

WOMEN NUTRITIONALS: Medical Request Required Provided by the Wisconsin WIC Program to Pregnant and Postpartum Women (up to 12 months postpartum if breastfeeding; up to 6 months postpartum if not breastfeeding)

A qualifying medical condition is required using the Wisconsin WIC Request for Medical Formula/Food —Pregnant, Breastfeeding, and Nonbreastfeeding Postpartum Women form and is subject to WIC RD approval.

| Nutritional | Use: Information provided is from manufacturers' website and materials. Manufacturers frequently alter the ingredients in the formula products, which may affect the nutrient content. For the most current and accurate information, refer to the product label and/or manufacturer website. | Protein Sources | CHO Sources | Fat Sources | Product Form, Size, Reconstituted Amount | Maximum Number Cans Per Month | Prepared Ounces Per Day |
|--|---|---|---|--|---|--|----------------------------|
| Ensure Original Nutrition Shake Abbott Nutrition not allow ed: Enlive, Clear, Max Protein, Light | Use: A nutritionally complete medical food that can benefit patients w ho are malnourished, at risk of malnutrition, or experiencing involuntary weight loss. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher, Halal. Per 8 oz: 220 kcal, 9g pro, 6g fat, 32g CHO Flavors: Vanilla, Straw berry, Dark Chocolate, Milk Chocolate, Coffee Latte, Butter Pecan Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight without an underlying medical condition. | (14% kcals) Milk protein concentrate, soy protein isolate, nonf at milk | (64% kcals) Corn maltodextrin, sucrose | (22%kcals) Vegetable oils (canola, corn) | 6-pack 8 fl oz bottles | 108-114 (18-19 6-packs) | 30 |
| Ensure Plus Abbott Nutrition not allow ed: Enlive, Clear, Max Protein, Light | Use: Concentrated calories and protein to help patients gain or maintain healthy w eight. It can benefit patients w ho have malnutrition, are at nutritional risk, or are experiencing involuntary w eight loss. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher, Halal. Per 8 oz: 350 kcal, 13g pro, 11g fat, 50g CHO Flavors: Vanilla, Straw berry, Dark Chocolate, Milk Chocolate, Butter Pecan Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight w ithout an underlying medical condition. | (15% kcals) Milk protein concentrate, soy protein isolate | (57% kcals) Corn maltodextrin, sucrose | (28% kcals) Vegetable oils (canola, corn) | 6-pack 8 fl oz bottles | 108-114 (18-19 6-packs) | 30 |

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|--|---|--|---|---|---|--|----------------------------|
| Ensure High Protein Nutrition Shake Abbott Nutrition not allow ed: Enlive, Clear, Max Protein, Light | Use: A high-protein nutrition supplement that meets a unique need for patients that need protein but may not require additional calories. For oral use. Glutenfree. Suitable for lactose intolerance. Kosher, Halal. Per 8 oz: 160 kcal, 16g pro, 2g fat, 19g CHO Flavors: Vanilla, Straw berry, Milk Chocolate Caution: Not for people w ith galactosemia. Unallowable reasons: Manage body w eight without an underlying medical condition. | (21% kcals) Milk protein concentrate, soy protein isolate | (55% kcals) Corn maltodextrin, sucrose | (24% kcals) Canola Oil | 6-pack 8 fl oz bottles | 108-114 (18-19 6-packs) | 30 |
| Boost Original Nestlé not allow ed: Calorie Smart, Optimum, Max, Glucose Control High Protein, Simply complete | Use: Medical food that can benefit patients w ho are at risk of malnutrition, experiencing involuntary w eight loss, or have inadequate oral intake. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher. Contains stevia Per 8 oz: 240 kcal, 10g pro, 4g fat, 41g CHO Flavors: Chocolate, Straw berry, Vanilla, Peaches & Creme Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight w ithout an underlying medical condition. | (17% kcals) Milk protein concentrate, soy protein isolate | (68% kcals) Corn syrup, sucrose, fructooligo- saccharides | (15% kcals) Vegetable oils (canola, high oleic sunflower, corn) | 6-pack 8 floz bottles | 108-114 (18-19 6-packs) | 30 |
| Boost Plus Nestlé not allow ed: Calorie Smart, Optimum, Max, Glucose Control High Protein, Simply complete | Use: Medical food that can benefit patients w ho are at risk of malnutrition, experiencing involuntary w eight loss, or have inadequate oral intake. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher. Contains stevia Per 8 oz: 360 kcal, 14g pro, 14g fat, 45g CHO Flavors: Chocolate, Straw berry, Vanilla Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight w ithout an underlying medical condition. enteropathy) | (15% kcals) Milk protein concentrate, calcium and sodium caseinates, soy protein isolate | (50% kcals) Corn syrup, Sucrose, fructooligo- saccharides | (35% kcals) Vegetable oils (canola, high oleic sunflower, corn) | 6-pack 8 floz bottles | 108-114 (18-19 6-packs) | 30 |
| Boost High Protein Nestlé not allow ed: Calorie Smart, Optimum, Max, Glucose Control High Protein, Simply complete | Use: Medical food that can benefit patients w ho are at risk of malnutrition, experiencing involuntary w eight loss, or have inadequate oral intake. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher. Contains stevia Per 8 oz: 240 kcal, 15g pro, 6g fat, 33g CHO Flavors: Chocolate, Straw berry, Vanilla, Café Mocha Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight w ithout an underlying medical condition. | (25% kcals) Milk protein concentrate, soy protein isolate, calcium and sodium caseinate | (53% kcals) Sucrose, com syrup | (22% kcals) Vegetable oils (canola, high oleic sunflower, corn) | 6-pack 8 fl oz bottles | 108-114 (18-19 6-packs) | 30 |

