to meet the needs of the infant and mother, as determined by an individualized assessment. The maximum amount of formula for an Infant Breastfeeding Partially some (IBPs) is listed in this document under the Infants Non-Breastfeeding (INB) section. The maximum formula amount is rarely warranted for breastfeeding infants. Staff should not routinely issue formula to mostly breastfeeding infants in the first month of life.
- To support breastfeeding, NYWIC defaults as follows:

Category	NYWIC
IBPm* (first month)	defaults to 1 can of standard contract powder formula (or equivalent). May tailor down to 0.
IBPm* (after first month)	defaults to 1 can of standard contract powder formula (or equivalent).
IBPs	defaults to approx. 9 cans of standard contract powder formula (or equivalent). May tailor down to support continued breastfeeding

*IBPm-Infants Breastfeeding Partially Mostly

NYS WIC INFANT FORMULA DECISION TREE

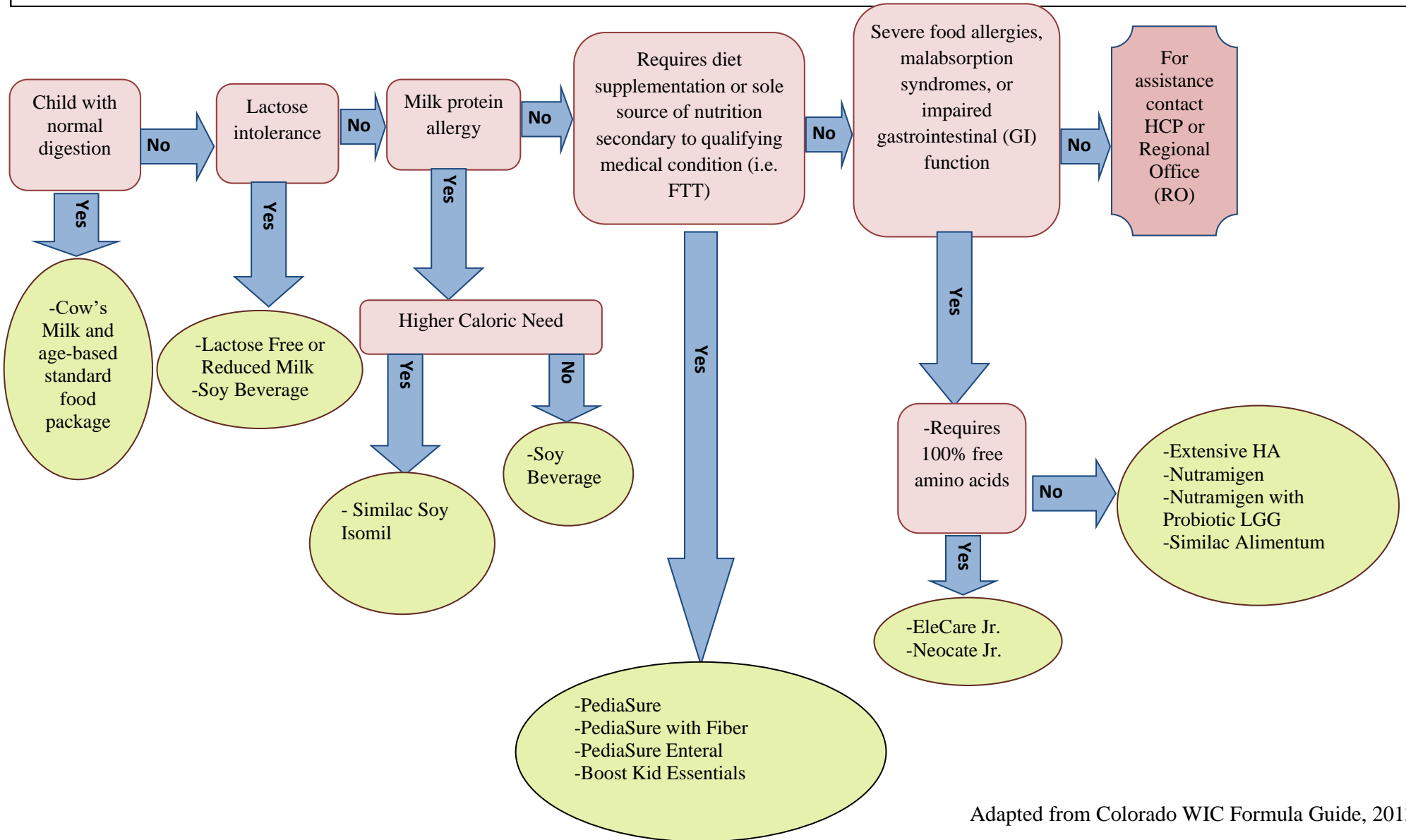
Encourage mothers to exclusively breastfeed. If mother cannot breastfeed or decides to formula feed, contract milk-based formula with iron is recommended. Before changing formulas, WIC staff must assess and address feeding skills, techniques and parenting concerns/issues. This decision tree assists in determining formula recommendations. For more information, refer to HCP and/or Breastfeeding Coordinator and specific formula pages.



