Pro-rated amounts are in parentheses next to the full month amount as follows: (20 day/10 day)

Food Package III	
Food Package	
T0000	Infant, child, or woman receiving exempt formula or medical food from Infusion Innovations Pharmacy without any complementary foods.
Fully Formula: 0 through 3 mos	
T0001	7 (5,2) 16-oz Alimentum
T0003	26 (17,9) 32-oz Alimentum (RTF)
T0007	7 (5,2) 16-oz Nutramigen Lipil
T0002	31 (21,10) 13-oz Nutramigen Lipil (conc)
T0008	26 (17,9) 32-oz Nutramigen Lipil (RTF)
T0129	10 (7,3) 12.6-oz Nutramigen Enflora LGG
T0011	7 (5,2) 16-oz Pregestimil Lipil
T0006	10 (7,3) 12.8-oz EnfaCare Lipil
T0009	26 (17,9) 32-oz EnfaCare Lipil (RTF)
T0005	9 (6,3) 12.9-oz Enfamil AR Lipil

T0004	26 (17,9) 32-oz Enfamil AR Lipil (RTF)
T0010	10 (7,3) 12.8-oz Similac Neosure
T0342	26 (17,9) 32-oz Similac Neosure (RTF)
Fully Formula: 4 through 5 mos	
T0012	8 (5,3) 16-oz Alimentum
T0013	28 (19,9) 32-oz Alimentum (RTF)
T0014	8 (5,3) 16-oz Nutramigen Lipil
T0032	34 (23,11) 13-oz Nutramigen Lipil (conc)
T0015	28 (19,9) 32-oz Nutramigen Lipil (RTF)
T0130	11 (7,4) 12.6-oz Nutramigen Enflora LGG
T0016	8 (5,3) 16-oz Pregestimil Lipil
T0017	11 (7,4) 12.8-oz EnfaCare Lipil
T0018	28 (19,9) 32-oz EnfaCare Lipil (RTF)
T0019	10 (7,3) 12.9-oz Enfamil AR Lipil
T0020	28 (19,9) 32-oz Enfamil AR Lipil (RTF)
T0341	11 (7,4) 12.8-oz Similac Neosure

T0343	28 (19,9) 32-oz Similac Neosure (RTF)
Fully Formula: 6 through 11 mos	
T0021	6 (4,2) 16-oz Alimentum, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0023	20 (13,7) 32-oz Alimentum (RTF), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0024	6 (4,2) 16-oz Nutramigen Lipil, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0025	24 (16,8) 13-oz Nutramigen Lipil (conc), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0022	20 (13,7) 32-oz Nutramigen Lipil (RTF), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0131	8 (5,3) 12.6-oz Nutramigen Enflora LGG, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0026	6 (4,2) 16-oz Pregestimil Lipil, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0027	8 (5,3) 12.8-oz EnfaCare Lipil, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0028	20 (13,7) 32-oz EnfaCare Lipil (RTF), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0029	7 (5,2) 12.9-oz Enfamil AR Lipil, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0030	20 (13,7) 32-oz Enfamil AR Lipil (RTF), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0031	8 (5,3) 12.8-oz Similac Neosure, 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)
T0344	20 (13,7) 32-oz Similac Neosure (RTF), 3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food (any single variety)

Partially Breastfed: 1 through 3 mos * Infants 0 to 1 month of age may receive a maximum of 1 can formula or sterile liquid equivalent only in rare exception instances with nutritional documentation.	
***T0092**	1 (1,1) 16-oz Alimentum
T0093	2 (1,1) 16-oz Alimentum
T0094	3 (2,1) 16-oz Alimentum
R0084	4 (3,1) 16-oz Alimentum
R0085	5 (3,2) 16-oz Alimentum
R0086	6 (4,2) 16-oz Alimentum
T0095	24 (16,8) 8-oz Alimentum (RTF)
T0096	48 (32,16) 8-oz Alimentum (RTF)
T0097	6 (4,2) 32-oz Alimentum (RTF)
T0098	12 (8,4) 32-oz Alimentum (RTF)
***T0099**	1 (1,1) 16-oz Nutramigen Lipil
T0100	2 (1,1) 16-oz Nutramigen Lipil
T0101	3 (2,1) 16-oz Nutramigen Lipil
T0102	7 (5,2) 13-oz Nutramigen Lipil (conc)
T0103	14 (9,5) 13-oz Nutramigen Lipil (conc)
T0090	6 (4,2) 32-oz Nutramigen Lipil (RTF)
T0091	12 (8,4) 32-oz Nutramigen Lipil (RTF)
***T0229**	1 (1,1) 12.6-oz Nutramigen Lipil Enflora
T0104	2 (1,1) 12.6-oz Nutramigen Lipil Enflora
T0105	3 (2,1) 12.6-oz Nutramigen Lipil Enflora
T0106	4 (3,1) 12.6-oz Nutramigen Lipil Enflora
T0107	5 (3,2) 12.6-oz Nutramigen Lipil Enflora
R0106	6 (4,2) 12.6-oz Nutramigen Lipil Enflora

