eWIC Formula and Food Package Contents

This document includes eWIC updates to formula, formula ordering and food package contents.

- **Infant Formula Ranges (Contract & Exempt):** An update to the current Infant Formula Ranges document.

- **Max Colorado WIC Formulas:** This document is an update to the current Maximum Monthly Amount of Formula Authorized by Colorado WIC, and Maximum Monthly Amount of Metabolic Formula Authorized by Colorado WIC documents. This spreadsheet includes two tabs:
    - Contract & Specialty Formulas
    - Metabolic Formulas

- **eWIC Ordering Instructions for Products Not on Retail Shelves:** Ordering instructions for special formulas from Ward Road Pharmacy when "issued" on an eWIC card.

- **eWIC Food Package Contents:** Contents of food packages for each category at the full, 2/3 and 1/3 proration levels.

COLORADO
Prevention Services Division
Department of Public Health & Environment

Contract Infant Formula Ranges

	Formula	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
Partially BF (In Range)	**Powder**	oz	oz				
	Enfamil AR	12.9	91	0	1 – 4	1 – 5	1 – 4
	Enfamil Gentlease	12.4	90	0	1 – 4	1 – 5	1 – 4
	Enfamil Infant	12.5	90	0	1 – 4	1 – 5	1 – 4
	Enfamil ProSobee	12.9	93	0	1 – 4	1 – 5	1 – 4
	Enfamil Reguline	12.4	90	0	1 – 4	1 – 5	1 – 4
	Concentrate						
	Enfamil Infant	13	26	0	1 – 14	1 – 17	1 – 12
	Enfamil ProSobee	13	26	0	1 – 14	1 – 17	1 – 12
	Ready-to-Feed						
	Enfamil Gentlease	32	32	0	1 – 12	1 – 14	1 – 10
	Enfamil Infant	32	32	0	1 – 12	1 – 14	1 – 10
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfamil Gentlease	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfamil Infant	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfamil ProSobee	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfamil Reguline	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7

	Formula	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
Partially BF (out of Range)	**Powder**	oz	oz				
	Enfamil AR	12.9	91	1 – 9	5 –9	6 – 10	5 – 7
	Enfamil Gentlease	12.4	90	1 – 9	5 –9	6 – 10	5 – 7
	Enfamil Infant	12.5	90	1 – 9	5 –9	6 – 10	5 – 7
	Enfamil ProSobee	12.9	93	1 – 9	5 –9	6 – 10	5 – 7
	Enfamil Reguline	12.4	90	1 – 9	5 –9	6 – 10	5 – 7
	Concentrate						
	Enfamil Infant	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Enfamil ProSobee	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Ready-to-Feed						
	Enfamil Gentlease	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Enfamil Infant	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
	Enfamil Gentlease	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
	Enfamil Infant	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
	Enfamil ProSobee	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13
	Enfamil Reguline	8 (6-pk)	48	1 – 17	9 – 17	10 – 19	8 – 13

	Formula	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
Fully Formula-Fed	**Powder**	oz	oz				
	Enfamil AR	12.9	91	9	9	10	7
	Enfamil Gentlease	12.4	90	9	9	10	7
	Enfamil Infant	12.5	90	9	9	10	7
	Enfamil ProSobee	12.9	93	9	9	10	7
	Enfamil Reguline	12.4	90	9	9	10	7
	Concentrate						
	Enfamil Infant	13	26	31	31	34	24
	Enfamil ProSobee	13	26	31	31	34	24
	Ready-to-Feed						
	Enfamil Gentlease	32	32	26	26	28	20
	Enfamil Infant	32	32	26	26	28	20
	Ready-to-Feed 8-oz 6-Packs						
	Enfamil AR	8 (6-pk)	48	17	17	19	13
	Enfamil Gentlease	8 (6-pk)	48	17	17	19	13
	Enfamil Infant	8 (6-pk)	48	17	17	19	13
	Enfamil ProSobee	8 (6-pk)	48	17	17	19	13
	Enfamil Reguline	8 (6-pk)	48	17	17	19	13