Adapted from Colorado WIC Formula Guide, 2013

NYS WIC CHILD FORMULA AND SUPPLEMENTAL FOODS DECISION TREE

Before issuing formula/WIC-eligible nutritionals/supplemental foods, WIC staff must assess and address feeding skills, techniques and parenting concerns/issues. This decision tree assists in determining formula recommendations. All formulas and supplemental foods listed, except for cow's milk and age-based standard food package (unless Food Package III), require appropriate medical documentation. For more information, refer to HCP and specific formula pages.



Adapted from Colorado WIC Formula Guide, 2013

NYS WIC APPROVED FORMULAS AND COMPARABLE FORMULAS–REFERENCE GUIDE

Formula Name	Kcal/ Oz	Milk/ Soy/ Amino Acid/ Etc. Based	Gluten Free	Lactose Free	Milk Free	Galactose Free	Iron Fortified	MCT Oil	DHA/ ARA	Nutritionally Complete	Comparable Formula(s)
CONTRACT FORMULAS											
Enfamil AR	20	MILK	Y	N	N	N	Y	N	Y	Y	-Similac for Spit-Up* -Store Brand Added Rice Starch*
Enfamil Gentlease	20	MILK	Y	N	N	N	Y	N	Y	Y	-Similac Sensitive* -Gerber Good Start Soothe* -Store Brand Gentle* -Store Brand Sensitivity*
Enfamil Infant	20	MILK	Y	N	N	N	Y	N	Y	Y	-Enfamil NeuroPro Infant RTU -Similac Advance* -Gerber Good Start Gentle* -Store Brand Premium* -Store Brand Advantage* -Store Brand Tender*
Enfamil NeuroPro Infant RTU	20	MILK	Y	N	N	N	Y	N	Y	Y	-Enfamil Infant -Similac Advance* -Gerber Good Start Gentle* -Store Brand Premium* -Store Brand Advantage* -Store Brand Tender*
Enfamil Reguline	20	MILK	Y	N	N	N	Y	N	Y	Y	-Similac Total Comfort* -Gerber Good Start Soothe*
Similac Soy Isomil	20	SOY	Y	Y	Y	Y	Y	N	Y	Y	-Gerber Good Start Soy -Enfamil ProSobee* -Store Brand Soy*

*Formula not currently offered by NYS WIC

NYS WIC Approved Formulas and Comparable Formulas - Reference Guide Continued

Formula Name	Kcal/ Oz	Milk/ Soy/ Amino Acid/ Etc. Based	Gluten Free	Lactose Free	Milk Free	Galactose Free	Iron Fortified	MCT Oil	DHA/ ARA	Nutritionally Complete	Comparable Formula(s)
HYPOALLERGENIC FORMULAS (EXEMPT FORMULA)											
Alfamino Infant	20	Amino Acid	Y	Y	Y	N	Y	Y	N	Y	-Neocate Infant w/ DHA & ARA/Neocate Syneo Infant -Nutramigen AA* -PurAmino -EleCare for Infants
EleCare For Infants	20	Amino Acid	Y	Y	Y	Y	Y	Y	Y	Y	-Neocate Infant w/ DHA & ARA/Neocate Syneo Infant -Nutramigen AA* -PurAmino -Alfamino
EleCare Jr.	30	Amino Acid	Y	Y	Y	Y	Y	Y	Y	Y	-Neocate Jr. -PurAmino Toddler* -Alfamino Jr*
Extensive HA	20	PROTEIN HYDROLYSATE	Suitable for gluten-free diets	Y	N	N	Y	Y	Y	Y	-Similac Alimentum -Nutramigen with Probiotic LGG -Nutramigen
Nutramigen	20	PROTEIN HYDROLYSATE	Y	Y	N	Y	Y	N	Y	Y	-Similac Alimentum -Nutramigen with Probiotic LGG
Nutramigen with Probiotic LGG	20	PROTEIN HYDROLYSATE	Y	Y	N	Y	Y	N	Y	Y	-Similac Alimentum -Nutramigen
Neocate Infant with DHA and ARA/Neocate Syneo Infant	20	Amino Acid	Y	Y	Y	Y (not a specific Nutricia claim)	Y	Y	Y	Y	-EleCare for Infants -Nutramigen AA* -PurAmino Infant -Alfamino Infant
Neocate Jr.	30	Amino Acid	Y	Y	Y	Y (not a specific Nutricia claim)	Y	Y	N	Y	-Elecare Jr. -Neocate Jr. with Prebiotics* -PurAmino Toddler*
PurAmino Infant	20	Amino Acid	Y (not a specific Mead Johnson claim)	Y	Y	Suitable for galactosemia	Y	Y	Y	Y	-Alfamino Infant -Neocate Infant w/ DHA & ARA/ Neocate Syneo Infant -Nutramigen AA* -EleCare for Infants
Similac Alimentum	20	PROTEIN HYDROLYSATE	Y	Y	N	N	Y	Y	Y	Y	-Pregestimil (Galactose Free)
*Formula not currently offered by NYS WIC											