R0107	7 (5,2) 12.6-oz Nutramigen Lipil Enflora
R0108	8 (5,3) 12.6-oz Nutramigen Lipil Enflora
R0109	9 (6,3) 12.6-oz Nutramigen Lipil Enflora
***T0109**	1 (1,1) 16-oz Pregestimil Lipil
T0108	2 (1,1) 16-oz Pregestimil Lipil
T0110	3 (2,1) 16-oz Pregestimil Lipil
***T0111**	1 (1,1) 12.8-oz EnfaCare Lipil
T0113	2 (1,1) 12.8-oz EnfaCare Lipil
T0112	3 (2,1) 12.8-oz EnfaCare Lipil
T0114	4 (3,1) 12.8-oz EnfaCare Lipil
T0115	5 (3,2) 12.8-oz EnfaCare Lipil
T0116	6 (4,2) 32-oz EnfaCare Lipil (RTF)
T0118	12 (8,4) 32-oz EnfaCare Lipil (RTF)
***T0117**	1 (1,1) 12.9-oz Enfamil AR Lipil
T0120	2 (1,1) 12.9-oz Enfamil AR Lipil
T0119	3 (2,1) 12.9-oz Enfamil AR Lipil
T0121	4 (3,1) 12.9-oz Enfamil AR Lipil
T0122	6 (4,2) 32-oz Enfamil AR Lipil (RTF)
T0123	12 (8,4) 32-oz Enfamil AR Lipil (RTF)
***T0124**	1 (1,1) 12.8-oz Similac NeoSure
T0125	2 (1,1) 12.8-oz Similac NeoSure
T0126	3 (2,1) 12.8-oz Similac NeoSure
T0127	4 (3,1) 12.8-oz Similac NeoSure
T0128	5 (3,2) 12.8-oz Similac NeoSure

R0096	6 (4,2) 12.8-oz Similac NeoSure
R0097	7 (5,2) 12.8-oz Similac NeoSure
R0098	8 (5,3) 12.8-oz Similac NeoSure
R0099	9 (6,3) 12.8-oz Similac NeoSure
T0345	6 (4,2) 32-oz Similac Neosure (RTF)
T0346	12 (8,4) 32-oz Similac Neosure (RTF)
*** Sterile Liquid Equivalent of 1 Can Powder**	
***T0337**	3 (3,3) 32-oz EnfaCare Lipil (RTF)
***T0340**	4 (4,4) 13-oz Enfamil Lipil (conc)
***T0338**	3 (3,3) 32-oz Similac Neosure (RTF)
***T0339**	4 (4,4) 13-oz Similac Advance EarlyShield (conc)
Partially Breastfed: 4 through 5 mos	
T0070	4 (3,1) 16-oz Alimentum
R0085	5 (3,2) 16-oz Alimentum
R0086	6 (4,2) 16-oz Alimentum
R4087	7 (5,2) 16-oz Alimentum
T0071	28 (19,9) 8-oz Alimentum (RTF)
T0072	56 (37,19) 8-oz Alimentum (RTF)
T0073	7 (5,2) 32-oz Alimentum (RTF)
T0074	14 (9,5) 32-oz Alimentum (RTF)
T0075	4 (3,1) 16-oz Nutramigen Lipil
T0076	8 (5,3) 13-oz Nutramigen Lipil (conc)

T0077	17 (11,6) 13-oz Nutramigen Lipil (conc)
T0078	7 (5,2) 32-oz Nutramigen Lipil (RTF)
T0079	14 (9,5) 32-oz Nutramigen Lipil (RTF)
T0080	5 (2,1) 12.6-oz Nutramigen Lipil Enflora
T0081	6 (4,2) 12.6-oz Nutramigen Lipil Enflora
T0627	7 (5,2) 12.6-oz Nutramigen Lipil Enflora
T0628	8 (5,3) 12.6-oz Nutramigen Lipil Enflora
T0629	9 (6,3) 12.6-oz Nutramigen Lipil Enflora
R4100	10 (7,3) 12.6-oz Nutramigen Lipil Enflora
T0082	4 (3,1) 16-oz Pregestimil Lipil
T0083	6 (4,2) 12.8-oz EnfaCare Lipil
T0084	7 (5,2) 32-oz EnfaCare Lipil (RTF)
T0085	14 (9,5) 32-oz EnfaCare Lipil (RTF)
T0086	5 (3,2) 12.9-oz Enfamil AR Lipil
T0087	7 (5,2) 32-oz Enfamil AR Lipil (RTF)
T0088	14 (9,5) 32-oz Enfamil AR Lipil (RTF)
T0089	6 (4,2) 12.8-oz Similac Neosure
R0097	7 (5,2) 12.8-oz Similac Neosure
R0098	8 (5,3) 12.8-oz Similac Neosure
R0099	9 (6,3) 12.8-oz Similac Neosure
R4090	10 (7,3) 12.8-oz Similac Neosure

T0347	7 (5,2) 32-oz Similac Neosure (RTF)
T0348	14 (9,5) 32-oz Similac Neosure (RTF)
Partially Breastfed: 6 through 11 mos	
T0033	1 (1,1) 16-oz Alimentum, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0034	2 (1,1) 16-oz Alimentum, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0035	3 (2,1) 16-oz Alimentum, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6124	4 (3,1) 16-oz Alimentum, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6125	5 (3,2) 16-oz Alimentum, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0036	20 (13,7) 8-oz Alimentum (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0037	40 (27,13) 8-oz Alimentum (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0038	5 (3,2) 32-oz Alimentum (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0039	10 (6,4) 32-oz Alimentum (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0040	1 (1,1) 16-oz Nutramigen Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0041	2 (1,1) 16-oz Nutramigen Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0042	3 (2,1) 16-oz Nutramigen Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0043	6 (4,2) 13-oz Nutramigen Lipil (conc), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0044	12 (8,4) 13-oz Nutramigen Lipil (conc), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0045	5 (3,2) 32-oz Nutramigen Lipil (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0046	10 (6,4) 32-oz Nutramigen Lipil (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0047	1 (1,1) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0048	2 (1,1) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0049	3 (2,1) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0050	4 (3,1) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6115	5 (3,2) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6116	6 (4,2) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food