Exempt Infant Formula Ranges

Partially BF (In Range)	*Formula*	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
	Powder	oz	oz				
	Elecare Infant	14.1	95	0	1 – 4	1 – 5	1 – 4
	Enfamil EnfaCare	12.8	82	0	1 – 5	1 – 6	1 – 4
	Neocate Infant	14.1	97	0	1 – 4	1 – 5	1 – 3
	Nutramigen w/ Enflora LGG	12.6	87	0	1 – 5	1 – 6	1 – 4
	Pregestimil	16.0	112	0	1 – 3	1 – 4	1 – 3
	PurAmino	14.1	98	0	1 – 4	1 – 5	1 – 3
	Similac Alimentum	12.1	87	0	1 – 5	1 – 6	1 – 4
	Similac NeoSure	13.1	87	0	1 – 5	1 – 6	1 – 4
	Similac PM 60/40	14.1	102	0	1 – 4	1 – 5	1 – 3
	Concentrate						
	Nutramigen	13	26	0	1 – 14	1 – 17	1 – 12
	Ready-to-Feed						
	Enfamil EnfaCare	8 (6-pk)	48	0	1 – 8	1 – 9	1 – 7
	Enfaport	6 (6-pk)	36	0	1 – 10	1 – 13	1 – 9
	Nutramigen	32	32	0	1 – 12	1 – 14	1 – 10
	Similac Alimentum	32	32	0	1 – 12	1 – 14	1 – 10
	Similac NeoSure	32	32	0	1 – 12	1 – 14	1 – 10

Partially BF (out of Range)	*Formula*	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
	Powder	oz	oz				
	Elecare Infant	14.1	95	1 – 9	5 – 9	6 – 10	5 – 7
	Enfamil EnfaCare	12.8	82	1 – 10	6 – 10	7 – 11	5 – 8
	Neocate Infant	14.1	97	1 – 8	5 – 8	6 – 9	4 – 7
	Nutramigen w/ Enflora LGG	12.6	87	1 – 10	6 – 10	7 – 11	5 – 8
	Pregestimil	16.0	112	1 – 7	4 – 7	5 – 8	4 – 6
	PurAmino	14.1	98	1 – 8	5 – 8	6 – 9	4 –7
	Similac Alimentum	12.1	87	1 – 10	6 – 10	7 – 11	5 – 8
	Similac NeoSure	13.1	87	1 – 10	6 – 10	7 – 11	5 – 8
	Similac PM 60/40	14.1	102	1 – 8	5 – 8	6 – 9	4 – 6
	Concentrate						
	Nutramigen	13	26	1 – 31	15 – 31	18 – 34	13 – 24
	Ready-to-Feed						
	Enfamil EnfaCare	8 (6-pk)	48	1 – 17	9 – 17	10 – 17	8 – 17
	Enfaport	6 (6-pk)	36	1 – 23	13 – 23	14 – 23	10 – 23
	Nutramigen	32	32	1 – 26	13 – 26	15 – 28	11 –20
	Similac Alimentum	32	32	1 – 26	13 – 26	15 – 28	11 – 20
	Similac NeoSure	32	32	1 – 26	13 – 26	15 – 28	11 – 20

Fully Formula Fed	*Formula*	*Can size*	*Yield*	*< 1 mo*	*1 – 3 mo*	*4 – 5 mo*	*6 – 11 mo*
	Powder	oz	oz				
	Elecare Infant	14.1	95	9	9	10	7
	Enfamil EnfaCare	12.8	82	10	10	11	8
	Neocate Infant	14.1	97	8	8	9	7
	Nutramigen w/ Enflora LGG	12.6	87	10	10	11	8
	Pregestimil	16.0	112	7	7	8	6
	PurAmino	14.1	98	8	8	9	7
	Similac Alimentum	12.1	87	10	10	11	8
	Similac NeoSure	13.1	87	10	10	11	8
	Similac PM 60/40	14.1	102	8	8	9	6
	Concentrate						
	Nutramigen	13	26	31	31	34	24
	Ready-to-Feed						
	Enfamil EnfaCare	8 (6-pk)	48	17	17	19	13
	Enfaport	6 (6-pk)	36	23	23	25	17
	Nutramigen	32	32	26	26	28	20
	Similac Alimentum	32	32	26	26	28	20
	Similac NeoSure	32	32	26	26	28	20