NYS WIC Approved Formulas and Comparable Formulas - Reference Guide Continued

Formula Name	Kcal/ Oz	Milk/ Soy/ Amino Acid/ Etc. Based	Gluten Free	Lactose Free	Milk Free	Galactose Free	Iron Fortified	MCT Oil	DHA/ ARA	Nutritionally Complete	Comparable Formula(s)
FORMULAS FOR PREMATURE INFANTS (EXEMPT FORMULA)											
Enfamil NeuroPro EnfaCare	22	MILK	Y	N	N	N	Y	Y	Y	Y	-Similac Neosure
Similac Neosure	22	MILK	Y	N	N	N	Y	Y	Y	Y	-Enfamil NeuroPro EnfaCare
SPECIALIZED FORMULAS (EXEMPT FORMULA)											
Pregestimil	20	PROTEIN HYDROLYSATE	Y	Y	N	Y	Y	Y	Y	Y	- Similac Alimentum
Enfaport	30	MILK	Y	Y	N	N	Y	Y	Y	Y	- Not at this time
Similac PM 60/40	20	MILK	Y	N	N	N	Y Low iron	N	N	Y	- Not at this time
*Formula not currently offered by NYS WIC											

NYS WIC Approved Formulas and Comparable Formulas - Reference Guide Continued

Formula Name	Kcal/Oz	Milk/ Soy/ Amino Acid/ Etc. Based	Gluten Free	Lactose Free	Milk Free	Galactose Free	Iron Fortified	MCT Oil	DHA/ARA	Nutritionally Complete	Comparable Formula(s)
CALORIE AND NUTRIENT DENSE PRODUCTS (EXEMPT WIC ELIGIBLE NUTRITIONALS)											
Boost	30	MILK	Y	Y	N	N	Y	N	N	Y	- Ensure
Boost High Protein	30	MILK	Y	Y	N	N	Y	N	N	Y	- Ensure High Protein*
Boost Kid Essentials	29	MILK	Y	Y	N	N	Y	Y	N	Y	- Nutren Junior* - PediaSure - Boost
Ensure	31	MILK	Y	Suitable for lactose intolerance	N	N	Y	N	N	Y	
Ensure Plus	44	MILK	Y	Suitable for lactose intolerance	N	N	Y	N	N	Y	- Boost Plus*
PediaSure	30	MILK	Y	Suitable for lactose intolerance	N	N	Y	Y	Y	Y	- Nutren Junior* - Boost Kid Essentials
PediaSure with Fiber	30	MILK	Y	Suitable for lactose intolerance	N	N	Y	Y	Y	Y	- Nutren Junior Fiber*
PediaSure Enteral	30	MILK	Y	Suitable for lactose intolerance	N	N	Y	Y	Y	Y	- Nutren Junior* - Compleat Pediatric*
PediaSure Enteral with Fiber	30	MILK	Y	Suitable for lactose intolerance	N	N	Y	Y	Y	Y	- Nutren Junior Fiber* - Compleat Pediatric (50% fiber of PediaSure w/ fiber)*
*Formula not currently offered by NYS WIC											

CONTRACT FORMULAS

Enfamil A.R.

Manufacturer	Description	Indication										Approved For	
Mead Johnson	20 Kcal/oz, milk-based contract formula, with added rice starch. Formula can be fed through standard nipple opening.	Thickened formula to reduce frequent spit up										Infants Children*	
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.9-ounce Powder	91 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food (FPIII)*	91 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B			Package 1C		Package II					
12.9-ounce Powder	91 fluid ounces	1	4	4	4	5	5	4	4	4	4	4	4
no solid food (FPIII)*	91 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)											
12.9-ounce Powder		10											

***Medical Documentation is required for Food Package III**

Enfamil Gentlese

Manufacturer	Description	Indication										Approved For	
Mead Johnson	20 Kcal/oz, milk-based contract formula, with partially broken-down milk proteins, about 1/5 th the lactose of a full lactose formula	For infants with fussiness and gas										Infants Children*	
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.4-ounce Powder	90 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food (FPIII)*	90 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B		Package 1C		Package II						
12.4-ounce Powder	90 fluid ounces	1	5**	4	4	5	5	4	4	4	4	4	4
no solid food (FPIII)*	90 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)											
12.4-ounce Powder		10											

