

Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under the Age of 21 Years

| CODE | MAXIMUM FEE | RENTAL ONLY | RENT-TO-PURCHASE | UNITS | BY REPORT | PRIOR AUTHORIZATION | LIMIT |
|---|-------------|-------------|------------------|-------|-----------|---------------------|--|
| Medical and Surgical Supplies | | | | | | | |
| A4217 | 2.43 | | | 1 | | | 31 PER MONTH |
| A4221 | 17.32 | | | 1 | | | 52 PER YEAR |
| A4222 | 34.39 | | | 7 | | | MEDICAL NECESSITY UP TO 365 PER YEAR MAX |
| A4246 | 4.85 | | | 3 | | | 36 PER YEAR |
| A4255 | 2.99 | | | 1 | | | 2 PER MONTH |
| A4256 | 8.06 | | | 1 | | | 4 PER YEAR |
| A4265 | 3.88 | | | 6 | | | 72 PER YEAR |
| Incontinence Appliances and Care Supplies | | | | | | | |
| A4310 | 4.03 | | | 2 | | | 24 PER YEAR |
| A4314 | 10.67 | | | 2 | | | 24 PER YEAR |
| A4315 | 10.67 | | | 2 | | | 24 PER YEAR |
| A4316 | 10.67 | | | 2 | | | 24 PER YEAR |
| A4320 | 4.90 | | | 31 | | | 372 PER YEAR |
| A4322 | 2.15 | | | 31 | | | 372 PER YEAR |
| A4326 | 8.34 | | | 31 | | | 372 PER YEAR |
| A4327 | 16.10 | | | 1 | | | 1 PER YEAR |
| A4328 | 5.00 | | | 2 | | | 24 PER YEAR |
| A4330 | 5.19 | | | 31 | | | 372 PER YEAR |
| A4338 | 6.16 | | | 3 | | | 36 PER YEAR |
| A4340 | 6.69 | | | 3 | | | 36 PER YEAR |
| A4344 | 5.34 | | | 3 | | | 36 PER YEAR |
| A4346 | 8.73 | | | 3 | | | 36 PER YEAR |
| A4354 | 3.88 | | | 3 | | | 36 PER YEAR |
| A4355 | 2.52 | | | 4 | | | 48 PER YEAR |
| External Urinary Supplies | | | | | | | |
| A4356 | 34.92 | | | 1 | | | 1 PER YEAR |
| A4359 | 7.76 | | | 1 | | | 2 PER YEAR |
| Miscellaneous Supplies | | | | | | | |
| A4554 | 0.34 | | | 150 | | | 1800 PER YEAR |
| A4565 | 5.34 | | | 1 | | | 1 PER MEDICAL EVENT |
| A4570 | 10.67 | | | 1 | | | 1 PER MEDICAL EVENT |
| Supplies for Other Durable Medical Equipment | | | | | | | |
| A4640 | 33.95 | | | 1 | | | 1 PER YEAR |
| Additional Incontinence and Ostomy Supplies | | | | | | | |
| A5102 | 6.69 | | | 1 | | | 2 PER YEAR |
| A5105 | 14.40 | | | 1 | | | 2 PER YEAR |
| A5113 | 4.48 | | | 1 | | | 4 PER YEAR |
| A5114 | 5.53 | | | 1 | | | 4 PER YEAR |
| A5126 | 0.63 | | | 20 | | | 240 PER YEAR |
| A5200 | 8.62 | | | 3 | | | 3 PER MONTH |
| Dressings | | | | | | | |
| A6154 | 10.64 | | | 15 | | | 15 PER MONTH |
| A6196 | 5.61 | | | 31 | | | 31 PER MONTH |
| A6197 | 12.50 | | | 31 | | | 31 PER MONTH |
| A6199 | 4.04 | | | 31 | | | 31 PER MONTH |
| A6203 | 2.56 | | | 31 | | | 31 PER MONTH |
| A6204 | 4.76 | | | 31 | | | 31 PER MONTH |
| A6207 | 5.60 | | | 31 | | | 31 PER MONTH |
| A6209 | 5.72 | | | 31 | | | 31 PER MONTH |
| A6210 | 15.20 | | | 31 | | | 31 PER MONTH |
| A6211 | 22.40 | | | 31 | | | 31 PER MONTH |
| A6212 | 7.40 | | | 31 | | | 31 PER MONTH |
| A6214 | 7.86 | | | 31 | | | 31 PER MONTH |
| A6216 | 0.04 | | | 200 | | | 200 PER MONTH |
| A6219 | 0.73 | | | 62 | | | 62 PER MONTH |
| A6220 | 1.97 | | | 62 | | | 62 PER MONTH |