05.23.2016

Maximum Monthly Amount of Metabolic Formula Authorized by Colorado WIC Program

Formula	Form	Size (grams)	Issuance Unit	Yield	Age of Participant				
					0-3 months	4-5 months	6-11 months	12 months +	Women
					# of Cans				
Calcio - XD	Powder	375 (13.2 oz)	can	96	9	10	7		
Cyclinex 1	Powder	400	can	102	8	9	6	8	
Cyclinex 2	Powder	400	can	88				10	10
GA-1 Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
Glutarex 1	Powder	400	can	96	9	10	7	9	
Glutarex 2	Powder	400	can	82				11	11
HCU Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
Hominex 1	Powder	400	can	96	9	10	7	9	
Hominex 2	Powder	400	can	82				11	11
IVA Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
I Valex 1	Powder	400	can	96	9	10	7	9	
I Valex 2	Powder	400	can	82				11	11
Ketonex 1	Powder	400	can	96	9	10	7	9	
Ketonex 2	Powder	400	can	82				11	11
MMA/PA Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
MSUD Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
MSUD Maxamaid	Powder	454	can	74				12	
MSUD Maxamum	Powder	454	can	46					19
Phenex 1	Powder	400	can	96	9	10	7	9	
Phenex 2	Powder	400	can	82				11	11
Phenyl Free 1	Powder	454	can	114	7	8	6	7	
Phenyl Free 2	Powder	454	can	93				9	9
Phenyl Free 2 HP	Powder	454	can	89				10	10

Maximum Monthly Amount of Metabolic Formula Authorized by Colorado WIC Program

Formula	Form	Size (grams)	Issuance Unit	Yield	Age of Participant				
					0-3 months	4-5 months	6-11 months	12 months +	Women
					# of Cans				
Phenylade Essential Drink Mix	Powder	454	can	91				10	10
PKU Periflex Early Years	Powder	400	can	90.1	9	10	7	10	
PKU Periflex Junior Plus Plain	Powder	400	can	51.3				17	
PKU Periflex Junior Plus flavored	Powder	400	can	50.3				18	
Pro-Phree	Powder	400	can	102	8	9	6	8	8
ProViMin	Powder	150	can	166	5	5	4	5	5
Propimex - 1	Powder	400	can	96	9	10	7	9	
Propimex - 2	Powder	400	can	82				11	11
RCF	Conc.	13 oz	can	26	31	34	24	35	35
		384 ml							
TYR Anamix Early Years	Powder	400	can	90.1	9	10	7	10	
Tyrex 1	Powder	400	can	96	9	10	7	9	
Tyrex 2	Powder	400	can	82				11	11
TYROS 1	Powder	454	can	114	7	8	6	7	
TYROS 2	Powder	454	can	93				9	9
XLeu Maxamaid	Powder	454	can	74				12	
XLeu Maxamum	Powder	454	can	46					19
XLys XTrp Maxamaid	Powder	454	can	74				12	
XLys XTrp Maxamum	Powder	454	can	46					19
XMet Maxamaid	Powder	454	can	74				12	
XMet Maxamum	Powder	454	can	46					19
XMTVI Maxamaid	Powder	454	can	74				12	

Maximum Monthly Amount of Metabolic Formula Authorized by Colorado WIC Program

Formula	Form	Size (grams)	Issuance Unit	Yield	Age of Participant				
					0-3 months	4-5 months	6-11 months	12 months +	Women
					# of Cans				
XMTVI Maxamum	Powder	454	can	46					19
XPhe Maxamaid	Powder	454	can	74				12	
XPhe Maxamum	Powder	454	can	46					19
XPhe XTyr Maxamaid	Powder	454	can	74				12	

eWIC

Ordering Instructions for Products Not on Retail Shelves for Local Agencies

(Rev. 7/2016)

POLICY:

Local Agency WIC staff may special order infant formulas and WIC-eligible nutritionals when a formula is not locally available within the needed time frame, in the quantities needed, or is excessively priced. Orders must be submitted on a monthly basis; no more than one months' issuance of formula may be ordered at a time. All special order formula requests must be sent to the state office. Ward Road Pharmacy is the Colorado WIC Program's authorized retailer for formulas not available locally.

PROCEDURE:

Perform the following steps to special order formula from Ward Road Pharmacy:

1. Ensure (within reason) that the formula is the correct issuance for that month and will be picked up by the endorser/participant during the valid benefit period.