*Medical Documentation is required for Food Package III

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Enfamil Infant

Manufacturer	Description	Indication						Approved For					
Mead Johnson	20 Kcal/oz, milk-based, contract infant formula with prebiotics.	For healthy term infants						Infants Children*					
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.5-ounce Powder	90 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food (FPIII)*	90 fluid ounces	N/A						10	10	10	10	10	10
13-ounce Concentrate	26 fluid ounces	31	31	31	31	34	34	24	24	24	24	24	24
no solid food (FPIII)*	26 fluid ounces	N/A						34	34	34	34	34	34
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food (FPIII)*	N/A	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B		Package 1C		Package II						
12.5-ounce Powder	90 fluid ounces	1	5**	4	4	5	5	4	4	4	4	4	4
no solid food (FPIII)*	90 fluid ounces	N/A						5	5	5	5	5	5
13-ounce Concentrate	26 fluid ounces	4	14	14	14	17	17	12	12	12	12	12	12
no solid food (FPIII)*	26 fluid ounces	N/A						17	17	17	17	17	17
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food (FPIII)*	N/A	N/A						14	14	14	14	14	14
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)											
12.5-ounce Powder		10											
13-ounce Concentrate		35											
32-ounce Ready to Use		28											

*Medical Documentation is required for Food Package III

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Enfamil NeuroPro Infant

Manufacturer	Description	Indication						Approved For					
Mead Johnson	20 Kcal/oz, milk-based, contract infant formula with prebiotics and milk fat globule membrane	For healthy term infants						Infants Children*					
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food (FPIII)*	N/A							28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B			Package 1C		Package II					
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food (FPIII)*	N/A	N/A						14	14	14	14	14	14
Children with Qualifying Medical Conditions	*Package III (Containers Per Month)												
32-ounce Ready to Use	28												

*Medical Documentation is required for Food Package III

Enfamil Reguline

Manufacturer	Description	Indication										Approved For	
Mead Johnson	20 Kcal/oz, milk-based contract formula with partially hydrolyzed milk proteins and prebiotics: polydextrose and galactooligosaccharides	For infants with stooling issues										Infants Children*	
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.4-ounce Powder	90 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food (FPIII)*	90 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B		Package 1C		Package II						
12.4-ounce Powder	90 fluid ounces	1	5**	4	4	5	5	4	4	4	4	4	4
no solid food (FPIII)*	90 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)											
12.4-ounce Powder		10											

*Medical Documentation is required for Food Package III

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Similac Soy Isomil

Manufacturer	Description	Indication						Approved For					
Abbott	20 Kcal/oz, soy-based, milk-free, contract soy formula	For infants with sensitivity to milk-based formulas or parent/caregiver prefers soy						Infants Children*					
Form	Reconstitution Amount	Package 1A				Package 1B		Package II					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.4-ounce Powder	90 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food (FPIII)*	90 fluid ounces	N/A						10	10	10	10	10	10
13-ounce Concentrate	26 fluid ounces	31	31	31	31	34	34	24	24	24	24	24	24
no solid food (FPIII)*	26 fluid ounces	N/A						34	34	34	34	34	34
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food (FPIII)*	N/A	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B			Package 1C		Package II					
12.4-ounce Powder	90 fluid ounces	1	5**	4	4	5	5	4	4	4	4	4	4
no solid food (FPIII)*	90 fluid ounces	N/A						5	5	5	5	5	5
13-ounce Concentrate	26 fluid ounces	4	14	14	14	17	17	12	12	12	12	12	12
no solid food (FPIII)*	26 fluid ounces	N/A						17	17	17	17	17	17
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food (FPIII)*	N/A	N/A						14	14	14	14	14	14
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)											
12.4-ounce Powder		10											
13-ounce Concentrate		35											
32-ounce Ready to Use		28											

*Medical Documentation is required for Food Package III

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

EXEMPT FORMULAS/WIC-ELIGIBLE NUTRITIONALS

- **HYPOALLERGENIC FORMULAS**
- **FORMULAS FOR PREMATURE INFANTS**
- **SPECIALIZED FORMULAS**
- **CALORIE AND NUTRIENT DENSE PRODUCTS**

These formulas require medical documentation in compliance with WIC Program Manual Policy 1255 Food Package III and Medical Documentation. The NYS WIC Medical Documentation Form (WIC Library → Forms → Medical → Documentation) and the Local Agency Guidance (WIC Library → Nutrition Services → Medical Documentation) can be found in the WIC Library. The Medical Documentation Form is also available on the NYS WIC Website under the Information for Health Care Providers section: <https://www.health.ny.gov/forms/doh-4456.pdf>

HYPOALLERGENIC FORMULAS

Medical Documentation IS Required

Alfamino Infant

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication						Approved For					
Nestle	20 Kcal/oz, amino acid based formula for oral or enteral tube feeding	For cow's milk allergy, multiple food allergies, eosinophilic GI disorders and/or malabsorption conditions						Infants Children					
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	94 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food	94 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	94 fluid ounces	1	4	4	4	5	5	4	4	4	4	4	4
no solid food	94 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		9											

EleCare For Infants

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication										Approved For	
Abbott	20 Kcal/oz, amino acid based formula for oral or tube feeding	For inability to tolerate intact or hydrolyzed proteins; with protein maldigestion, malabsorption, severe food allergies, and/or GI tract impairment										Infants Children	
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	95 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food	95 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	95 fluid ounces	1	4	4	4	5	5	4	4	4	4	4	4
no solid food	95 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		9											

EleCare Jr.