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| A6222 | 1.63 | | | 31 | | | 31 PER MONTH |
| A6223 | 1.84 | | | 31 | | | 31 PER MONTH |
| A6224 | 2.76 | | | 31 | | | 31 PER MONTH |
| A6229 | 2.75 | | | 31 | | | 31 PER MONTH |
| A6234 | 5.00 | | | 31 | | | 31 PER MONTH |
| A6235 | 12.84 | | | 31 | | | 31 PER MONTH |
| A6236 | 20.80 | | | 31 | | | 31 PER MONTH |
| A6237 | 6.04 | | | 31 | | | 31 PER MONTH |
| A6238 | 17.40 | | | 31 | | | 31 PER MONTH |
| A6240 | 9.35 | | | 31 | | | 31 PER MONTH |
| A6241 | 1.96 | | | 31 | | | 31 PER MONTH |
| A6242 | 4.63 | | | 31 | | | 31 PER MONTH |
| A6243 | 9.40 | | | 31 | | | 31 PER MONTH |
| A6244 | 29.95 | | | 31 | | | 31 PER MONTH |
| A6245 | 5.55 | | | 31 | | | 31 PER MONTH |
| A6246 | 7.55 | | | 31 | | | 31 PER MONTH |
| A6247 | 18.15 | | | 31 | | | 31 PER MONTH |
| A6248 | 12.40 | | | 15 | | | 15 PER MONTH |
| A6251 | 1.52 | | | 31 | | | 31 PER MONTH |
| A6252 | 2.48 | | | 31 | | | 31 PER MONTH |
| A6253 | 4.84 | | | 31 | | | 31 PER MONTH |
| A6254 | 0.90 | | | 31 | | | 31 PER MONTH |
| A6255 | 2.32 | | | 31 | | | 31 PER MONTH |
| A6258 | 3.28 | | | 31 | | | 31 PER MONTH |
| A6259 | 8.35 | | | 31 | | | 31 PER MONTH |
| A6266 | 1.45 | | | 31 | | | 31 PER MONTH |
| A6402 | 0.10 | | | 200 | | | 200 PER MONTH |
| A6403 | 0.33 | | | 200 | | | 200 PER MONTH |
| A6441 | 0.40 | | | 31 | | | 31 PER MONTH |
| A6443 | 0.40 | | | 31 | | | 31 PER MONTH |
| A6444 | 0.40 | | | 31 | | | 31 PER MONTH |
| A6446 | 0.40 | | | 31 | | | 31 PER MONTH |
| A6447 | 0.40 | | | 31 | | | 31 PER MONTH |
| A6449 | 0.50 | | | 31 | | | 31 PER MONTH |
| A6450 | 0.50 | | | 31 | | | 31 PER MONTH |
| A6451 | 0.50 | | | 31 | | | 31 PER MONTH |
| A6452 | 0.50 | | | 31 | | | 31 PER MONTH |
| A6454 | 0.50 | | | 31 | | | 31 PER MONTH |
| A6456 | 9.10 | | | 31 | | | 31 PER MONTH |
| Administrative, Miscellaneous, and Investigational | | | | | | | |
| A9276 | 399.20 | | | 1 (per box) | | PA | 1 per month |
| A9277 | 639.20 | | | 1 | | PA | 2 per year |
| A9278 | 559.20 | | | 1 | | PA | 1 per year |