2. Assign the correct food package and issue benefits to the family's PAN.

3. Complete the Special Formula Order Form (see example on last page) for each formula requested and click "submit."

    a. Enter the participants' first name and the PAN (eWIC card number).
    b. Choose the formula type by clicking "standard," "specialty," or "metabolic."
    c. From the drop down list of formulas, select the specific formula, ensuring the correct form (powder, concentrate, RTF), size, and flavor (if available). If a requested formula or flavor doesn't display, enter it in the "Other comments" field.
    d. Indicate the order amount and the unit ("can," "case," or "6-pack").
    e. Indicate the amount already in the clinic.
    f. Enter the benefit start date and the appointment date (must be within the benefit date range).
    g. Select the WIC clinic name from the drop down list. If the clinic name doesn't display, enter it in the "Other comments" field.
    h. Enter any additional information in the "Other comments" field, such as clinic closure dates.

4. **Draw a line through the formula name on the Family Food Benefits list and note "ordered from Ward Road Pharmacy."** Instruct the family to not purchase the formula at another vendor; they will pick it up at the clinic. Schedule a time within the valid food benefit date for them to return to the clinic to pick up the formula.

5. Submit subsequent month's orders about a week before the next appointment. Issue subsequent month benefits prior to the 10th day of the month to avoid proration of benefits.

Confirmation of orders:
Local staff ordering the formula will receive two emails: 1) Confirmation of submitted order; 2) email from Ward Road Pharmacy with the date the formula should arrive at the clinic. Email CDPHE.WICFormula@state.co.us if either confirmation is not received.

Order changes:
Email CDPHE.WICFormula@state.co.us to cancel an order or change quantities of a formula that has already been ordered.
Complete the Special Formula Order Form to order a different formula.

Formula pick-up confirmation
When the formula is picked up at the clinic, obtain the endorser's signature on the packing slip (from the Ward Road shipment box), record the date and save the form in a Ward Road order file. Signed packing slips may be destroyed 3 ½ years from the end of the applicable fiscal year.

When endorser/participant does not pick up the special formula
Make every effort to contact the endorser/participant to learn whether the formula will be picked up. If formula will not be picked up, learn why and document details in the participant's care plan.

1. If the formula is not issued to the participant for whom it was originally intended, the formula may be issued to another WIC participant, donated to a local hospital or destroyed. If reissue is preferred and a recipient is not identified within the local agency, email the Colorado WIC high risk counselor's google group (cdphe_wichrcounselors@state.co.us) to see if another agency can use the formula. Include the name of the formula, amount and expiration date. If no response from other agencies, email the state office at CDPHE.WICFormula@state.co.us. Once a recipient is identified, follow the instructions below.
   The original clinic:
   - **a.** Emails the state office at CDPHE.WICFormula@state.co.us with the name, FID and clinic/agency of the new recipient.
   - **b.** Works directly with the other clinic/agency RD to arrange transfer of the formula, which may be in person, by courier or by mail. Includes the Ward Road Pharmacy packing slip in the shipment.

   The receiving clinic:
   - **c.** Provides the formula to the new recipient within the participant's valid benefit period.
   - **d.** Obtains the endorsers signature and date on the packing slip and keeps the packing slip in the Ward Road file.
   - **e.** Notifies the state office Help Desk to remove the formula benefits from the participant's account for that month.

2. If the formula is donated or disposed of and not issued to a participant, staff must document the disposition on the packing slip, sign, date and retain in the Ward Road order file.

Colorado WIC

The Special Supplemental Nutrition Program for Women, Infants and Children

Special formula order form

Complete the form below to order special formulas from Ward Road pharmacy. Fill out a separate form for each participant and for each formula order.

Participant's first name

PAN *

Choose only one brand of formula from the following options.

Choose formula

- Standard contract formulas
- Specialty formulas
- Metabolic formulas

Order amount

Please indicate can or case *

- Can
- Case
- 6-pack

Amount in clinic

Benefit start date

Month - Day - Year

Appointment date

Month - Day - Year

WIC clinic name

Please select

Attention

Who should be named on the mailing label?