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication										Approved For	
Abbott	30 Kcal/oz, amino acid based formula for oral or tube feeding	For inability to tolerate intact or hydrolyzed proteins; with protein maldigestion, malabsorption, severe food allergies, and/or GI tract impairment										Children	
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	62 fluid ounces	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
no solid food	62 fluid ounces	N/A						n/a	n/a	n/a	n/a	n/a	n/a
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	62 fluid ounces	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
no solid food	62 fluid ounces	N/A						n/a	n/a	n/a	n/a	n/a	n/a
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		14											

***All flavors of EleCare Jr. are approved.**

Extensive HA

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication		Approved For									
Nestle	20 Kcal/oz, hypoallergenic, contains extensively hydrolyzed whey protein	For infants with intolerance or allergy to intact protein in cow's milk		Infants Children									
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	96 fluid ounces	9	9	9	9	10	10	7	7	7	7	7	7
no solid food	96 fluid ounces	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	96 fluid ounces	1	4	4	4	5	5	4	4	4	4	4	4
no solid food	96 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		9											

Nutramigen

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication						Approved For					
Mead Johnson	20 Kcal/oz, protein (casein) hydrolysate, hypoallergenic, contains excessively hydrolyzed proteins	For infants with sensitivity or allergy to intact protein in milk and soy formulas, or other foods						Infants Children					
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
13-ounce Concentrate	26 fluid ounces	31	31	31	31	34	34	24	24	24	24	24	24
no solid food	26 fluid ounces	N/A						34	34	34	34	34	34
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food	N/A	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
13-ounce Concentrate	26 fluid ounces	4	14	14	14	17	17	12	12	12	12	12	12
no solid food	26 fluid ounces	N/A						17	17	17	17	17	17
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food	N/A	N/A						14	14	14	14	14	14
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
13-ounce Concentrate		35											
32-ounce Ready to Use		28											

Nutramigen with Probiotic LGG

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description					Indication					Approved For		
Mead Johnson	20 Kcal/oz, protein (casein) hydrolysate, hypoallergenic, extensively hydrolyzed protein with added probiotic					For infants with sensitivity or allergy to intact protein in milk and soy formulas, or other foods					Infants Children		
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.6-ounce Powder	87 fluid ounces	10	10	10	10	11	11	8	8	8	8	8	8
no solid food	87 fluid ounces	N/A					11	11	11	11	11	11	11
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
12.6-ounce Powder	87 fluid ounces	1	5	5	5	6	6	4	4	4	4	4	4
no solid food	87 fluid ounces	N/A					6	6	6	6	6	6	6
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
12.6-ounce Powder		10											

Neocate Infant with DHA and ARA

Medical Documentation IS Required for Infants and Children with Food Package III

Manufacturer	Description	Indication		Approved For									
Nutricia	20 Kcal/oz, amino acid based, hypoallergenic, contains 100% free amino acids	For severe allergy to cow's milk, multiple food protein intolerance and other conditions where an amino acid-based diet is required		Infants Children									
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	97 fluid ounces	9**	9**	8	8	10**	9	7	7	7	7	7	7
no solid food	97 fluid ounces	N/A						10**	9	9	9	9	9
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	97 fluid ounces	1	4	4	4	5	5	4**	4**	3	3	3	3
no solid food	97 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		9											

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Neocate Syneo Infant

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication												Approved For
Nutricia	20 Kcal/oz, amino acid based, hypoallergenic, contains 100% free amino acids, contains a blend of pre- and probiotics to support gut health and immune development	For severe allergy to cow's milk, multiple food protein intolerance and other conditions where an amino acid-based diet is required												Infants Children
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)						
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos	
14.1-ounce Powder	97 fluid ounces	9**	9**	8	8	10**	9	7	7	7	7	7	7	
no solid food	97 fluid ounces	N/A						10**	9	9	9	9	9	
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)						
14.1-ounce Powder	97 fluid ounces	1	4	4	4	5	5	4**	4**	3	3	3	3	
no solid food	97 fluid ounces	N/A						5	5	5	5	5	5	
Children with Qualifying Medical Conditions		Package III (Containers Per Month)												
14.1-ounce Powder		9												

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Neocate Jr.

