



**South Carolina Department of Public Health
Bureau of Community Nutrition Services
Division of WIC Services**

*WIC encourages all mothers to breastfeed.
In circumstances when breastfeeding is not possible, formula is supplied*

Formulas

Contract Formulas: (effective as of 7/30/2024)

| Product | Description | Form |
|-----------------------|---|--|
| Similac Advance | Milk-based standard infant formula Intact protein | Concentrate Powder Ready to feed |
| Similac Sensitive | Standard infant formula with lower lactose content Intact protein | Powder Ready to feed |
| Similac Total Comfort | Standard infant formula with partially hydrolyzed protein and reduced lactose | Powder |
| Similac Soy Isomil | Soy-based standard infant formula Intact protein | Concentrate Powder Ready to feed |

Each contract formula:

- is appropriate as a supplement to breast milk, or as a sole source of nutrition
- is appropriate for birth to age 12 months
- contains iron
- contains prebiotics and a blend of DHA, lutein, and vitamin E

Special Formulas:

SPECIAL FORMULAS REQUIRE A PRESCRIPTION:

The prescription will be reviewed by a registered dietitian, and she/he may or may not approve the prescription. Approval is based on nutrition, clinical evaluation, and medical need for the special formula.

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| Alfamino Infant | Alfamino Junior | Benecalorie |
| Beneprotein | Boost | Boost Breeze |
| Boost Kid Essentials | Boost Kid Essentials 1.5 | Boost Kid Essentials 1.5 with Fiber |
| Boost High Protein | Boost Nutritional Pudding | Boost Plus |
| | Carnation Breakfast Essentials | Compleat Pediatric |
| Compleat Pediatric Reduced Calorie | Compleat Pediatric Organic Blends (Plant Based & Chicken Garden) | Compleat Pediatric Peptide 1.0 |

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| Compleat Pediatric Peptide 1.5 | Compleat Pediatric Standard 1.0 | Compleat Pediatric Standard 1.4 |
| Duocal | Elecare with DHA/ARA | Elecare Jr |
| Enfamil AR (2 dx required, 1 dx must be GERD) | Enfamil EnfaCare / Enfamil NeuroPro EnfaCare 22 cal/oz | Enfamil Human Milk Fortifier Acidified Liquid/Powder |
| Enfamil 24 w/ Iron | Enfamil Premature 20 w/ Iron | Enfamil Premature 24 w/ Iron |
| Enfamil Premature 30 w/Iron | Enfaport (30 cal/oz) | Ensure |
| Ensure Clear Therapeutic Nutrition | Ensure Plus | Ensure Pudding |
| EquaCare Jr. | Essential Care Jr. | Fortini |
| Glucerna Shake | Jevity 1.0 (w/ Fiber) | Jevity 1.2 (w/Fiber) |
| Kate Farms Pediatric Blended Meals | Kate Farms Pediatric Peptide 1.0 | Kate Farms Pediatric Peptide 1.5 |
| Kate Farms Pediatric Standard 1.2 | Kate Farms Standard 1.0 | Ketocal 2.5:1 |
| Ketocal 3:1 | Ketocal 4:1 | Ketovie 3:1 |
| Ketovie 4:1 | KetoVie Peptide 4:1 | Lipistart |
| Liquigen | MCT Oil | MCT Procal |
| Monogen | Neocate Infant DHA & ARA | Neocate Jr. w/ Prebiotics |
| Neocate Jr. (Unflavored) | Neocate Splash (unflavored) | Neocate Splash (Flavored) |
| Neocate Syneo Infant | Nestle Extensive HA | Novasource Renal |
| Nutramigen | | |
| Nutramigen w Enflora LGG | Nutramigen w/Enflora LGG Toddler | Nutren 1.0 |
| Nutren 1.0 w/ Fiber | Nutren 1.5 | Nutren 2.0 |
| Nutren Jr | Nutren Jr. w/ Fiber | Osmolite 1.0 |
| Osmolite 1.5 | Pediasure (RTF and PWD) | Pediasure w/ Fiber |
| Pediasure Enteral | Pediasure 1.5 | Pediasure 1.5 w/ Fiber |
| | Pediasure Enteral w/Fiber | Pediasure Peptide 1.0 |
| Pediasure Peptide 1.5 | Pediasure Sidekicks | Peptamen |
| Peptamen 1.5 | Peptamen w/ Prebio 1 | Peptamen Jr. |
| Peptamen Jr. HP | Peptamen Jr. w/ Fiber | Peptamen Jr. PHGG |
| Pepticate | | |

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| Peptamen Jr 1.5 | Polycal | Portagen |
| Pregestimil | Pregestimil DHA/ARA 24 cal/oz | PurAmino DHA & ARA |
| PurAmino Jr. | Renastart | Renastep |
| Resource 2.0 | Scandishakes | Similac Alimentum |
| Similac Expert Care Neosure (22 cal/oz) | Similac Human Milk Fortifier Concentrated Liquid (5ml) | Similac PM 60/40 (20 cal/oz) |
| Similac Special Care 24 w/ Iron | Similac Special Care 30 w/ Iron | Suplena w/ Carb Steady |
| Tolerex | Vivonex Pediatric | |
| Metabolic Formulas: | | |
| METABOLIC FORMULAS REQUIRE A PRESCRIPTION: The prescription will be reviewed by a registered dietitian and she/he may or may not approve the prescription. Approval is based on nutrition, clinical evaluation and medical need for the special formula | | |
| BCAD 1 | BCAD 2 | Calcilo XD |
| Complex Essential MSD | Cyclinex 1 | Cyclinex 2 |
| Essential Amino Acid (EAA) | GA-1 Anamix Early Years | Glutarade GA-1 Amino Acid Blend |
| Glutarex 1 | Glutarex 2 | Glytactin RTD 15 |
| HCU Anamix Early Years | HCU Express Plus 15 | HCY 1 |
| HCY 2 | | |
| Hominex 1 | Hominex 2 | IVA Anamix Early Years |
| I-valex 1 | I-valex 2 | Ketonex 1 |
| Ketonex 2 | Lophlex (Powder) | MMA PA Anamix Early Years |
| Periflex Advance | Periflex Jr. Plus | PFD Toddler |
| PFD 2 | PhenylAde Essential | PhenylAde GMP Mix-In Pouches |
| PhenylAde 60 | PhenylAde MTE Amino Acid Blend | Phenyl-Free 1 |
| Phenyl-Free 2 | Phenyl-Free 2 HP | Phenex 1 |
| Phenex 2 | PKU Loplex LQ | PKU Periflex Early Years |
| PKU Sphere Liquid Vanilla | Pro-Phree | Propimex 1 |
| Propimex 2 | RCF | Tyrex-1 |
| Tyrex-2 | TYROS1 | TYROS 2 |

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| WND 1 | WND 2 | |
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