E-mail address of person placing the order

ex: myname@example.com

Other comments

Submit

eWIC Food Package Contents

Pregnant/Part BF women

Food	Full	2/3	1/3
Milk (gallons)	4.75	3	1.75
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fruit & Vegetable ($)	11	11	11

Exclusively BF women

Food	Full	2/3	1/3
Milk (gallons)	5.25	3.75	1.50
Cheese (pounds)	2	1	1
Eggs (dozen)	2	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	16	16	16
Legumes (jar/bag/can)	2	2	1
Juice (12 oz frozen)	3	2	1
Fish (ounces)	30	20	10
Fruit & Vegetable ($)	11	11	11

Postpartum/non-breastfeeding women

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Legumes (jar/bag/can)	1	1	1
Juice (12 oz frozen)	2	1	1
Fruit & Vegetable ($)	11	11	11

Exclusively breastfeeding multiples

Food	Full	2/3	1/3
Milk (gallons)	8.25	6	3
Cheese (pounds) EVEN MO	3	1	1
Cheese (pounds) ODD MO	2	1	1
Eggs (dozen)	3	2	1
Cereal (ounces)	54	36	18
Grains (ounces)	24	24	16
Legumes (jar/bag/can)	3	2	1
Juice (12 oz frozen) EVEN MO	4	3	1
Juice (12 oz frozen) ODD MO	5	3	2
Fish (ounces)	45	30	15
Fruit & Vegetable ($)	16.50	16.50	16.50

Child / Toddler

Food	Full	2/3	1/3
Milk (gallons)	3.25	2	1.25
Cheese (pounds)	1	1	0
Eggs (dozen)	1	1	1
Cereal (ounces)	36	24	12
Grains (ounces)	32	32	16
Legumes (jar/bag/can)	1	1	1
Juice (64 oz)	2	1	1
Fruit & Vegetable ($)	8	8	8

Substitutions:

Food	Substitution	Substitution
1 quart milk =	1 pound tofu	
1 quart milk =	1 12-oz can evaporated milk	
3 quarts milk -	1 pound cheese	
1 jar peanut butter =	1 pound dry beans =	4 cans canned beans

(Maximum 2 pounds cheese for Exclusively BF women; 1 pound for children and preg/part BF, postpartum women)

Formula proration

Contract – powder (12.4 – 12.9 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	9	6	3
4-5 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	10	7	3
6-11 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline	7	5	2
12 mo +	Enfamil Infant, Gentlease, AR, Reguline	10	7	3
12 mo +	Enfamil ProSobee	9	6	3

Contract & exempt infant– concentrate (13 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Nutramigen	31	21	10
4-5 mo	Enfamil Infant, ProSobee, Nutramigen	34	23	11
6-11 mo	Enfamil Infant, ProSobee, Nutramigen	24	16	8
12 mo +	Enfamil Infant, ProSobee, Nutramigen	35	23	12

Contract & exempt infant– RTF (32-oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	26	17	9
4-5 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	28	19	9
6-11 mo	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	20	13	7
12 mo +	Enfamil Infant, Gentlease, Alimentun, NeoSure, Nutramigen	28	19	9

Contract & exempt Infant – RTF (8-oz 6-packs)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	17	11	6
4-5 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	19	13	6
6-11 mo	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	13	9	4
12 mo +	Enfamil Infant, ProSobee, Gentlease, AR, Reguline, EnfaCare, Enfaport	18	12	6

Exempt – powder (16 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Pregestimil	7	5	2
4-5 mo	Pregestimil	8	5	3
6-11 mo	Pregestimil	6	4	2
12 + mo	Pregestimil	8	5	3

Exempt – powder (12.8 – 14.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Neocate Infant, PurAmino, Similac PM 60/40	8	5	3
4-5 mo	Neocate Infant, PurAmino, Similac PM 60/40	9	6	3
6-11 mo	Neocate Infant, PurAmino	7	5	2
6-11 mo	Similac PM 60/40	6	5	2
12 + mo	Neocate Infant, PurAmino	9	6	3
12 + mo	Similac PM 60/40	8	6	3

Exempt – powder (14.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Elecare Infant	9	6	3
4-5 mo	Elecare Infant	10	7	3
6-11 mo	Elecare Infant	7	5	2
12 + mo	Elecare Infant	9	6	3

Exempt – powder (12.1 – 13.1 oz cans)

Age	Formula	Full	2/3	1/3
0-3 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	10	7	3
4-5 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	11	7	4
6-11 mo	Enfamil EnfaCare, Nutramigen LGG, Alimentum, NeoSure	8	5	3
12 + mo	Enfamil EnfaCare	11	7	4
12 + mo	Nutramigen LGG, Alimentum, NeoSure	10	7	3