R6117	7 (5,2) 12.6-oz Nutramigen Lipil Enflora, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0051	1 (1,1) 16-oz Pregestimil Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0052	2 (1,1) 16-oz Pregestimil Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0053	3 (2,1) 16-oz Pregestimil Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0054	1 (1,1) 12.8-oz EnfaCare Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0055	2 (1,1) 12.8-oz EnfaCare Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0056	3 (2,1) 12.8-oz EnfaCare Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0057	4 (3,1) 12.8-oz EnfaCare Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0058	5 (3,2) 32-oz EnfaCare Lipil (RTF) , 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0059	10 (6,4) 32-oz EnfaCare Lipil (RTF) , 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0060	1 (1,1) 12.9-oz Enfamil AR Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0061	2 (1,1) 12.9-oz Enfamil AR Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0062	3 (2,1) 12.9-oz Enfamil AR Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0063	4 (3,1) 12.9-oz Enfamil AR Lipil, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0064	5 (3,2) 32-oz Enfamil AR Lipil (RTF) , 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0065	10 (6,4) 32-oz Enfamil AR Lipil (RTF) , 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0066	1 (1,1) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0067	2 (1,1) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0068	3 (2,1) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0069	4 (3,1) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6105	5 (3,2) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6106	6 (4,2) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
R6107	7 (5,2) 12.8-oz Similac Neosure, 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food

T0349	5 (3,2) 32-oz Similac Neosure (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
T0350	10 (6,4) 32-oz Similac Neosure (RTF), 3 (2,1) 8-oz infant cereal, 32 (21,11) 4-oz jars baby food
Infants Receiving Formula Ordered from Infusion: 6 through 11 months	
T0132	3 (2,1) 8-oz cereal, 32 (21,11) 4-oz jars baby food
Infant Formula for Child at 1 Year and Older	
Contract	
T0318	10 (7,3) 12.9-oz Similac Advance EarlyShield
T0319	34 (23,11) 13-oz Similac Advance EarlyShield (conc)
T0320	28 (19,9) 32-oz Similac Advance EarlyShield (RTF)
T0321	10 (7,3) 12.9-oz Similac Sensitive
T0322	34 (23,11) 13-oz Similac Sensitive (conc)
T0323	28 (19,9) 32-oz Similac Sensitive (RTF)
T0324	10 (7,3) 12.9-oz Similac Sensitive RS
T0325	28 (19,9) 32-oz Similac Sensitive RS (RTF)
T0326	10 (7,3) 12.9-oz Isomil Advance
T0327	34 (23,11) 13-oz Isomil Advance (conc)
T0328	28 (19,9) 32-oz Isomil Advance (RTF)

T0362	10 (7,3) 12.8-oz Similac Neosure
Non-Contract	
T0329	10 (7,3) 12.9-oz Enfamil Lipil
T0330	34 (23,11) 13-oz Enfamil Lipil (conc)
T0331	28 (19,9) 32-oz Enfamil Lipil (RTF)
T0332	10 (7,3) 12.5-oz Enfamil Premium
T0333	11 (7,4) 12-oz Enfamil Gentlease Lipil
T0334	10 (7,3) 12.9-oz ProSobee Lipil/Enfamil Soy Lipil
T0335	34 (23,11) 13-oz ProSobee Lipil/Enfamil Soy Lipil (conc)
T0336	28 (19,9) 32-oz ProSobee Lipil/Enfamil Soy Lipil (RTF)
T0477	10 (7,3) 12-oz Good Start Gentle Plus
T0354	5 (3,2) 24-oz Good Start Gentle Plus 2
Children: 1 through 4 years **Whole milk is the only milk allowed for children 12 through 23 months. Whole milk can only be issued to children ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, $6 CVV	
T0136	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0137	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils

T0138	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0142	4 gal milk (whole fat), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0143	4 gal milk (whole fat), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0144	4 gal milk (whole fat), 2 16-oz tortillas or brown rice, 18-oz peanut butter
Children: 2 through 4 years **Reduced-fat milk (skim, 1%, 2%) is only allowed for children ≥ 2 years of age. Children ≤ 2 years of age may not be issued reduced-fat milk.**	
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, $6 CVV	
T0133	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0134	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0135	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0139	4 gal milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0140	4 gal milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0141	4 gal milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 18-oz peanut butter
Pregnant & Partially Breastfeeding **Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Includes 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 18-oz peanut butter, $8 CVV	
T0145	5 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0159	5 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils

T0147	5 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 1 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0149	5 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0146	5 gal + 1 (1/2 gal) milk (whole fat), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0160	5 gal + 1 (1/2 gal) milk (whole fat), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0148	5 gal + 1 (1/2 gal) milk (whole fat), 1 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0150	5 gal + 1 (1/2 gal) milk (whole fat), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
Postpartum **Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Includes 1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, $8 CVV	
T0151	4 gal milk (skim, 1%, 2%), 1 16-oz dry beans/peas/lentils
T0156	4 gal milk (skim, 1%, 2%), 4 16-oz can beans/peas/lentils
T0152	4 gal milk (skim, 1%, 2%), 18-oz peanut butter
T0153	4 gal milk (whole fat), 1 16-oz dry beans/peas/lentils
T0155	4 gal milk (whole fat), 4 16-oz can beans/peas/lentils
T0154	4 gal milk (whole fat), 18-oz peanut butter