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication												Approved For
Nutricia	30 Kcal/oz, amino acid based, hypoallergenic, contains 100% free amino acids	For severe allergy to cow's milk, multiple food protein intolerance and other conditions where an amino acid-based diet is required												Children
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III(II)						
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos	
14.1-ounce Powder	63.7 fluid ounces	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
no solid food	63.7 fluid ounces	N/A						n/a	n/a	n/a	n/a	n/a	n/a	
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)						
14.1-ounce Powder	63.7 fluid ounces	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
no solid food	63.7 fluid ounces	N/A						n/a	n/a	n/a	n/a	n/a	n/a	
Children with Qualifying Medical Conditions		Package III (Containers Per Month)												
14.1-ounce Powder		14												

*All flavors of Neocate Jr. are approved.

PurAmino Infant

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication		Approved For									
Mead Johnson	20 Kcal/oz, amino acid based, hypoallergenic, contains 100% free amino acids	For severe allergy to cow's milk, multiple food protein allergies and other conditions where an amino acid-based diet is required		Infants Children									
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	98 fluid ounces	9**	9**	8	8	10**	9	7	7	7	7	7	7
no solid food	98 fluid ounces	N/A						10**	9	9	9	9	9
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	98 fluid ounces	1	4	4	4	5	5	4**	4**	3	3	3	3
no solid food	98 fluid ounces	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
14.1-ounce Powder		9											

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Similac Alimentum

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication						Approved For					
Abbott	20Kcal/oz, protein (casein) hydrolysate, hypoallergenic formula	For infants with severe food allergies, sensitivity to intact protein or fat malabsorption						Infants Children					
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
12.1-ounce Powder	87 fluid ounces	10	10	10	10	11	11	8	8	8	8	8	8
no solid food	87 fluid ounces	N/A						11	11	11	11	11	11
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food	N/A	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
12.1-ounce Powder	87 fluid ounces	1	5	5	5	6	6	4	4	4	4	4	4
no solid food	87 fluid ounces	N/A						6	6	6	6	6	6
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food	N/A	N/A						14	14	14	14	14	14
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
12.1-ounce Powder		10											
32 ounces Ready to Use		28											

FORMULA FOR PREMATURE INFANTS

Medical Documentation IS Required

Enfamil NeuroPro EnfaCare

Medical Documentation **IS** Required for Infants and *Children with Food Package III

Manufacturer	Description	Indication										Approved For	
Mead Johnson	22 Kcal/oz, milk-based discharge formula; provides more calories, proteins, vitamins and minerals than routine starter formulas; contains milk fat globule membrane	For premature or low birth weight infants who weigh 4 or more pounds; can be used throughout the first-year corrected age										Infants	
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
13.6-ounce Powder	87 fluid ounces	10	10	10	10	11	11	8	8	8	8	8	8
no solid food	87 fluid ounces	N/A						11	11	11	11	11	11
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
13.6-ounce Powder	87 fluid ounces	1	5	5	5	6	6	4	4	4	4	4	4
no solid food	87 fluid ounces	N/A						6	6	6	6	6	6
*Children with Qualifying Medical Conditions		Package III (Containers per Month)											
13.6-ounce Powder		10											

*May be issued for premature infants needing premature infant formula beyond 1 year of actual age through their corrected age of 12 months using the 'Assign Special Formula/Food' button.

Similac Neosure

Medical Documentation **IS** Required for Infants and *Children with Food Package III

Manufacturer	Description	Indication										Approved For	
Abbott	22 Kcal/oz, milk-based formula, higher calorie, higher nutrient base formula	For premature and/or low birth weight infants and can be used throughout the first-year corrected age										Infants	
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
13.1-ounce Powder	87 fluid ounces	10	10	10	10	11	11	8	8	8	8	8	8
no solid food	87 fluid ounces	N/A						11	11	11	11	11	11
32-ounce Ready to Use	N/A	26	26	26	26	28	28	20	20	20	20	20	20
no solid food	N/A	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
13.1-ounce Powder	87 fluid ounces	1	5	5	5	6	6	4	4	4	4	4	4
no solid food	87 fluid ounces	N/A						6	6	6	6	6	6
32-ounce Ready to Use	N/A	3	12	12	12	14	14	10	10	10	10	10	10
no solid food	N/A	N/A						14	14	14	14	14	14
*Children with Qualifying Medical Conditions		Package III (Containers per Month)											
13.1-ounce Powder		10											
32-ounce Ready to Use		28											

*May be issued for premature infants needing premature infant formula beyond 1 year of actual age through their corrected age of 12 months using the 'Assign Special Formula/Food' button.