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| Enteral Formulae and Enteral Medical Supplies | | | | | | | |
| B4035 | 8.60 | | | 31 | | | 31 PER MONTH |
| B4081 | 14.55 | | | 8 | | | 96 PER YEAR |
| B4082 | 11.64 | | | 8 | | | 96 PER YEAR |
| B4083 | 1.46 | | | 15 | | | 180 PER YEAR |
| B4149 | 1.52 | | | 930 | | | 930 PER MONTH |
| B4160 | 0.78 | | | 930 | | | 930 PER MONTH |
| B4160 SC | 0.78 | | | 930 | | | 930 PER MONTH |
| B4161 | 0.00 | | | 930 | BR | | 930 PER MONTH |
| B4161 SC | 0.00 | | | 930 | BR | | 930 PER MONTH |
| B4162 | 0.00 | | | 930 | BR | | 930 PER MONTH |
| B4162 SC | 0.00 | | | 930 | BR | | 930 PER MONTH |
| Enteral and Parenteral Pumps | | | | | | | |
| B9002 | 0.00 | RO | 82.45 | 1 | | | MEDICAL NECESSITY |
| B9004 | 0.00 | RO | 82.45 | 1 | | | MEDICAL NECESSITY |
| B9998 | 0.00 | | | 10 | | PA | 120 PER YEAR |
| Decubitus Care Equipment | | | | | | | |
| E0181 | 150.40 | | 15.04 | 1 | | | 1 PER 3 YEARS |
| E0184 | 276.50 | | 27.65 | 1 | | | 1 PER 3 YEARS |
| E0186 | 184.30 | | | 1 | | | 1 PER 3 YEARS |
| E0187 | 184.30 | | | 1 | | | 1 PER 3 YEARS |
| E0189 | 77.60 | | | 1 | | | 1 PER 2 YEARS |
| E0190 | 26.39 | | | 1 | | | 1 PER 3 YEARS |
| E0191 | 6.79 | | | 2 | | | 4 PER YEAR |
| E0196 | 184.30 | | | 1 | | | 1 PER 3 YEARS |
| Heat/Cold Application | | | | | | | |
| E0202 | 0.00 | RO | 42.68 | 1 | | | 1 PER MEDICAL EVENT (UP TO 5 DAYS) |
| E0205 | 38.80 | | | 1 | | | 1 PER LIFETIME |
| E0215 | 16.49 | | | 1 | | | 1 PER LIFETIME |
| E0217 | 322.02 | | | 1 | | | 1 PER 5 YEARS |
| E0235 | 116.40 | | 11.64 | 1 | | | 1 PER 8 YEARS |
| Pad for Heating Unit | | | | | | | |
| E0249 | 25.71 | | | 1 | | | 1 PER YEAR |
| Hospital Beds and Accessories | | | | | | | |
| E0260 | 1071.85 | | | 1 | | | 1 PER 8 YEARS |
| E0265 | 1343.45 | | | 1 | | | 1 PER 8 YEARS |
| E0305 | 105.73 | | | 1 | | | 1 PER 8 YEARS |
| E0310 | 105.73 | | | 1 | | | 1 PER 8 YEARS |
| E0315 | 82.45 | | | 1 | | | 1 PER 8 YEARS |
| E0316 | 3500.00 | | | 1 | | PA | 1 PER 5 YEARS |
| E0370 | 19.92 | | | 1 | | | 2 PER 2 YEARS |
| Oxygen and Related Respiratory Equipment | | | | | | | |
| E0445 | 0.00 | RO | 95.00 | 1 | | | MEDICAL NECESSITY |
| Monitoring Equipment | | | | | | | |
| E0618 | 0.00 | RO | 6.15 | 1 | | | MEDICAL NECESSITY |
| E0619 | 0.00 | RO | 6.15 | 1 | | | MEDICAL NECESSITY |
| Pneumatic Compressor and Appliances | | | | | | | |
| E0650 | 485.00 | | 48.50 | 1 | | | 1 PER 8 YEARS |
| E0651 | 941.90 | | 94.19 | 1 | | | 1 PER 8 YEARS |
| E0652 | 3689.90 | | 368.99 | 1 | | | 1 PER 8 YEARS |
| E0655 | 73.72 | | | 1 | | | 2 PER YEAR |
| E0660 | 67.90 | | | 1 | | | 2 PER YEAR |
| E0665 | 67.90 | | | 1 | | | 2 PER YEAR |
| E0666 | 101.37 | | | 1 | | | 2 PER YEAR |
| E0667 | 395.76 | | | 1 | | | 2 PER YEAR |
| E0668 | 395.76 | | | 1 | | | 2 PER YEAR |
| Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators (TENS) | | | | | | | |
| E0744 | 810.00 | | 81.00 | 1 | | | MEDICAL NECESSITY |
| E0745 | 717.80 | | 71.78 | 1 | | | MEDICAL NECESSITY |
| Infusion Pumps | | | | | | | |
| E0776 | 106.70 | | 10.67 | 1 | | | 1 PER 8 YEARS |
| E0779 | 0.00 | RO | 11.74 | 1 | | | MEDICAL NECESSITY |
| E0780 | 0.00 | RO | 7.91 | 1 | | | MEDICAL NECESSITY |