Fully Breastfeeding Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.	
Includes 2 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 18-oz peanut butter, 1 lb cheese, 6 5-oz can fish, $10 CVV	
T0157	6 gal milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0161	6 gal milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0163	6 gal milk (skim, 1%, 2%), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0158	6 gal milk (whole fat), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0162	6 gal milk (whole fat), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0164	6 gal milk (whole fat), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
Cheese Substituted for Milk Packages (3 qt = 1 lb cheese) Whole milk is the only milk allowed for children 12 through 23 months. Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.	
Children 1 through 4 years : Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, $6 CVV	
T0179	3 gal + 1 qt milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0180	3 gal + 1 qt milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0181	3 gal + 1 qt milk (whole fat), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0185	3 gal + 1 qt milk (whole fat), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0186	3 gal + 1 qt milk (whole fat), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils

T0187	3 gal + 1 qt milk (whole fat), 2 16-oz tortillas or brown rice, 18-oz peanut butter
Children 2 through 4 years : Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, $6 CVV	
T0176	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0177	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0178	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0182	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0183	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0184	3 gal + 1 qt milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 18-oz peanut butter
Pregnant & Partially BF: Includes 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 18-oz peanut butter, 1 lb cheese, $8 CVV	
T0200	4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0204	4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0202	4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0206	4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0201	4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0205	4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0203	4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0207	4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils

Postpartum: Includes 1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 1 lb cheese, $8 CVV	
T0208	3 gal + 1 qt milk (skim, 1%, 2%), 1 16-oz dry beans/peas/lentils
T0212	3 gal + 1 qt milk (skim, 1%, 2%), 4 16-oz can beans/peas/lentils
T0209	3 gal + 1 qt milk (skim, 1%, 2%), 18-oz peanut butter
T0210	3 gal + 1 qt milk (whole fat), 1 16-oz dry beans/peas/lentils
T0213	3 gal + 1 qt milk (whole fat), 4 16-oz can beans/peas/lentils
T0211	3 gal + 1 qt milk (whole fat), 18-oz peanut butter
Additional 1 Pound of Cheese Prescribed **Whole milk is the only milk allowed for children 12 through 23 months. Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Children 1 though 4 years: Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lbs cheese, $6 CVV	
T0191	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0192	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0193	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0197	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0198	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0199	2 gal + 1 (1/2 gal) milk (whole fat), 2 16-oz tortillas or brown rice, 18-oz peanut butter

Children 2 through 4 years: Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lbs cheese, $6 CVV	
T0188	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0189	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0190	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0194	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0195	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0196	2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 16-oz tortillas or brown rice, 18-oz peanut butter
Complementary Foods without Milk and Cheese	
Children 1 through 4 years: Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, $6 CVV	
T0285	2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0286	2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0287	2 16-oz whole wheat/whole grain, 18-oz peanut butter
T0288	2 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0289	2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
T0290	2 16-oz tortillas or brown rice, 18-oz peanut butter

Pregnant & Partially BF: Includes 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 18-oz peanut butter, $8 CVV	
T0291	1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0292	1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0293	1 16-oz tortillas or brown rice, 1 16-oz dry beans/peas/lentils
T0294	1 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
Postpartum: Includes 1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, $8 CVV	
T0295	1 16-oz dry beans/peas/lentils
T0297	4 16-oz can beans/peas/lentils
T0296	18-oz peanut butter
Fully BF: Includes 2 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 18-oz peanut butter, 6 5-oz can fish, $10 CVV	
T0298	1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0299	1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
Pediasure with Complementary Foods: Children 1 through 4 years **Whole milk is the only milk allowed for children 12 through 23 months. Reduced-fat milk (skim, 1%, 2%) is only allowed for children ≥ 2 years of age. Whole milk can only be issued to children ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 19 6-pks Pediasure, $6 CVV	
T0533	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0534	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0535	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18 oz peanut butter

Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 19 6-pks Pediasure w/Fiber, $6 CVV	
T0536	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0537	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0538	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 18 6-pks Pediasure, $6 CVV	
T0539	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0540	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0541	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 18 6-pks Pediasure w/Fiber, $6 CVV	
T0542	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0543	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0544	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 15 6-pks Pediasure, $6 CVV	
T0553	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0554	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0555	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 15 6-pks Pediasure w/Fiber, $6 CVV	
T0556	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0557	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils

T0558	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 10 6-pks Pediasure, $6 CVV	
T0251	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0252	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0253	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 10 6-pks Pediasure w/Fiber, $6 CVV	
T0257	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0258	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0259	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 5 6-pks Pediasure, $6 CVV	
T0263	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0264	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0265	4 gal milk (skim, 1%, 2%), 2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 5 6-pks Pediasure w/Fiber, $6 CVV	
T0269	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0270	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0271	4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 18 oz peanut butter

Pediasure with Complementary Foods Except Milk : Children 1 through 4 years	
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 15 6-pks Pediasure, $6 CVV	
T0559	2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0560	2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0561	2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 10 6-pks Pediasure, $6 CVV	
T0568	2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0569	2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0570	2 16-oz whole wheat/whole grain, 18 oz peanut butter
Includes 1 doz eggs, 36 oz cereal, 2 64-oz juice, 5 6-pks Pediasure, $6 CVV	
T0312	2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils
T0313	2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils
T0314	2 16-oz whole wheat/whole grain, 18 oz peanut butter
Pediasure without Complementary Foods: Children 1 through 4 years	
T0545	19 6-pks Pediasure
T0546	19 6-pks Pediasure with Fiber
T0547	18 6-pks Pediasure
T0548	18 6-pks Pediasure with Fiber