SPECIALIZED FORMULAS

Medical Documentation IS Required

Pregestimil

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description	Indication		Approved For									
Mead Johnson	20 Kcal/oz, protein (casein) hydrolysate, hypoallergenic	For infants who experience fat malabsorption and may also be sensitive to intact proteins. Fat malabsorption or steatorrhea may be associated with cystic fibrosis, short bowel syndrome, intractable diarrhea, and severe protein calorie malnutrition		Infants Children									
Form	Reconstitution Amount	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
16-ounce Powder	112 fluid ounces	8**	7	7	7	8	8	6	6	6	6	6	6
no solid food	112 fluid ounces	N/A						8	8	8	8	8	8
6 Packs (2 oz) Ready to Use	12 fluid ounces	69	69	69	69	76	76	53	53	53	53	53	53
no solid food	12 fluid ounces	N/A						76	76	76	76	76	76
Infants Breastfeeding Partially Mostly		Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
16-ounce Powder	112 fluid ounces	1	4**	3	3	4	4	3	3	3	3	3	3
no solid food	112 fluid ounces	N/A						4	4	4	4	4	4
6 Packs (2 oz) Ready to Use	12 fluid ounces	9	32	32	32	39	39	28	28	28	28	28	28
no solid food	12 fluid ounces	N/A						39	39	39	39	39	39
Children with Qualifying Medical Conditions		Package III (Containers Per Month)											
16-ounce Powder		8											
6 Packs (2 oz) Ready to Use		75											

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Enfaport

Medical Documentation IS Required for Infants with Food Package III

Manufacturer	Description				Indication				Approved For			
Mead Johnson	30 Kcal/oz, milk based, higher protein formula with high levels of MCT Oil for easier absorption				For infants with chylothorax or LCHAD deficiency				Infants			
Form	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding	0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
6 Packs (6oz) Ready to Use	23	23	23	23	25	25	18**	18**	17	17	17	17
no solid food	N/A						25	25	25	25	25	25
Infants Breastfeeding Partially Mostly	Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
6 Packs (6oz) Ready to Use	3	11**	10	10	13	13	9	9	9	9	9	9
no solid food	N/A						13	13	13	13	13	13

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

Similac PM 60/40

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description				Indication				Approved For			
Abbott	20 Kcal/oz, milk based, low-iron formula. Additional iron should be supplied by other sources as recommended.				For infants and children predisposed to or being treated for hypocalcemia due to hyperphosphatemia, or those with impaired renal function who would benefit from lowered mineral intake.				Infants Children			
Form	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding	0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	8	8	8	8	9	9	7**	6	6	6	6	6
no solid food	N/A						9	9	9	9	9	9
Infants Breastfeeding Partially Mostly	Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	1	4	4	4	5	5	4**	3	3	3	3	3
no solid food	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions	Package III (Containers Per Month)											
14.1-ounce Powder	8											

Reconstitution amount is according to HCP instructions. 102 fluid ounces when prepared at 20Kcal per ounce.

**Numbers with highlights/bold font indicate the month that the additional can should be issued.

CALORIE AND NUTRIENT DENSE PRODUCTS

Medical Documentation IS Required

Women with Food Package III – Medical Documentation IS Required

Name	Description	Indication	Details- All flavors are approved
Boost	30 Kcal/oz, milk based, high calorie, nutritionally complete, liquid supplement	For women requiring supplemental nutrition during illness or feeding difficulties	Form: Ready to Use Packaging Unit: 6 Pack (8oz) Manufacturer: Nestle Maximum Issuance Food Package III per month: 18 packs
Boost High Protein	30 Kcal/oz, milk based, high calorie, high protein, nutritionally complete, liquid supplement	For women with increased protein requirements, protein-calorie malnutrition, reduced appetite, recovering from illness (HIV, cancer, wounds, surgery, etc.)	Form: Ready to Use Packaging Unit: 6 Pack (8oz) Manufacturer: Nestle Maximum Issuance Food Package III per month: 18 packs
Ensure	31 Kcal/oz, milk based, nutritionally complete, low residue supplement	For women requiring dietary supplementation due to malnutrition, involuntary weight loss or specific medical conditions.	Form: Ready to Use Packaging Unit: 6 Pack (8oz) Manufacturer: Abbott Maximum Issuance Food Package III per month: 18 packs
Ensure Plus	44 Kcal/oz, milk based, high calorie, nutritionally complete, low residue supplement	For women requiring dietary supplementation due to malnutrition, involuntary weight loss or specific medical conditions. Provides additional protein and calories than Ensure.	Form: Ready to Use Packaging Unit: 6 Pack (8oz) Manufacturer: Abbott Maximum Issuance Food Package III per month: 18 packs

