

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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**Addendum #4**  
**DOH19-008**  
**WIC Soy-Based Formula Rebate**

**DATE:** September 12, 2019  
**TO:** Prospective Vendors  
**FROM:** **Sonja German-Jones**, Procurement Officer  
Department of Health, Purchasing  
**SUBJECT:** Addendum 4 to DOH19-008, WIC Soy-Based Formula Rebate

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This addendum serves as notice of the following change(s) to the above solicitation:

- A.** All references to **Attachment B, WIC Infant Formula Rebate Bid Price Sheet**, are deleted and replaced with **Attachment B, Revised WIC Infant Formula Rebate Bid Price Sheet**, which is a separate attachment on VBS.
- B.** All references to **Attachment D, Statement of Non-Collusion Form, Attachment F, Identical Tie Certification Form, Attachment G, Identical Tie Certification Form, and Attachment J, List of Six Month Average of Infant Formula Issued Through EBT For the period of December 1, 2018 – May 31, 2019**, are deleted and replaced with the following attachments, which are attached:
  - 1. **Attachment C, Prior Experience and Contract Dispute Reporting Form,**
  - 2. **Attachment D, Statement of Non-Collusion Form,**
  - 3. **Attachment G, Identical Tie Certification Form, and**
  - 4. **Attachment J, (Revised) List of Six Month Average of Infant Formula Issued Through EBT For the period of December 1, 2018 – May 31, 2019,**
- C.** **Attachment K Florida WIC Approved Formulas and WIC Eligible Nutritionals** is hereby added to the solicitation and is attached.
- D.** **Section 1.2 Background** is deleted in its entirety and replaced with the following:

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program carried out pursuant to the provisions of the Child Nutrition Act in

conjunction with federal and State of Florida laws, regulations, and policies. The program is funded through the Food and Nutrition Services of the United States Department of Agriculture (USDA) and the State WIC Agency.

Participants receive a monthly benefit from the Department that specifies the brand and physical form of infant formula being issued to them. The primary contract brand infant formula will be the milk-based infant formula of first choice, and other milk-based infant formulas may be issued as alternatives. Except for the issuance of the primary contract brand infant formula, the State provides no guarantee of the quantity, physical form, or physical sizes that will be used under the Contract.

Participants redeem their monthly benefit at their choice of approximately 2,000 participating retail grocers around the State. These stores accept EBT cards as payment for WIC foods. Retailers are paid their current shelf price for infant formula. After the participants have used their benefit, the Department's data system calculates the number of cans of milk-based infant formula purchased by brand and physical form. This total is submitted to the Provider with an invoice, who then issues a rebate to the Department. Rebate funds are used to offset the State's federal grant for food and are subsequently reused to provide benefits to additional participants.

WIC services are currently provided by local WIC agencies located in the Department's county health departments. Currently, these agencies issue benefits to approximately 450,000 participants.

It is important to note that the "Estimated Average Number of Infants" (both fully formula fed and partially breastfed) used in calculating the lowest net infant formula cost to the WIC program are only estimates. The total monthly units and calculated net costs determined from those estimates will be used only for bid evaluation. They are not intended to be accurate projections for any other purpose. Rebates billed during the term of the contract resulting from this solicitation will be based on actual quantities of contract brand infant formula purchased at approved retail grocers by participants.

The State's WIC Program will issue infant formula in accordance with the Code of Federal Regulations 7 CFR 246.10(e)(1) through (e)(3) and (e)(9) of the WIC Program Federal Regulations. In addition, the State WIC Program will, if necessary, provide the full nutritional benefit (FNB), using the methodology outlined in 7 CFR 246.10(h) in the WIC Program Federal Regulations when issuing infant formula.

This contract does not apply to exempt infant formulas and WIC-eligible nutritionals. These products are only issued to infants with certain medical conditions and they require a medical provider's prescription. In addition, other infants with valid medical needs may receive milk-based infant formulas that are not contract brands if prescribed by a medical provider. This contract does not apply to soy-based infant formulas, which will be offered as alternatives at the option of physicians, nutritionists and clients.

