

# APPROVED FORMULAS IN THE NEW YORK STATE WIC PROGRAM

Effective February 2012

## NEW YORK STATE WIC CONTRACT - INFANT FORMULA

Infant Formula	Size and formulation**	Approved for:
Enfamil A.R. <sup>®</sup>	12.9 oz. pwdr., 32 oz. RTU	I / C
Enfamil Gentlease <sup>®</sup>	12.4 oz pwdr., 32 oz. RTU	I / C
Enfamil <sup>®</sup> PREMIUM <sup>®</sup> INFANT	13 oz. conc., 12.5 oz. pwdr., 32 oz. RTU	I / C
Enfamil ProSobee <sup>®</sup>	13 oz. conc., 12.9 oz. pwdr., 32 oz. RTU	I / C

## OTHER FORMULAS FOR INFANTS AND CHILDREN

### MEDICAL DOCUMENTATION REQUIRED\*

Hypoallergenic Formula	Size and formulation**	Approved for:
EleCare <sup>®</sup> with DHA/ARA	14.1 oz. pwdr.	I / C
Enfamil Nutramigen <sup>®</sup>	13 oz. conc., 32 oz. RTU	I / C
Enfamil Nutramigen <sup>®</sup> with Enflora <sup>™</sup> LGG <sup>®</sup>	12.6 oz. pwdr.	I / C
Neocate <sup>®</sup> Infant with DHA and ARA	14 oz. pwdr.	I / C
Similac <sup>®</sup> Expert Care <sup>™</sup> Alimentum <sup>®</sup>	16 oz. pwdr., 32 oz. RTU	I / C
<b>Formula for Premature Infants</b>		
Enfamil EnfaCare <sup>®</sup> (22 Calories/fl oz.)	12.8 oz., 32 oz. RTU	I only
Enfamil Premature LIPIL Low Iron (20/24 Calories/fl oz.)	6 pack -2 oz. RTU	I < 4 months
Enfamil Premature LIPIL with Iron (20/24 Calories/fl oz.)	6 pack -2 oz. RTU	I < 4 months
Similac <sup>®</sup> Expert Care <sup>™</sup> Neosure <sup>®</sup> (22 Calories/fl oz.)	13.1 oz. pwdr., 32 oz. RTU	I only
Similac <sup>®</sup> Special Care <sup>®</sup> 24	8 pack -2 oz. RTU	I < 4 months
<b>Specialized Formula</b>		
Enfamil Human Milk Fortifier <sup>***</sup>	200 packets -5mL vial liquid	Fully and Mostly Breastfeeding Women
Enfamil Pregestimil <sup>®</sup>	16 oz. pwdr.	I / C
Enfaport	8 oz. RTU	I
Similac <sup>®</sup> PM 60/40	14.1 oz. pwdr.	I / C

\*Medical documentation required - Please provide the appropriate diagnosis or medical reason for the formula, ICD-9 code, quantity (ounces/day), duration of formula and food restrictions.

\*\*The need for ready-to-use formula will be addressed by the WIC Program.

\*\*\*Only available for issuance through SFFI.

## ENTERAL FORMULAS FOR WOMEN & CHILDREN

### MEDICAL DOCUMENTATION REQUIRED\*

I = infant < 1 year; C = child 1-<5 years; W = woman

# APPROVED FORMULAS IN THE NEW YORK STATE WIC PROGRAM

Effective February 2012

Product	Size and formulation**	Approved for:
Boost <sup>®</sup> /Boost High Protein	6 pack -8 oz. RTU	C / W
Boost Kid Essentials	4 pack -8.25 oz. RTU	C
Ensure <sup>®</sup>	6 pack -8 oz. RTU, 32 oz. RTU	C / W
Ensure Plus	6 pack -8 oz. RTU	C / W
Pediasure <sup>®</sup> with DHA/Pediasure with Fiber and DHA	6 pack -8 oz. RTU	C only
Pediasure Enteral/Pediasure Enteral with Fiber	6 pack -8 oz. RTU	C only

## MODULAR PRODUCTS MEDICAL DOCUMENTATION REQUIRED\*

Product	Size and formulation**	Approved for:
MCT oil	32 oz. RTU	I / C / W
MSUD Analog <sup>®</sup>	14 oz. pwdr.	I only
MSUD Maxamaid <sup>®</sup>	16 oz. pwdr.	C only
MSUD Maxamum <sup>®</sup>	16 oz. pwdr.	W only
Osmolite <sup>®</sup>	8 oz. RTU	C / W
Periflex Infant	14 oz. pwdr.	I only
Phenex <sup>™</sup> -1	14.1 oz. pwdr.	I / C
Phenex <sup>™</sup> -2	14.1 oz. pwdr.	C / W
Phenyl-Free <sup>®</sup> 1	16 oz. pwdr.	I / C
Phenyl-Free 2	16 oz. pwdr.	C / W
PKU 2	17.5 oz. pwdr.	C only
PKU 3	17.5 oz. pwdr.	W only
Polycose <sup>®</sup>	12.3 oz. pwdr.	I / C / W
Portagen <sup>®</sup>	16 oz. pwdr.	C / W
XPhe Maxamaid	16 oz. pwdr.	C only
XPhe Maxamum	16 oz. pwdr.	W only

\*Medical documentation required - Please provide the appropriate diagnosis or medical reason for the formula, ICD-9 code, quantity (ounces/day), duration of formula, and food restrictions.

\*\*The need for ready-to-use formula will be addressed by the WIC Program.

I = infant < 1 year; C = child 1-<5 years; W = woman