T0549	15 6-pks Pediasure
T0550	15 6-pks Pediasure with Fiber
T0551	10 6-pks Pediasure
T0552	10 6-pks Pediasure with Fiber
T0283	5 6-pks Pediasure
T0284	5 6-pks Pediasure with Fiber
Individually Tailored **Whole milk is the only milk allowed for children 12 through 23 months. Reduced-fat milk (skim, 1%, 2%) is only allowed for participants ≥ 2 years of age. Whole milk can only be issued to participants ≥ 2 years of age in combination with another medical formula/food and requires the Formula and Food Authorization Form for issuance.**	
Formula with Select Complementary Foods	
CVV only. Receiving formula from Infusion Innovations. NEW! 10/01/09	
T0624	$6 CVV *(for children 1 through 4 years only)*
T0625	$8 CVV *(for Postpartum and Pregnant/Partially Breastfeeding women only)*
T0626	$10 CVV *(for Fully Breastfeeding women only)*
Child: 1 through 4 years	
Prescription for Enfamil Next Step Lipil (16 oz/day) with no complementary foods. Child over the age of 1 yr.	
T0525	3 24-oz Enfamil Next Step Lipil
Prescription for Nutramigen Lipil w/Enflora with CVV only	
T0355	8 (5,3) 16-oz Nutramigen Lipil w/Enflora, $6 CVV
Prescription for Similac Go and Grow Milk-Based with cereal and juice only	
T0356	5 (3,2) 22-oz Similac Go & Grow, 36 oz cereal, 2 64-oz juice

Prescription for Similac Go and Grow Soy-Based with cereal and juice only	
T0360	5 (3,2) 22-oz Similac Go & Grow Soy, 36 oz cereal, 2 64-oz juice
Pregnant & Partially BF	
Prescription for juice, cereal, and CVV only. Client has PKU	
T0521	3 12-frozen juice, 36 oz cereal, $8CVV
Complementary Foods with Cheese Substituted for Milk (3qt = 1 lb cheese) Child: 1 through 4 years	
Prescription for Alimentum with complementary foods	
T0458	7 (5,2) 16-oz Alimentum,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0459	7 (5,2) 16-oz Alimentum,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0460	7 (5,2) 16-oz Alimentum,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfacare with complementary foods.	
T0585	11 (7,4) 12.8-oz Enfacare Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0586	11 (7,4) 12.8-oz Enfacare Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0587	11 (7,4) 12.8-oz Enfacare Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfacare with complementary foods. Contains NO cheese.	
T0581	11 12.8-oz Enfacare Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV

Prescription for Enfacare (24 oz/day) with complementary foods	
T0380	9 (6,3) 12.8-oz Enfacare Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Enfamil Next Step Lipil/Enfagrow Premium with complementary foods	
T0395	5 (3,2) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0393	5 (3,2) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0394	5 (3,2) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
T0488	5 (3,2) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0489	5 (3,2) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0490	5 (3,2) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfamil Next Step Lipil/Enfagrow Premium (24 oz/day) with complementary foods	
T0505	4 (3,1) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0509	4 (3,1) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0510	4 (3,1) 24-oz Enfamil Next Step Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

T0511	4 (3,1) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0512	4 (3,1) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0513	4 (3,1) 24-oz Enfagrow Premium,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfamil AR Lipil with complementary foods	
T0377	9 (6,3) 12.9-oz Enfamil AR Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0378	9 (6,3) 12.9-oz Enfamil AR Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0379	9 (6,3) 12.9-oz Enfamil AR Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfamil Gentlease (~30 oz/day) with complementary foods	
T0604	10 (7,3) 12.9-oz Enfamil Gentlease,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0605	10 (7,3) 12.9-oz Enfamil Gentlease,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfamil Lipil (24 oz/day) with complementary foods	
T0588	8 (5,3) 12.9-oz Enfamil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0426	8 (5,3) 12.9-oz Enfamil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV

T0427	8 (5,3) 12.9-oz Enfamil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Good Start Gentle Plus with complementary foods. Contains reduced-fat milk.	
T0476	10 (7,3) 12-oz Good Start Gentle Plus,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0475	10 (7,3) 12-oz Good Start Gentle Plus,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Good Start Gentle Plus (RTF) with complementary foods	
T0451	28 (19,9) 32-oz Good Start Gentle Plus (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0452	28 (19,9) 32-oz Good Start Gentle Plus (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Good Start Gentle Plus 2 (~24 oz/day) with complementary foods	
T0396	5 (3,2) 12-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0397	5 (3,2)12-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0398	5 (3,2)12-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Good Start Soy Plus with complementary foods	
T0520	10 (7,3) 12.9-oz Good Start Soy Plus,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0518	10 (7,3) 12.9-oz Good Start Soy Plus,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV

T0519	10 (7,3) 12.9-oz Good Start Soy Plus,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Isomil Advance (24 oz/day) with complementary foods	
T0415	8 (5,3) 12.9-oz Isomil Advance,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0416	8 (5,3) 12.9-oz Isomil Advance,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0417	8 (5,3) 12.9-oz Isomil Advance,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Nutramigen Lipil w/Enflora with complementary foods	
T0405	10 (7,3) 12.6-oz Nutramigen Lipil w/Enflora,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0406	10 (7,3) 12.6-oz Nutramigen Lipil w/Enflora,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0407	10 (7,3) 12.6-oz Nutramigen Lipil w/Enflora,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Parent's Choice 2 with complementary foods. Contains whole milk and 2 lbs of cheese.	
T0473	4 (3,1) 25.7-oz Parent's Choice 2, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0472	4 (3,1) 25.7-oz Parent's Choice 2, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 1 18-oz peanut butter, $6 CVV