The Department and the WIC Program are fully committed to breastfeeding as the recommended feeding choice for infants. The WIC Program actively promotes breastfeeding, conducts initiatives to encourage breastfeeding, and shall continue to do so throughout any infant formula contract period.

E. **Section 2.5 Timeline** is deleted in its entirety and replaced with the following:

<b><u>EVENT</u></b>	<b><u>DUE DATE</u></b>	<b><u>LOCATION</u></b>
ITB Advertised / Released	August 2, 2019	<b><u>Posted to the Vendor Bid System at:</u></b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
Non-Mandatory Pre-Bid Conference	August 13, 2019  @ 1:00pm Eastern Time (ET)	Florida Department of Health Central Purchasing Office  <b>Attention: Sonja German-Jones</b> Suite 310L 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 <b>Or</b> <b>Conference Call Information:</b> Number - 1 (888) 585-9008 (Access Code) 383-707-439 "My Conference Room"
Questions Submitted in Writing	<b>Must be received PRIOR TO:</b> August 20, 2019 @ 4:00pm (ET)	<b>Submit to:</b> Florida Department of Health Central Purchasing Office <b>Attention: Sonja German-Jones</b> Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 E-mail: <a href="mailto:sonja.german@flhealth.gov">sonja.german@flhealth.gov</a>
Answers to Questions (Anticipated Date)	September 12, 2019	<b>Posted to Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
<b>Sealed Bids Due and Opened</b>	Must be received prior to: September 27, 2019 @ 11:00 am (ET)	<b>PUBLIC OPENING</b> <b>Submit to:</b> Florida Department of Health Central Purchasing Office <b>Attention: Sonja German-Jones</b> Suite 310L 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 Revised WIC Infant Formula Rebate Bid Price Sheet (Attachment B) will be read aloud.
Anticipated Posting of Intent to Award (Anticipated Date)	October 1, 2019	<b>Posted to the Vendor Bid System at:</b> <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>

F. **Section 3.8 Responsive and Responsible (Mandatory Requirements)**, subsection 3.8.7 is deleted in its entirety and replaced with the following:

3.8.7 Provide the most current commercial wholesale price list as of the time of the bid opening. This price list will be used by the Department as verification of the Respondent's lowest national wholesale cost per unit of infant formula for a full truckload, as used outlined on Attachment B.

G. The following sections of Attachment A, Scope of Services, are amended as follows:

A. **Technical Requirements**

4. **Product Information**, is deleted in its entirety, and replaced with the following:

- a. Provider must immediately upon contract award submit documentation to the Department that indicates the Provider's full understanding of the rebate system requested by the Department. At a minimum, this documentation must include:
  - 1) Pertinent public, non-proprietary information regarding the organization, staffing, infant formula production facilities and experience with performing required services.
  - 2) Assurance of capability to provide sufficient quantities of infant formula.
  - 3) An implementation plan for the tasks required to satisfactorily meet the requirements of the contract within 10 days after being awarded the contract.
- b. Provide the Department a minimum of three month's advance notice in the event that any changes are planned in labels, container sizes, or formulation of infant formulas to allow Department staff to make any necessary changes on EBT food packages and educational materials, and to inform participants of such changes prior to them taking place.

10. **Payment Requirements subparagraph a, Reports**, is deleted in its entirety and replaced with the following:

- a. **Reports.** The Department will provide the Provider with information at approximately the same time as the balance invoice for the month is produced. The information will provide the following data elements for EBT transaction included in the rebate billing: transaction identification number, the issue date and the date redeemed, the actual redemption amount, the product purchased, and the quantity of formula. Each month the department will produce reports that will specify the total number of cans of concentrate, powdered, and ready-to-feed formula purchased during the preceding month. The EBT transaction transmitted to the EBT processor includes the UPC code(s) of the product(s) purchased, and ultimately the purchase information is accumulated into the monthly EBT-derived Infant Formula Rebate Report. This report will identify the exact number of cans purchased by formula type and formulation and will serve as the basis used to bill the Provider.

