

COLORADO WIC PROGRAM

APPROVED FORMULAS

Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.*
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Infant
Enfamil ProSobee
Enfamil Gentlease
Enfamil AR

*A prescription is required to issue additional formula to 6-11 month old infants who are not developmentally ready for solid foods.

Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Boost High Protein	Nutren 1.0 with Fiber
Boost Kid Essentials 1.5 cal	Nutren 1.5
Boost Kid Essentials 1.5 cal with fiber	Nutren 2.0
Bright Beginnings Soy Pediatric Drink	Osmolite 1 Cal
Compleat Pediatric	PediaSure (any flavor)
EleCare Infant	PediaSure with Fiber (any flavor)
EleCare Junior	PediaSure Enteral
(only for children over 1 year)	PediaSure Enteral with Fiber and scFOS
Enfagrow Toddler Transitions Soy	PediaSure 1.5 cal
(only for children over 1 year)	PediaSure 1.5 cal with Fiber
Enfamil EnfaCare	Peptamen
Enfaport	Peptamen Junior
Ensure	Peptamen Junior with Fiber
Ensure Plus	Portagen
Neocate Infant with DHA & ARA	Pregestimil
Neocate Junior	PurAmino
Neocate Junior with Prebiotics	Similac Expert Care Alimentum
Neocate Splash	Similac Expert Care NeoSure
Nutramigen	Similac PM 60/40
Nutramigen with Enflora LGG	Tolerex
Nutren Junior	Vivonex Pediatric
Nutren Junior with Prebio Fiber	Vivonex T.E.N.
Nutren 1.0	

Formulas for Inherited Metabolic Diseases

Calcilo-XD	Pheny-Free HP
Cyclinex-1 & 2	Pro-Phree
Glutarex-1 & 2	ProViMin
Hominex-1 & 2	Propimex-1 & 2
I Valex-1 & 2	RCF
Ketonex-1 & 2	Tyrex-1 & 2
MSUD Analog, Maxamaid & Maxamum	TYROS-1 & 2
Periflex Infant	XLeu Analog, Maxamaid & Maxamum
Periflex Junior	XLys, XTrp Analog, Maxamaid & Maxamum
Periflex Junior Plus	XMet Analog, Maxamaid & Maxamum
Phenex-1 & 2	XMTVI Analog, Maxamaid & Maxamum
PhenylAde Essential Drink Mix	XPhe Maxamaid & Maxamum
Phenyl-Free 1 & 2	XPhe, XTyr Analog & Maxamaid

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.

Electronic copy of this form available at: <http://www.coloradowic.com>