Prescription for Pregestimil Lipil with complementary foods	
T0433	8 (5,3) 16-oz Pregestimil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0434	8 (5,3) 16-oz Pregestimil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0435	8 (5,3) 16-oz Pregestimil Lipil,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Advance EarlyShield with complementary foods	
T0386	9 (6,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0387	9 (6,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Advance EarlyShield (24 oz/day) with complementary foods. Contains 2 lbs cheese	
T0413	8 (5,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0414	8 (5,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Advance EarlyShield (RTF) with complementary foods. Contains reduced-fat milk	
T0577	28 (19,9) 32-oz Similac Advance EarlyShield (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0576	28 (19,9) 32-oz Similac Advance EarlyShield (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0575	28 (19,9) 32-oz Similac Advance EarlyShield (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Similac Go and Grow Milk-Based with complementary foods. Contains reduced-fat milk	
T0421	5 (3,2) 22-oz Similac Go & Grow,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0422	5 (3,2) 22-oz Similac Go & Grow,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Go and Grow Milk-Based with complementary foods. Contains whole fat milk	
T0506	5 (3,2) 22-oz Similac Go & Grow,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0507	5 (3,2) 22-oz Similac Go & Grow,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
T0508	5 (3,2) 22-oz Similac Go & Grow,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Similac Go and Grow Soy-Based with complementary foods. Contains whole fat milk NEW! 10/13/09	
T0631	5 (3,2) 22-oz Similac Go & Grow Soy,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Similac Neosure with complementary foods	
T0571	10 (7,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0357	10 (7,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0358	10 (7,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Similac Neosure (24 oz/day) with complementary foods	
T0596	9 (6,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0597	9 (6,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0598	9 (6,3) 12.8-oz Similac Neosure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Neosure RTF with complementary foods	
T0448	28 (19,9) 32-oz Similac Neosure (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0449	28 (19,9) 32-oz Similac Neosure (RTF),1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Sensitive RS with complementary foods. *NEW! 09/30/09*	
T0609	9 (6,3) 12.9-oz Similac Sensitive RS,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0610	9 (6,3) 12.9-oz Similac Sensitive RS,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0611	9 (6,3) 12.9-oz Similac Sensitive RS,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for all complementary foods with 3 lbs of cheese and red-fat milk. Receiving formula from Infusion Innovations	
T0418	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0419	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV

T0420	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for all complementary foods with 3 lbs of cheese and whole milk. Receiving formula from Infusion Innovations NEW!	
T0619	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0621	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0627	1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Postpartum	
Prescription for Ensure (3.5 cans/day) and complementary foods. Contains reduced-fat milk	
T0408	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 1 16-oz dry beans/peas/lentils, $8 CVV
T0409	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 4 16-oz can beans/peas/lentils, $8 CVV
T0410	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 18-oz peanut butter, $8 CVV
Prescription for Ensure (3.5 cans/day) and complementary foods. Contains whole milk.	
T0428	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 1 16-oz dry beans/peas/lentils, $8 CVV
T0429	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 4 16-oz can beans/peas/lentils, $8 CVV

T0430	18 6-pks Ensure,1 doz eggs, 36 oz cereal, 2 12-oz frozen juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 18-oz peanut butter, $8 CVV
Pregnant & Partially BF	
Prescription for Boost (2 cans/day) and complementary foods. Contains reduced-fat milk	
T0531	10 6-pks Boost, 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, 18-oz peanut butter, $8 CVV
T0532	10 6-pks Boost, 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 4 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, 18-oz peanut butter, $8 CVV
Prescription for Ensure (1 can/day) and complementary foods. Contains whole milk	
T0411	5 6-pks Ensure, 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 lb cheese, 1 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, 18-oz peanut butter, $8 CVV
T0412	5 6-pks Ensure, 1 doz eggs, 36 oz cereal, 3 12-oz frozen juice, 4 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 1 lb cheese, 1 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, 18-oz peanut butter, $8 CVV
Complementary Foods without Milk **Child: 1 through 4 years**	
Prescription for Enfagrow Premium (24 oz/day) with complementary foods except milk	
T0602	4 (3,1) 24-oz Enfagrow Premium, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0603	4 24-oz Enfagrow Premium, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Go & Grow Soy with complementary foods except milk	
T0361	5 (3,2) 22-oz Similac Go & Grow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0363	5 (3,2) 22-oz Similac Go & Grow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Similac Sensitive with complementary foods except milk.	
T0390	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0388	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0389	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Sensitive with complementary foods except milk. Contains 3 lbs cheese	
T0402	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0403	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0404	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Sensitive (24 oz/day) with complementary foods except milk. Contains 2 lbs cheese	
T0384	8 (5,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0385	8 (5,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Complementary Foods without Milk and Cheese Child: 1 through 4 years	
Prescription for Alimentum (30 oz/day) with complementary foods except milk and cheese	
T0514	8 (5,3) 16-oz Alimentum, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV

