**V. Miscellaneous Medical Formulas**

Medical formulas are available for infants, children and women who have been assessed to have a medical condition which precludes or restricts the use of conventional foods and necessitates the use of a formula. ***The medical foods are not to be authorized solely for the purpose of enhancing nutrient intake or managing body weight if the participant is able to eat conventional foods adequately.***

The formula list below is not all inclusive. Other formulas, such as metabolic formulas, may be provided on a case-by-case basis. Provision of medical formulas will be coordinated with MaineCare.

**For WIC participants who are enrolled in the MaineCare program:**

* ***Hypercaloric, hydrolysate, and elemental (amino acid-based) formulas*** may be provided by WIC up to the federal maximum issuance per month. Any medically necessary amounts needed over WIC’s federal maximum will be provided by MaineCare.

**If WIC participants who are not enrolled in MaineCare:**

* The Maine CDC WIC Nutrition Program will provide the formula in amounts not to exceed the federal maximum issuance per month.

**Prescriptions for these formulas must include:**

* **specific product requested**
* **diagnosis**
* **length of time the product is needed**
* **amount prescribed per day**

Health care providers may use the ***Maine CDC WIC Nutrition Program/MaineCare Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals*** form to obtain approval and prior authorization for MaineCare coverage. **This form must be sent to the local WIC office in order for MaineCare to approve coverage of the formula prescribed.**

**NOTE: Formulas not included on this formulary may be authorized for issuance through WIC on a case-by-case basis.**

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| **Miscellaneous Medical Formulas** |
| **Product Name** | **Description** | **Packaging** | **Energy** | **Maximum Monthly WIC Issuance Amounts** |
| **Similac® PM 60/40** (Abbott Nutrition) | Low-iron, lower mineral content medical infant formula **Gluten free****Kosher****Halal** | **Powder:** 14.1 oz. (400g) can; 6 cans/case**Reconstitution/can:** 102 fl. oz.**NDC:** 70074-0608-50 | **20 Cal/fl. oz** |

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| **Non-breastfed infants** | **0-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 14.1 oz.  | 8 cans | 9 cans | 6 cans |
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| **Partially breastfed infants** | **1-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 14.1 oz. | 4 cans | 5 cans | 3 cans |

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| **Enfaport** (Mead Johnson Nutrition) | Nutritionally complete, iron-fortified, high protein formula for infants with chylothorax or LCHAD deficiency | **RTU:** 6 fl. oz. bottle, 24 bottles/case**NDC**: 00087-5105-25 | **30 Cal/fl. oz**Dilution instructions available for mixing to 20 -28 kcal/oz if needed |

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| **Non-breastfed infants** | **0-3 months** | **4-5 months** | **6-11 months** |
| **RTU**  | 138 bottles | 152 bottles | 107 bottles |
|  |
| **Partially breastfed infants** | **1-3 months** | **4-5 months** | **6-11 months** |
| **RTU** | 64 bottles | 79 bottles | 56 bottles |

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| **3232 A** (Mead Johnson Nutrition) | Nutritionally incomplete protein hydrolysate formula base that is to be used with added carbohydrate.**Lactose Free Galactose Free** | **Powder:** 16 oz cans, 6 cans/case **Reconstitution/can:** varies, according to mixing instructions**NDC:** 00087-0425-41 | **Without added carbohydrate:****12.7 Cal/ fl. oz** Calories/ounce and osmolality depend on mixing instructions and carbohydrates added |

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| **Non-breastfed infants** | **0-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 16 oz.  | Dependent on Rx | Dependent on Rx | Dependent on Rx |
|  |
| **Partially breastfed infants** | **1-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 16 oz. | Dependent on Rx | Dependent on Rx | Dependent on Rx |

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| **Miscellaneous Medical Formulas** |
| **Product Name** | **Description** | **Packaging** | **Energy** | **Maximum Monthly WIC Issuance Amounts** |
| **Portagen®** (Mead Johnson Nutritionals) | Nutritionally incomplete iron fortified formula with easily digestible fats.**Suitable for lactose intolerance****Low Residue****Kosher** | **Powder**: 410g can, 6 cans/case **Reconstitution/can:** 64 fl. oz.**NDC:** 00087-5117-28 | **30 Cal/fl. oz** |

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| **Children**  |
| **Powder**16 oz. | 14 cans |

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| **Enfamil A.R.**(Mead Johnson Nutritionals) | Milk-based infant formula thickened with added rice starch. | **Powder:** 12.9 oz. cans, 6 cans/case **Reconstitution:** 90 fl. oz. at standard dilution**NDC:** 00087-0201-42 | **20 Cal/fl. oz** |

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| **Non-breastfed infants** | **0-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 12.9 oz.  | 9 cans | 10 cans | 7 cans |
|  |
| **Partially breastfed infants** | **1-3 months** | **4-5 months** | **6-11 months** |
| **Powder:** 12.9 oz. | 4 cans | 5 cans | 4 cans |

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