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| Nutritional | Use: Information provided is from manufacturers' website and materials. Manufacturers frequently alter the ingredients in the formula products, which may affect the nutrient content. For the most current and accurate information, refer to the product label and/or manufacturer website. | Protein Sources | CHO Sources | Fat Sources | Product Form, Size, Reconstituted Amount | Maximum Number Cans Per Month | Prepared Ounces Per Day |
|---|---|---|--|---|--|---|---|
| Boost Glucose Control Nestlé not allow ed: Calorie Smart, Optimum, Max, Glucose Control High Protein, Simply complete | Use: Medical food that can benefit patients w ho are at risk of malnutrition, experiencing involuntary w eight loss, or have inadequate oral intake. Contains a blend of protein, fat, and carbohydrates designed to help manage blood glucose levels. For oral use. Gluten-free. Suitable for lactose intolerance. Kosher. Contains sucralose Per 8 oz: 190 kcal, 16g pro, 7g fat, 16g CHO Flavors: Chocolate, Straw berry, Vanilla Caution: Not for people w ith galactosemia. Unallow able reasons: Manage body w eight w ithout an underlying medical condition. | (33% kcals) Milk protein concentrate, soy protein isolate, calcium and sodium caseinate | (34% kcals) Tapioca dextrin, fructose | (33% kcals) Vegetable oils (canola, high oleic sunflower, corn) | 6-pack8floz bottles | 108-114 (18-19 6-packs) | 30 |
| Whole Milk Unflavored cow's milk (Kosher allow ed) | Allowable medical conditions for WIC provision: Medical conditions resulting in decreased food intake, fluid restriction, increased nutrient requirements, or other medical conditions that impair nutrition status. If Ensure or Boost is to be provided for a medical condition requiring additional calories, it is logical to provide it in combination with whole milk instead of 1% or fat free. Unallowable reasons: Manage body weight without an underlying medical condition. | Cow milk protein | Lactose | Animal fat | Gallons (with some exceptions for half gallons) | - PG &Part BF ¹ : 5½ Gal - Non- BF2 ² : 4 Gal - Fully BF ³ : 6 Gal | - PG &Part BF ¹ : 23 - Non-BF2 ² : 17 - Fully BF ³ : 26 |

¹ Pregnant and partially breastfeeding (up to 1 year postpartum)
Go to: www.dhs.wisconsin.gov/wic/nonDiscrimination.htm for the U.S. Department of Agriculture non-discrimination statement ² Nonbreastfeeding (up to 6 months postpartum)

³ Fully breastfeeding (up to 1 year postpartum)