T0383	8 (5,3) 16-oz Alimentum, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0515	8 (5,3) 16-oz Alimentum, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Alimentum (~24 oz/day) with complementary foods except milk and cheese	
T0504	7 (5,2) 16-oz Alimentum, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Alimentum RTF (~24 oz/day) with complementary foods except milk and cheese. NEW! 09/30/09	
T0612	23 (15,8) 32-oz Alimentum (RTF), 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Enfamil Next Step ProSobee Lipil/Enfagrow Soy (~24 oz/day) with complementary foods except milk and cheese	
T0436	5 (3,2) 24-oz ProSobee Next Step Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0437	5 (3,2) 24-oz ProSobee Next Step Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0438	5 (3,2) 24-oz ProSobee Next Step Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
T0491	5 (3,2) 24-oz Enfagrow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0492	5 (3,2) 24-oz Enfagrow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0493	5 (3,2) 24-oz Enfagrow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Enfamil Lipil (27 oz/day) with complementary foods except milk and cheese	
T0572	9 (6,3) 12.9-oz Enfamil Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0573	9 (6,3) 12.9-oz Enfamil Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0574	9 (6,3) 12.9-oz Enfamil Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Enfamil ProSobee Lipil/Enfamil Soy Lipil (24 oz/day) with complementary foods except milk and cheese	
T0529	8 (5,3) 12.9-oz Enfamil Soy Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0530	8 (5,3) 12.9-oz Enfamil Soy Lipil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
Prescription for Good Start Gentle Plus 2 (~24 oz/day) with complementary foods except milk and cheese	
T0399	5 (3,2) 24-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0400	5 (3,2) 24-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0401	5 (3,2) 24-oz Good Start Gentle Plus 2,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Good Start Protect Plus with complementary foods except milk and cheese	
T0497	10 (7,3) 12-oz Good Start Protect Plus, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0498	10 (7,3) 12-oz Good Start Protect Plus, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Isomil Advance with complementary foods except milk and cheese	
T0440	9 (6,3) 12.9-oz Isomil Advance, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0441	9 (6,3) 12.9-oz Isomil Advance, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0442	9 (6,3) 12.9-oz Isomil Advance, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Isomil Advance (24 oz/day) with complementary foods except milk and cheese	
T0469	8 (5,3) 12.9-oz Isomil Advance, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0470	8 (5,3) 12.9-oz Isomil Advance, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Isomil Advance RTF with complementary foods except milk and cheese	
T0353	28 (19,9) 32-oz Isomil Advance (RTF), 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Nutramigen Lipil w/Enflora with complementary foods except milk and cheese	
T0381	10 (7,3) 12.6-oz Nutramigen Lipil w/Enflora, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0382	10 (7,3) 12.6-oz Nutramigen Lipil w/Enflora, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Pregestimil with complementary foods except milk and cheese. NEW! 10/01/09	
T0616	8 (5,3) 16-oz Pregestimil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0617	8 (5,3) 16-oz Pregestimil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0618	8 (5,3) 16-oz Pregestimil, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Advance EarlyShield (24 oz/day) with complementary foods except milk and cheese	
T0453	8 (5,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0454	8 (5,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0455	8 (5,3) 12.9-oz Similac Advance EarlyShield,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Go and Grow Milk-Based with complementary foods except milk and cheese	
T0376	5 (3,2) 22-oz Similac Go & Grow, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0371	5 (3,2) 22-oz Similac Go & Grow, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0372	5 (3,2) 22-oz Similac Go & Grow, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Similac Go and Grow Soy-Based with complementary foods except milk and cheese	
T0480	5 (3,2) 22-oz Similac Go & Grow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0479	5 (3,2) 22-oz Similac Go & Grow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0478	5 (3,2) 22-oz Similac Go & Grow Soy, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Sensitive (27 oz/day) with complementary foods except milk and cheese	
T0445	9 (6,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
Prescription for Similac Sensitive (24 oz/day) with complementary foods except milk and cheese	
T0501	8 (5,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0502	8 (5,3) 12.9-oz Similac Sensitive, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
Complementary Foods without Milk and Eggs Child: 1 through 4 years	
Prescription for Isomil Advance with complementary foods except milk and eggs. Contains 2 lbs cheese	
T0499	9 (6,3) 12.9-oz Isomil Advance, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0500	9 (6,3) 12.9-oz Isomil Advance, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Complementary Foods without Milk, Cheese, and Eggs Child: 1 through 4 years	
Prescription for Enfamil Next Step ProSobee Lipil/Enfagrow Soy (~27 oz/day) with complementary foods except milk, cheese, & eggs	
T0370	5 (3,2) 24-oz ProSobee Next Step Lipil, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0367	5 (3,2) 24-oz ProSobee Next Step Lipil, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0368	5 (3,2) 24-oz ProSobee Next Step Lipil, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
T0496	5 (3,2) 24-oz Enfagrow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0494	5 (3,2) 24-oz Enfagrow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0495	5 (3,2) 24-oz Enfagrow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Similac Go & Grow Soy with complementary foods except milk, cheese, and eggs.	
T0608	5 (3,2) 22-oz Similac Go & Grow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0607	5 (3,2) 22-oz Similac Go & Grow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0606	5 (3,2) 22-oz Similac Go & Grow Soy, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Lactose-Free Milk Child: 1 through 4 years	
Prescription for whole lactose-free milk and select complementary foods. Child over 2 years. Also receiving Enteral Pediasure	
T0359	1 doz eggs, 36 oz cereal, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz tortillas or brown rice, 4 16-oz can beans/peas/lentils
Prescription for whole lactose-free milk with complementary foods except juice	
T0484	1 doz eggs, 36 oz cereal, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0483	1 doz eggs, 36 oz cereal, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0482	1 doz eggs, 36 oz cereal, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 18-oz peanut butter, $6 CVV
Prescription for reduced-fat lactose-free milk and complementary foods. Child over 2 and receiving formula from Infusions	
T0516	1 doz eggs, 36 oz cereal, 2 64-oz juice , 6 (1/2 gal) + 1 qt lactose-free milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0517	1 doz eggs, 36 oz cereal, 2 64-oz juice , 6 (1/2 gal) + 1 qt lactose-free milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 18-oz peanut butter, $6 CVV
Pediasure with Complementary Foods Child: 1 through 4 years	
Prescription for Pediasure (1 can/day) with complementary foods including cheese. Contains whole milk	
T0364	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0365	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV

T0366	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for Pediasure (1 can/day) with complementary foods. Contains reduced-fat milk and 2 lbs cheese	
T0599	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0600	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0601	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (skim, 1%, 2%), 2 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for Pediasure (1 can/day) with complementary foods except cheese. Contains whole milk	
T0474	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 4 gal milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
Prescription for Pediasure (2 cans/day) with complementary foods including cheese. Contains whole milk	
T0562	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0563	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0564	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for whole milk and Pediasure (2 can/day) with complementary foods including 2 lbs of cheese. Contains whole milk	
T0565	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0566	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 gal + 1 (1/2 gal) milk (whole fat), 2 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV

Prescription for Pediasure (2 cans/day) with complementary foods including 3 lbs of cheese. Contains reduced-fat milk	
T0592	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0485	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0487	10 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (skim, 1%, 2%), 3 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Pediasure w/Fiber (2 can/day) and all complementary foods including cheese. Contains reduced-fat milk. NEW!9/30/09	
T0613	10 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0614	10 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0615	10 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for Pediasure (3 cans/day) with complementary foods including cheese. Contains whole milk	
T0423	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0424	15 6-pks Pediasure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0425	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV

Prescription for Pediasure (3 cans/day) with complementary foods. Contains whole milk and 3 lbs cheese	
T0589	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0590	15 6-pks Pediasure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0591	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 gal + 1 (1/2 gal) + 1 qt milk (whole fat), 3 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for Pediasure w/Fiber (3 cans/day) with complementary foods including cheese. Contains whole milk	
T0461	15 6-pks Pediasure w/Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0462	15 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Prescription for Pediasure (3.5 cans/day) with complementary foods. Contains whole milk	
T0481	18 6-pks Pediasure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0465	18 6-pks Pediasure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0456	18 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Pediasure w/Fiber (3.5 cans/day) with complementary foods. Contains reduced-fat milk.	
T0431	18 6-pks Pediasure w/Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0432	18 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV

Prescription for Pediasure without fiber and Pediasure with Fiber (3.5 cans/day) with complementary foods. Contains red-fat milk	
T0443	9 6-pks Pediasure, 9 6-pks Pediasure with Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0444	9 6-pks Pediasure, 9 6-pks Pediasure with Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Prescription for Pediasure without Fiber and Pediasure with Fiber (4 cans/day) with complementary foods. Contains reduced-fat milk	
T0583	10 6-pks Pediasure, 9 6-pks Pediasure with Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0582	9 6-pks Pediasure, 10 6-pks Pediasure with Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0584	9 6-pks Pediasure, 10 6-pks Pediasure with Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 3 gal + 1 qt milk (skim, 1%, 2%), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Pediasure with Complementary Foods Except Milk Child: 1 through 4 years	
Prescription for Pediasure (3 cans/day) with complementary foods except milk	
T0466	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0467	15 6-pks Pediasure,1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0468	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 1 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV

Prescription for Pediasure (3 cans/day) with complementary foods except milk. Contains 2 lbs cheese.	
T0526	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0527	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0528	15 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 lb cheese, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Pediasure with Complementary Foods Except Milk and Cheese Child: 1 through 4 years	
Prescription Pediasure w/Fiber (3.5 cans/day) with complementary foods except milk and cheese	
T0628	18 6-pks Pediasure w/Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 1 16-oz dry beans/peas/lentils, $6 CVV
T0629	18 6-pks Pediasure w/Fiber,1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0630	18 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 2 16-oz whole wheat/whole grain, 18 oz peanut butter, $6 CVV
Pediasure with Lactose-Free Whole Milk Child: 1 through 4 years	
Prescription for Pediasure (1 can/day) with whole lactose-free milk and complementary foods	
T0463	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0464	5 6-pks Pediasure, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 6 (1/2 gal) + 1 qt lactose-free milk (whole fat), 1 lb cheese, 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV

Prescription for Pediasure with Fiber (1 can/day) with whole lactose-free milk and complementary foods except cheese.	
T0446	5 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 8 (1/2 gal) lactose-free milk (whole fat), 2 16-oz whole wheat/whole grain, 4 16-oz can beans/peas/lentils, $6 CVV
T0447	5 6-pks Pediasure w/Fiber, 1 doz eggs, 36 oz cereal, 2 64-oz juice, 8 (1/2 gal) lactose-free milk (whole fat), 2 16-oz whole wheat/whole grain, 18-oz peanut butter, $6 CVV
Pediasure without Complementary Foods Child: 1 through 4 years	
Prescription for Pediasure (4 cans/day). ½ with no fiber and ½ with fiber	
T0567	10 6-pks Pediasure, 9 6-pks Pediasure with Fiber