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| E0781 | 0.00 | RO | 9.41 | 1 | | | MEDICAL NECESSITY |
| E0791 | 0.00 | RO | 5.82 | 1 | | | MEDICAL NECESSITY |
| Tranction Equipment: All Types and Cervical | | | | | | | |
| E0840 | 63.05 | | | 1 | | | 1 PER LIFETIME |
| E0850 | 73.72 | | | 1 | | | 1 PER LIFETIME |
| Traction: Extremity | | | | | | | |
| E0870 | 63.05 | | | 1 | | | 1 PER LIFETIME |
| E0880 | 70.81 | | | 1 | | | 1 PER LIFETIME |
| Traction: Pelvic | | | | | | | |
| E0890 | 44.62 | | | 1 | | | 1 PER LIFETIME |
| E0900 | 77.60 | | | 1 | | | 1 PER LIFETIME |
| Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices | | | | | | | |
| E0920 | 354.10 | | 35.41 | 1 | | | 1 PER LIFETIME |
| E0930 | 354.10 | | 35.41 | 1 | | | 1 PER LIFETIME |
| E0935 | 0.00 | RO | 13.57 | 1 | | | 21 DAYS PER MEDICAL EVENT |
| E0942 | 15.52 | | | 1 | | | 1 PER MEDICAL EVENT |
| E0944 | 12.13 | | | 1 | | | 1 PER MEDICAL EVENT |
| E0945 | 15.04 | | | 1 | | | 1 PER MEDICAL EVENT |
| E0947 | 217.80 | | 21.78 | 1 | | | 1 PER MEDICAL EVENT |
| E0948 | 209.50 | | 20.95 | 1 | | | 1 PER MEDICAL EVENT |
| Wheelchair Accessories | | | | | | | |
| E1030 | 932.21 | | | 1 | | PA | 1 PER 4 YEARS |
| Wheelchair: Fully Reclining | | | | | | | |

