Infant Food Package Numbers		MOSTLY Breastfeeding			
		IBF	**IBF**	**IBF**	**IBF**
Formula **# Cans**	2nd Digit ↓	IBF 1-3 mo	IBF 4-5 mo	IBF 6-11 mo	*6-11 mo* *Formula ONLY*
1st Digit →		**700**	**800**	**900**	**900**
ENFAMIL PREMIUM Powder 12.5oz	**A**	7AF 7A3 to 7A1 **4**	8AF 8A4 to 8A1 **5**	9AF 9A3 to 9A1 **4**	9AT No food **4**
ENFAMIL PREMIUM Conc 13oz	**B**	7BF 7B6, 7B3 **14**	8BF 8B7, 8B4 **17**	9BF 9B6, 9B3 **12**	9BT No food **12**
ENFAMIL PREMIUM RTF 32oz	**C**	7CF 7C1 **12**	8CF 8C1 **14**	9CF 9C1 **10**	9CT No food **10**
ENFAMIL GENTLEASE Powder 12oz	**G**	7GF 7G4 to 7G1 **5**	8GF 8G5 to 8G1 **6**	9GF 9G3 to 9G1 **4**	9GT No food **4**
ENFAMIL ProSobee Powder 12.9oz	**H**	7HF 7H3 to 7H1 **4**	8HF 8H4 to 8H1 **5**	9HF 9H3 to 9H1 **4**	9HT No food **4**
ENFAMIL ProSobee CONC 13oz	**I**	7IF **14**	8IF **17**	9IF **12**	9IT No food **12**
ENFAMIL ProSobee RTF 32oz	**J**	7JF **12**	8JF **14**	9JF **10**	9JT No food **10**
ENFAMIL AR Powder 12.9oz	**K**	7KF 7K3 to 7K1 **4**	8KF 8K4 to 8K1 **5**	9KF 9K3 to 9K1 **4**	9KT No food **4**
ENFAMIL AR RTF 32oz	**L**	7LF **12**	8LF **14**	9LF **10**	9LT No food **10**
SIMILAC ALIMENTUM Powder 16oz	**O**	7OF 7O1 **3**	8OF 8O1 **4**	9OF 9O1 **3**	9OT No food **3**
SIMILAC ALIMENTUM RTF 32oz	**P**	NA	NA	NA	NA
NUTRAMIGEN LIPIL ENFLORA Powder 12.6 oz	**Q**	7QF 7Q1 **5**	8QF 8Q1 **6**	9QF 9Q1 **4**	9QT No food **4**

Infant Food Package Numbers		MOSTLY Breastfeeding			
		IBF	**IBF**	**IBF**	**IBF**
Formula **# Cans**	2nd Digit ↓	IBF 1-3 mo	IBF 4-5 mo	IBF 6-11 mo	*6-11 mo Formula ONLY*
1st Digit →		**700**	**800**	**900**	**900**
NUTRAMIGEN LIPIL CONC 13oz	**R**	7RF **14**	8RF **17**	9RF **12**	9RT No food **12**
NUTRAMIGEN LIPIL RTF 32oz	**S**	NA	NA	NA	NA
PREGESTIMIL LIPIL Powder 16oz	**T**	7TF 7T1 **3**	8TF 8T1 **4**	9TF 9T1 **3**	9TT No food **3**
ELECARE with or without DHA-ARA Powder 14.1oz	**U**	7UF 7U1 **4**	8UF 8U1 **5**	9UF 9U1 **4**	9UT No food **4**
NEOCATE Infant with or without DHA-ARA Powder 14oz	**V**	7VF 7V1 **5**	8VF 8V1 **6**	9VF 9V1 **4**	9VT No food **4**
NUTRAMIGEN AA LIPIL Powder 14.1oz	**W**	7WF 7W1 **4**	8WF 8W1 **5**	9WF 9W1 **4**	9WT No food **4**
ENFACARE Powder 12.8oz	**X**	7XF 7X1 **5**	8XF 8X1 **6**	9XF 9X1 **4**	9XT No food **4**
SIMILAC Neosure Powder 13.1oz	**Y**	7YF 7Y1 **5**	8YF 8Y1 **6**	9YF 9Y1 **4**	9YT No food **4**
SIMILAC NEOSURE RTF 32oz	**Z**	NA	NA	NA	NA
RCF ROSS CARBOHYDRATE FREE CONC 13oz	**4**	NA	NA	NA	94T
SIMILAC PM 60/40 POWDER 14.1oz	**5**	NA	NA	NA	95T
SIMILAC HUMAN MILK FORTIFIER * State Approval Required *	**7**	77F * Approval Required *	NA	NA	NA
ENFAMIL HUMAN MILK FORTIFIER * State Approval Required *	**8**	78F * Approval Required *	NA	NA	NA