H. The following sections of **Exhibit, Price Sheet Instructions**, are deleted in its entirety and replaced with the following:

3. Page Two of the Bid Sheet provides data on the number of infants (rounded figure) who received various physical forms of infant formula during this period. The number for partially breastfed indicates partially (mostly) breastfed infants. The number for fully infant formula fed includes fully formula fed infants and partially (minimally) breastfed infants. Data provided as part of this ITB does not necessarily reflect the actual number of infants to be served or the amount of infant formula to be purchased under the new contract.

Solely for the purpose of this bid, all infants would be using the primary contract brand and that no infants would receive non-contract brands by exception.

4. The Department will only accept bids for the primary contract brand of soy-based infant formula, as defined in the ITB. Should the Department approve and provide one or more of the Provider's other soy-based infant formulas, it will do so in accordance with 7 CFR 246.16a, and the rebate to be paid will yield a discount from the wholesale truckload price that is the same percentage discount as the successful provider's bid on the soy-based formula by type and physical form in response to the ITB. The rebate per can will be displayed as necessary to the third decimal place.

Additionally, the Provider agrees to pay the Department a rebate as above for other formulas (excluding exempt formulas) in the Provider's product line that are allowed by the Department as alternatives to the primary contract brand.

6. The Respondent must provide a rebate bid per unit for each physical form of soy-based infant formula specified in Attachment B, WIC Infant Formula Bid Price Sheet and a rebate on any other soy-based infant formula in the Provider's infant formula product line (excluding exempt formulas) that the department chooses to issue. Rebate calculations for all other contract infant formula (including new and existing infant formula) shall yield the same percentage discount as the corresponding physical form of the primary contract infant formula for which bids were solicited. That is, the discount established at the beginning of the contract (by physical form), will be used to calculate the rebate for infant formula added to the contract subsequent to the initiation of the contract. The rebate will be calculated using the full-truckload wholesale price of the infant formula at the time the infant formula is approved for issuance by the department. If the primary contract infant formula is discontinued, the successful provider agrees to provide a rebate that yields the same net cost per ounce for the replacement formula.

**ATTACHMENT C  
PRIOR EXPERIENCE AND CONTRACT DISPUTE REPORTING FORM**

The document is to be used by the Respondent to certify information related to their prior experience performing services related to the scope of this Proposal and any contract disputes the Respondent (including its affiliates, subcontractors, agents, etc.) has had with any customer(s) within the last five years that are listed below. Make additional copies of this form as needed to include the below requested information in the Proposal.

**A. Prior Experience**

Customer Name	
Commodity/Service Provided	
Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person E-mail address	
Contact Person Phone number	

Customer Name	
Commodity/Service Provide	
Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person e-mail address	
Contact Person Phone number	

Customer Name	
Commodity/Service Provide	

**ATTACHMENT C  
PRIOR EXPERIENCE AND CONTRACT DISPUTE REPORTING FORM**

Contract/Agreement #	
Term of Contract/Agreement	
Contact Person Name	
Contact Person e-mail address	
Contact Person Phone number	

**B. Contract Disputes**

Has the Respondent had any contract disputes within the last five years?

Yes       No

**If yes, complete the following information:**

<b>Customer Name:</b>	_____
<b>Contract Number(s):</b>	_____
<b>Date of Contract Dispute:</b>	_____

**Explanation of Dispute:**

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**Resolution of Dispute:**

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**Amount of Fine (if any):**

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**ATTACHMENT C  
PRIOR EXPERIENCE AND CONTRACT DISPUTE REPORTING FORM**

<b>Customer Name:</b>	_____
<b>Contract Number(s):</b>	_____
<b>Date of Contract Dispute:</b>	_____

**Explanation of Dispute:**

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**Resolution of Dispute:**

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**Amount of Fine (if any):**

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**By signing this document, I certify to the best of my knowledge that the information presented herein is true, accurate, and complete for contract disputes experienced during the last five years from the date of signature.**

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date



**ATTACHMENT D  
STATEMENT OF NON-COLLUSION**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject Contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant Bid, proposal or reply. This Bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Florida Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department.