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|---|-------------|-------------|------------------|-------|-----------|---------------------|---------------------|
| E1085 | 489.90 | | 48.99 | 1 | | | 1 PER 5 YEARS |
| Wheelchair: Special Size | | | | | | | |
| E1231 | 1892.87 | | | 1 | | PA | 1 PER 5 YEARS |
| E1232 | 1710.73 | | | 1 | | PA | 1 PER 5 YEARS |
| E1233 | 1772.58 | | | 1 | | PA | 1 PER 5 YEARS |
| E1234 | 1543.16 | | | 1 | | PA | 1 PER 5 YEARS |
| E1235 | 1485.94 | | | 1 | | PA | 1 PER 5 YEARS |
| E1236 | 1310.98 | | | 1 | | PA | 1 PER 5 YEARS |
| E1237 | 1322.44 | | | 1 | | PA | 1 PER 5 YEARS |
| E1238 | 1378.84 | | | 1 | | PA | 1 PER 5 YEARS |
| Other Orthopedic Devices | | | | | | | |
| E1800 | 73.50 | | | 2 | | | 2 PER 2 YEARS |
| E1805 | 75.50 | | | 2 | | | 2 PER 2 YEARS |
| E1815 | 75.50 | | | 2 | | | 2 PER 2 YEARS |
| E1820 | 6.06 | | | 8 | | | 8 PER YEAR |
| E1825 | 75.50 | | | 2 | | | 2 PER 2 YEARS |
| E1830 | 75.50 | | | 2 | | | 2 PER 2 YEARS |
| Orthopedic: Footwear | | | | | | | |
| L3201 | 36.38 | | | 2 | | | 3 PAIR PER YEAR |
| L3202 | 36.38 | | | 2 | | | 3 PAIR PER YEAR |
| L3203 | 36.38 | | | 2 | | | 3 PAIR PER YEAR |
| L3204 | 34.92 | | | 2 | | | 3 PAIR PER YEAR |
| L3206 | 41.71 | | | 2 | | | 3 PAIR PER YEAR |
| L3207 | 52.38 | | | 2 | | | 3 PAIR PER YEAR |
| L3208 | 17.46 | | | 2 | | | 2 PER FOOT PER YEAR |
| L3209 | 17.46 | | | 2 | | | 2 PER FOOT PER YEAR |
| L3211 | 19.40 | | | 2 | | | 2 PER FOOT PER YEAR |
| S1040 | 3000.00 | | | 1 | | PA | MEDICAL NECESSITY |
| The codes listed below are for recipients 4 to 20 years of age Any combination of these codes can be billed but only up to 200 units.* | | | | | | | |
| T4521 | 0.63 | | | 200 | | | UP TO 200 PER MONTH |
| T4522 | 0.69 | | | 200 | | | UP TO 200 PER MONTH |
| T4523 | 0.80 | | | 200 | | | UP TO 200 PER MONTH |
| T4524 | 0.90 | | | 200 | | | UP TO 200 PER MONTH |
| T4525 | 0.78 | | | 200 | | | UP TO 200 PER MONTH |
| T4526 | 0.85 | | | 200 | | | UP TO 200 PER MONTH |
| T4527 | 0.94 | | | 200 | | | UP TO 200 PER MONTH |
| T4528 | 1.02 | | | 200 | | | UP TO 200 PER MONTH |
| T4529 | 0.53 | | | 200 | | | UP TO 200 PER MONTH |
| T4530 | 0.58 | | | 200 | | | UP TO 200 PER MONTH |
| T4531 | 0.69 | | | 200 | | | UP TO 200 PER MONTH |
| T4532 | 0.75 | | | 200 | | | UP TO 200 PER MONTH |
| T4533 | 0.65 | | | 200 | | | UP TO 200 PER MONTH |
| T4534 | 0.84 | | | 200 | | | UP TO 200 PER MONTH |
| T4535 | 0.44 | | | 200 | | | UP TO 200 PER MONTH |
| T4543 | 1.52 | | | 200 | | | UP TO 200 PER MONTH |
| T4544 | 1.52 | | | 200 | | | UP TO 200 PER MONTH |

*Example: A provider can bill 200 units of T4521 or a provider can bill 150 units of T4521 and 50 units of T4535 per month.