Children with Food Package III – Medical Documentation IS Required

Name	Description	Indication	Details- All flavors are approved
Boost Kid Essentials	29 Kcal/oz, milk based, nutritionally complete liquid supplement	For children requiring supplemental nutrition to achieve optimal growth due to illness or feeding difficulties	Form: Ready to Use Packaging Unit: 8-ounce Boxes Manufacturer: Nestle Maximum Issuance Food Package III Boxes Per Month: 113 Boxes
PediaSure	30 Kcal/oz, milk based, nutritionally complete supplement	For undernourished children due to illness or medical condition that warrants a prescription of the product	Form: Ready to Use Packaging Unit: 6 Pack (8oz) Bottles Manufacturer: Abbott Maximum Issuance Food Package III Packs Per Month: 18 Packs
PediaSure with Fiber	30 Kcal/oz, milk based, nutritionally complete fiber containing supplement	For undernourished children due to illness or medical condition that warrants a prescription of the product	Form: Ready to Use Packaging Unit: 4 Pack (7.4oz) Bottles Manufacturer: Abbott Maximum Issuance Food Package III Packs Per Month: 30 Packs
PediaSure Enteral	30Kcal/oz, milk based, nutritionally complete. Can be oral or tube feeding.	For undernourished children due to illness or medical condition that warrants a prescription of the product	Form: Ready to Use Packaging Unit: 8-ounce Cans Manufacturer: Abbott
PediaSure Enteral with Fiber	30Kcal/oz, milk based, nutritionally complete, fiber containing. Can be oral or tube feeding.	For undernourished children due to illness or medical condition that warrants a prescription of the product who need additional fiber.	Maximum Issuance Food Package III Cans Per Month: 113 Cans

MODULAR PRODUCTS

Medical Documentation IS Required

MCT Oil

Medical Documentation **IS** Required for Women, Infants and Children with Food Package III

Manufacturer	Description				Indication				Approved For			
Nestle	8.3 Kcal/g, 100% medium chain triglycerides. Added to foods/liquids as per HCP instructions				For persons with problems hydrolyzing, absorbing and/or transporting conventional fats.				Infants Children Women			
Form	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding	0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
32-ounce Bottle	26	26	26	26	28	28	20	20	20	20	20	20
no solid food	N/A						28	28	28	28	28	28
Infants Breastfeeding Partially Mostly	Package 1A	Package 1B			Package 1C		Package II					
32-ounce Bottle	3	12	12	12	14	14	10	10	10	10	10	10
no solid food	N/A						14	14	14	14	14	14
Children and Women with Qualifying Medical Conditions				Package III (Containers Per Month)								
32-ounce Bottle				28								

Phenex – 1

Medical Documentation **IS** Required for Infants and Children with Food Package III

Manufacturer	Description				Indication				Approved For			
Abbott	Amino acid modified formula, phenylalanine-free with iron, 15 g protein/100g powder, 480 Kcal/100g powder. Calorie concentration determined by preparation recommendations of HCP. 91 fluid ounces when prepared at 20Kcal per ounce.				For infants and children with PKU				Infants Children			
Form	Package III (1A)				Package III (1B)		Package III (II)					
Infants Non-Breastfeeding	0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos
14.1-ounce Powder	9	9	9	9	10	10	7	7	7	7	7	7
no solid food	N/A						10	10	10	10	10	10
Infants Breastfeeding Partially Mostly	Package III (1A)	Package III (1B)			Package III (1C)		Package III (II)					
14.1-ounce Powder	1	4	4	4	5	5	4	4	4	4	4	4
no solid food	N/A						5	5	5	5	5	5
Children with Qualifying Medical Conditions		Package III (Containers Per Month)										
14.1-ounce Powder		10										

Children and Women with Food Package III – Medical Documentation IS Required

Name	Description	Indication	Details
Phenex – 2	Amino acid modified, phenylalanine-free WIC- eligible nutritional with iron, 30 g protein/100g powder, 410 Kcal/100g powder.	For children and women with PKU.	<p>Form: Powder Packaging Unit: 14.1-ounce Powder</p> <p>Food Package III Cans Per Month: 11 Cans Manufacturer: Abbott</p> <p>Reconstitution: According to HCP instructions Reconstitution Amount: 82 fluid ounces when prepared at 20 kcal per ounce</p>

PAREVE FORMULA

For infants with religious need only

Medical Documentation is NOT Required

Gerber Good Start Soy

Manufacturer	Description					Indication					Approved For			
Gerber	20 Kcal/oz, soy-based, milk-free, pareve formula					For infants with religious need for pareve formula					Infants Children*			
Form	Reconstitution Amount	Package 1A				Package 1B		Package II						
Infants Non-Breastfeeding		0-1 mos	1-2 mos	2-3 mos	3-4 mos	4-5 mos	5-6 mos	6-7 mos	7-8 mos	8-9 mos	9-10 mos	10-11 mos	11-12 mos	
20-ounce Powder	141 fluid ounces	6	6	6	6	7**	6	5**	5**	5**	4	4	4	
no solid food (FPIII)*	141 fluid ounces	N/A						7**	7**	6	6	6	6	
Infants Breastfeeding Partially Mostly		Package 1A	Package 1B			Package 1C		Package II						
20-ounce Powder	141 fluid ounces	1	3	3	3	4**	3	3**	3**	2	2	2	2	
no solid food (FPIII)*	141 fluid ounces	N/A						4**	3	3	3	3	3	
Children with Qualifying Medical Conditions		*Package III (Containers Per Month)												
20-ounce Powder		6												

*Medical Documentation is required for Food Package III

**Numbers with highlights/bold font indicate the month that the additional can should be issued.