\_\_\_\_\_  
Signature of Authorized Representative\*

\_\_\_\_\_  
Date

\*An authorized representative is an officer of the Provider's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**ATTACHMENT G  
IDENTICAL TIE CERTIFICATON FORM**

**Respondent Name:** \_\_\_\_\_

**Respondent Mailing Address:** \_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Federal Employer Identification Number (FEID):** \_\_\_\_\_

Chapters 287 and 295, Florida Statutes, provide Respondents the advantage of “tie breakers” whenever two or more bids, proposal, or replies received by an agency are equal with respect to price, quality, and service. For a Respondent to take advantage of the below “tie breakers,” it must meet the statutory qualifications for one or more of these provisions and certify that it qualifies for the cited preference.

If the Department discovers that any information on this form is false after the award to the Respondent is made, the Department reserves the right to terminate the Contract and hold the awarded Respondent liable for costs associated with re-procuring the services. The Respondent certifies that the below preferences apply:

Yes	No	Applicable Certification
		<b><u>Certified Minority Business Enterprise:</u></b> This Proposal is from a certified minority-owned firm or company in accordance with sections 287.057(11) and 287.0943, Florida Statutes.
		<b><u>Certified Veteran Business Enterprise:</u></b> This Proposal is from a certified veteran business enterprise in accordance with section 295.187, Florida Statutes.
		<b><u>Drug Free Workplace:</u></b> This Proposal is from a Respondent that currently maintains a drug-free workplace environment in accordance with section 287.087, Florida Statutes.
		<b><u>Foreign Manufacturer (This preference only applies to State procurements of commodities):</u></b>  This Proposal is from a foreign manufacturer with a factory in Florida employing over 200 employees in the State in accordance with section 287.092, Florida Statutes.
		<b><u>Preference to Florida Business (This preference only applies to State procurements of personal property):</u></b>  This Proposal is from a vendor who meets the requirements of section 287.084, Florida Statutes.
		<b>This Proposal is from a Respondent that is not eligible for any of the above preferences.</b>

**ATTACHMENT G  
IDENTICAL TIE CERTIFICATON FORM**

Additional Tie Breaker Criteria: If more than one Respondent is entitled to the certified veteran business enterprise preference specified in section 295.187, Florida Statutes or another preference identified above that is applicable to this solicitation, the Department will award the Contract to the business having the smallest net worth as specified in section 295.187(4), Florida Statutes. The Respondent certifies its net worth is:

As the person authorized to sign this statement on behalf of the Respondent, I certify that this Proposal complies fully with the above requirements.

**Signature of Authorized Representative\*:**

**Printed (Typed) Name and Title:** \_\_\_\_\_

\*An authorized representative is an officer of the Respondent's organization who has legal authority to bind the organization to the provisions of the Proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the President, Chairman or owner.