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| Enteral Formula Category List for Medicaid Recipients Under the Age of 21 Years | | | | | | | |
| B4149 | 1.52 | | | 930 | | | 930 PER MONTH |
| Name | | | | | | | |
| Compleat Pediatric | | | | | | | |
| Compleat Pediatric Reduced Calorie | | | | | | | |
| Compleat | | | | | | | |
| B4160 | 0.78 | | | 930 | | | 930 PER MONTH |
| B4160 SC | 0.78 | | | 930 | | | 930 PER MONTH |
| Name | | | | | | | |
| Boost Kid Essentials | | | | | | | |
| Boost Kid Essentials 1.5 | | | | | | | |
| Boost Kid Essentials 1.5 with Fiber | | | | | | | |
| Kindercal | | | | | | | |
| Kindercal with Fiber | | | | | | | |
| Kindercal TF | | | | | | | |
| Kindercal TF with Fiber | | | | | | | |
| Nutren Junior | | | | | | | |
| Nutren Junior with Fiber | | | | | | | |
| PediaSure | | | | | | | |
| PediaSure 1.5 Cal | | | | | | | |
| PediaSure 1.5 Cal with Fiber | | | | | | | |
| PediaSure Enteral | | | | | | | |
| PediaSure Enteral with Fiber | | | | | | | |
| PediaSure with Fiber | | | | | | | |

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| | | | | | | | |
|-----------------|------|--|--|-----|----|--|---------------|
| B4161 | 0.00 | | | 930 | BR | | 930 PER MONTH |
| B4161 SC | 0.00 | | | 930 | BR | | 930 PER MONTH |

| Name | Caloric Density |
|-------------------------------|-----------------|
| Alfamino Infant | 400g |
| Alfamino Junior | 400g |
| EleCare (for infants) | 400g |
| EleCare Junior | 400g |
| Gerber Extensive HA | 400g |
| Homactin AA Plus | 250ml |
| Isovactin AA Plus | 250ml |
| Neocate | 400g |
| Neocate Nutra | 400g |
| Neocate Junior | 400g |
| Nutramigen with Enflora LGG | 357g |
| E028 Splash | 237mL |
| PediaSure Peptide 1.0 Cal | 237mL |
| PediaSure Peptide 1.5 Cal | 237mL |
| Pepdite One+ (Pepdite Junior) | 51g |
| Peptamen Junior | 250mL |
| Peptamen Junior Fiber | 250mL |
| Peptamen Junior Prebio | 250mL |
| Peptamen Junior 1.5 | 250mL |
| Phenactin AA Plus | 250ml |
| Portagen | 454g |
| Pregestimil | 454g |
| Pregestimil 24 | 454g |
| Promactin AA Plus | 250ml |
| Similac Expert Care Alimentum | 454g |
| Vilactin AA Plus | 250mL |
| Vivonex Pediatric | 250mL |

| | | | | | | | |
|-----------------|------|--|--|-----|----|--|---------------|
| B4162 | 0.00 | | | 930 | BR | | 930 PER MONTH |
| B4162 SC | 0.00 | | | 930 | BR | | 930 PER MONTH |

| Name | Caloric Density |
|-----------------------|-----------------|
| 3232A | 454g |
| Calcilo XD | 375g |
| Complex JR MSD | 400g |
| Cyclinex - 1 | 400g |
| GlutarAde Junior GA-1 | 400g |
| Glutarex - 1 | 400g |
| Glytactin RTD | 250mL |
| Milupa HOM 2 | 500g |
| Hominex - 1 | 400g |
| I - Valex - 1 | 400g |
| Ketonex - 1 | 400g |
| MSUD 1 | 500g |
| MSUD Analog | 400g |
| OS 1 | 500g |
| Periflex Infant | 400g |
| Phenex - 1 | 400g |
| PhenylAde60 | 454g |
| Phenyl-Free 1 | 454g |
| PKU 1 | 500g |
| PKU 2 | 500g |
| PKU 3 | 500g |
| Propimex - 1 | 400g |
| Tylactin RTD 15 | 250ml |
| TYROS 1 | 454g |
| TYROS 2 | 454g |
| TYR 2 | 500g |
| Tyrex - 1 | 400g |
| UCD 2 | 450g |
| XLEU Analog | 400g |
| XLEU Maxamaid | 454g |
| XLYS, XTrp Analog | 400g |
| XLYS, XTrp Maxamaid | 454g |
| XMET Analog | 400g |
| XMET Maxamaid | 454g |
| XMTVI Analog | 400g |
| XMTVI Maxamaid | 454g |
| XPhe, XTyr Analog | 400g |
| XPTM Analog | 400g |