**REVISED - ATTACHMENT J**

**List of Six Month Average of Infant Formula Issued Through EBT  
For the period of December 1, 2018 – May 31, 2019**

Type	Feeding Method	Physical Form	Contract/ Exempt	Quantity (# of Cans)	# of Infants Age 0-3 Mths	# of Infants Age 4-5 Mths	# of Infants Age 6-11 Mths
Milk	*Mostly Breastfeeding	Powdered	No	107	15	5	9
Milk	*Mostly Breastfeeding	Powdered	Yes	28,624	4,878	1,280	1,938
Milk	*Mostly Breastfeeding	Concentrate	No	12	0	0	1
Milk	*Mostly Breastfeeding	Concentrate	Yes	485	14	7	15
Milk	*Mostly Breastfeeding	Ready-To-Feed	Yes	35	2	1	1
Milk	**Minimally Breastfeeding	Powdered	No	367	18	9	17
Milk	**Minimally Breastfeeding	Powdered	Yes	113,161	8,611	2,605	2,620
Milk	**Minimally Breastfeeding	Concentrate	No	17	0	0	1
Milk	**Minimally Breastfeeding	Concentrate	Yes	2,791	59	19	19
Milk	**Minimally Breastfeeding	Ready-To-Feed	No	19	0	0	0
Milk	**Minimally Breastfeeding	Ready-To-Feed	Yes	569	9	6	9
Milk	Fully Formula	Powdered	No	1,543	43	35	115
Milk	Fully Formula	Powdered	Yes	483,722	16,358	10,060	33,846
Milk	Fully Formula	Concentrate	No	104	1	1	1
Milk	Fully Formula	Concentrate	Yes	9,661	100	57	195
Milk	Fully Formula	Ready-To-Feed	No	89	1	1	3
Milk	Fully Formula	Ready-To-Feed	Yes	1,692	18	14	42
Soy	*Mostly Breastfeeding	Powdered	No	26	3	1	3
Soy	*Mostly Breastfeeding	Powdered	Yes	800	97	41	73
Soy	*Mostly Breastfeeding	Concentrate	Yes	68	2	1	1
Soy	*Mostly Breastfeeding	Ready-To-Feed	No	16	0	0	1
Soy	**Minimally Breastfeeding	Powdered	No	103	6	3	5
Soy	**Minimally Breastfeeding	Powdered	Yes	3,170	193	85	101
Soy	**Minimally Breastfeeding	Concentrate	Yes	239	4	2	2
Soy	**Minimally Breastfeeding	Ready-To-Feed	No	7	0	0	0
Soy	**Minimally Breastfeeding	Ready-To-Feed	Yes	4	0	0	0
Soy	Fully Formula	Powdered	No	733	16	18	59
Soy	Fully Formula	Powdered	Yes	21,186	555	480	1,643
Soy	Fully Formula	Concentrate	Yes	1,189	9	6	26
Soy	Fully Formula	Ready-To-Feed	No	90	1	1	2
Soy	Fully Formula	Ready-To-Feed	Yes	185	1	1	6
	***Mostly Breastfeeding	Powdered	Exempt	2,499	318	119	136
	***Mostly Breastfeeding	Concentrate	Exempt	18	0	0	1
	***Mostly Breastfeeding	Ready-To-Feed	Exempt	186	7	4	6
	***Minimally Breastfeeding	Powdered	Exempt	15,097	907	341	368
	***Minimally Breastfeeding	Concentrate	Exempt	56	2	0	0
	***Minimally Breastfeeding	Ready-To-Feed	Exempt	2,775	50	27	39
	***Fully Formula	Powdered	Exempt	74,861	2,366	1,636	4236
	***Fully Formula	Concentrate	Exempt	317	3	2	6
	***Fully Formula	Ready-To-Feed	Exempt	9,877	90	81	266
	***Fully Formula	Ready-To-Feed	Nutritionals	13	0	0	1

\*Mostly Breastfeeding Feeding Method used to calculate PBF on Page 2 of the Bid Price Sheet.

\*\*Minimally Breastfeeding Feeding Method is included with the Fully Formula Feeding Method to calculate FF on Page 2 of the Bid Price Sheet.

\*\*\*Exempt and Nutritionals not included in calculations on Page 2 of Bid Price Sheet

Note: In the above data, over 6,000 infants received both Category 21 and Category 31 formulas due to food package changes. Clients are not issued over the maximum allowed.

Note: The above data only includes infants who received formula by EBT. It does not include infants who received formula only through direct distribution.

Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

Abbott
Alimentum
Calcilo XD
Cyclinex-1
Cyclinex-2
Elecare Infant
Elecare Junior
Ensure
Ensure Clear
Ensure MAX Protein
Ensure Plus
Ensure Pudding
Glucerna Shake
Glutarex-1
Glutarex-2
Hominex-2
Human Milk Fortifier (power or liquid)
Human Milk Fortifier Hydrolyzed Protein (liquid)
I-Valex-1
I-Valex-2
Jevity 1 Cal
Jevity 1.2 Cal
Jevity 1.5 Cal
Ketonex-2
Ketonex-1
Liquid Protein Fortifier
Nepro Carb Steady
Optimental
Osmolite 1 Cal
Osmolite 1.2 Cal
Osmolite 1.5 Cal
Oxepa
Pediasure
Pediasure 1.5
Pediasure 1.5 Fiber
Pediasure Enteral
Pediasure Enteral with Fiber
Pediasure Fiber Oral
Pediasure Oral
Pediasure Peptide 1.0
Pediasure Peptide 1.5
Pediasure Sidekicks - Chocolate
Pediasure Sidekicks – Vanilla
Pediasure with Fiber
Perative

Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

Phenex-1
Phenex-2
Pivot 1.5
ProMod
Promote
Promote with Fiber
Pro-phree
Propimex-1
Propimex-2
Provimin
Pulmocare
RCF
Similac 24 with Iron
Similac Advance
Similac NeoSure
Similac PM 60/40
Similac Soy Isomil
Similac Special Care 20 Iron
Similac Special Care 24 High Protein
Similac Special Care 24 Iron
Similac Special Care 30
Suplena Carb Steady
TwoCal HN
Tyrex-1
Tyrex-2
Vital 1.0
Vital 1.5
Vital HN

Cambrooke
Glytactin Bettermilk
Glytactin Bettermilk deLite
Glytactin 10
Glytactin 15
KetoVie
KetoVie Peptide
Tylactin RTD

Gerber Good Start
Gerber Extensive HA
Gerber GentlePro
Gerber SoothePro
Gerber Soy
Gerber Soy 2

Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

<b>Mead Johnson</b>
BCAD 1
BCAD2
Enfagrow Toddler Transitions Gentlease/ NeuroPro
Enfagrow Toddler Transitions/ NeuroPro
Enfamil 24
Enfamil AR
Enfamil EnfaCare
Enfamil EnfaCare NeuroPro
Enfamil Gentlease
Enfamil Infant
Enfamil Premature 20 Iron
Enfamil Premature 24 Iron
Enfamil Premature 30 Cal
Enfamil Premature High Protein 24
Enfamil Reguline
Enfaport
GA
HCY 1
HCY 2
Human Milk Fortifier (powder and liquid)
LMD
Nutramigen
Nutramigen Enflora LGG
Nutramigen Enflora LGG Toddler
OA1
OA2
PFD 2
PFD Toddler
Phenyl-Free 1
Phenyl-Free 2
Phenyl-Free 2HP
Portagen
Pregestimil
Pregestimil 20
Pregestimil 24
Product 3232A
ProSobee
PurAmino
PurAmino Jr
Tyros 1
Tyros 2
WND 1
WND 2

Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

Medica Nutrition
Solcarb

Nestlé
Alfamino Infant
Alfamino Junior
Benecalorie
Beneprotein
Boost Breeze
Boost Glucose Control Drink
Boost Kid Essentials
Boost Kid Essentials 1.5
Boost Kid Essentials 1.5 Fiber
Boost Plus
Boost Pudding
Boost VHC
Compleat
Compleat Pediatric
Compleat Pediatric Reduced Calorie
Glytrol
Impact
Impact Fiber
Isosource 1.5
Isosource HN
MCT Oil
Microlipid
Nutren 1.0
Novasource Renal
Nutren 1.0 Fiber
Nutren 1.5
Nutren 2.0
Nutren Junior
Nutren Junior with Fiber
Nutren Pulmonary
Nutren Replete
NutriHep
Peptamen
Peptamen 1.5
Peptamen 1.5 Prebio
Peptamen AF
Peptamen Junior
Peptamen Junior 1.5
Peptamen Junior Fiber
Peptamen Junior HP 1.2 kcal
Peptamen Junior Prebio
Peptamen OS



Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

Peptamen Prebio
Renalcal
Replete with Fiber
Resource 2.0
Tolorex
Vivonex Pediatric
Vivonex Plus
Vivonex RTF
Vivonex TEN

<b>Nutricia</b>
Complete Amino Acid Mix
Complex Amino Acid Blend MSD
Complex Essentials MSD
Complex MSD Junior
Duocal
Essential Amino Acid Mix
GlutarAde Amino Acid Blend GA-1
GlutarAde Junior Drink Mix
HCU Anamix Early Years
HCU Anamix Next
HCU Lophlex LQ
IVA Anamix Early Years
IVA Anamix Next
Ketocal 2.5:1 liquid
Ketocal 3:1 powder
Ketocal 4:1 powder or liquid
Lanafex
Liquigen
Lophlex
Maxamaid XMET, XCYS
Maxamum XLEU
Maxamum XMET
Maxamum XPhE
Maxamum XMTVI
MMA/PA Anamix Early Years
MMA/PA Anamix Next
MSUD Anamaix Early Years
MSUD Lophlex LQ
Neocate Infant
Neocate Junior
Neocate Junior Prebiotics
Neocate Nutra
Neocate Splash
Neocate Syneo Infant
Periflex Advance

Attachment K  
 Florida WIC Approved  
 Formulas and WIC Eligible  
 Nutritionals

Periflex LQ
Phenyl Ade 40 Drink Mix
Phenyl Ade 60 Drink Mix
Phenyl Ade Amino Acid Blend
Phenyl Ade Essential Drink Mix
Phenyl Ade GMP
Phenyl Ade GMP Mix-Ins
Phenyl Ade MTE Amino Acid Blend
PhenylAde GMP Ready
Phlexy-10 Add Ins
Phlexy-10 Drink Mix
PKU Lophlex LQ
PKU Periflex Early Years
PKU Periflex Junior Plus
Polycal
Single Amino Acids- GLYCINE, L-ARGININE, L- ISOLEUCINE, L-LEUCINE, L-TYROSINE, L-VALINE
SOD Anamix Early Years
TYR Anamix Early Years
TYR Anamix Next
TYR Lophlex GMP MIX-IN
TYR Lophlex LQ
UCD Anamix Junior

Perrigo
Bright Beginnings Soy Pediatric

VitaFlo
Arginine 2000
Arginine 500
Betaquick
Citruline 1000
Citruline 200
EEA Supplement
GA Express 15
GA Gel
Glycine 500
HCU Cooler 15
HCU Express 15
HCU Express 20
HCU Gel
Isoleucine 1000
Lipistat
MCT Procal
MMA/PA Cooler 15

Attachment K  
Florida WIC Approved  
Formulas and WIC Eligible  
Nutritionals

MMA/PA Express 15
MMA/PA Gel
MSUD Cooler 15
MSUD Express 15
MSUD Express 20
PKU Air 20
MSUD Gel
PKU Cooler 10
PKU Cooler 15
PKU Cooler 20
PKU Express 15
PKU Gel
PKU Sphere 20
Rena Start
TYR Cooler 15
TYR Express 15
TYR Express 20
TYR Gel
TYR Sphere 20
Valine 1000

**FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN SECTION 120.57(3), FLORIDA STATUTES, OR FAILURE TO POST THE BOND OR OTHER SECURITY REQUIRED BY LAW WITHIN THE TIME ALLOWED FOR FILING A BOND SHALL CONSTITUTE A WAIVER OF PROCEEDINGS UNDER CHAPTER 120, FLORIDA STATUTES**