

KENTUCKY WIC PROGRAM APPROVED ITEMS PRICE LIST
FOR DRUG STORES

Name of Store _____

Date Completed

Month		Day		Year	

Vendor Number					

FORMULA

TYPE	Packet	2 oz, 3oz Ready To Feed	8oz, 8.25oz, 8.45 Ready To Feed	12.8oz, 13.1 oz Powder	14oz, 14.1oz Powder	32oz Ready To Feed
Boost						
Boost Glucose Control						
Boost High Protein						
Boost Kid Essentials Immunity Protection						
Boost Kid Essentials 1.0 CAL						
Boost Kid Essentials 1.5 CAL						
Boost Kid Essentials 1.5 CAL w Fiber						
Boost Plus						
Bright Beginnings Soy Pediatric Drink						
EleCare						
EleCare DHA & ARA						
EleCare Vanilla (for children)						
Enfamil EnfaCare						
Enfamil Premature 20/LIPIL 20						
Enfamil Premature 24/LIPIL 24						
Ensure						
Ensure High Calcium						
Ensure High Protein						
Ensure Plus						
Good Start Premature 24						
Neocate Infant						
Neocate Infant w DHA & ARA						
Neocate Junior						
Neocate One+						
Nutren Junior						
Nutren Junior with Fiber						
Osmolite/1 CAL						
PediaSure						
PediaSure with Fiber						
Peptamen						
Peptamen Junior						

TYPE	Packet	2 oz, 3oz Ready To Feed	8oz, 8.25oz, 8.45 Ready To Feed	12.8oz, 13.1 oz Powder	14oz, 14.1oz Powder	32oz Ready To Feed
Peptamen Junior with Fiber						
Peptamen Junior with Prebio						
Similac NeoSure/Similac Expert Care Neosure						
Similac PM 60/40						
Similac Special Care 24 w/ Iron						
Tolerex						
Vital HN						
Vital Junior						
Vivonex Pediatric						
Vivonex Plus						
Vivonex T.E.N.						

Signature of Store Contact

Title of Store Contact

Signature of State/Local Representative

Date

INSTRUCTIONS FOR FORM – WIC 24b

1. **VENDOR NUMBER** – Enter your authorized WIC Vendor Number as it appears on your Vendor Stamp.
(If you are applying to be a WIC Vendor, leave the area blank.)
2. **DATE COMPLETE** – Enter the numerical month, day and year on which you are completing the Price List. For example, April 6, 2005 = 040605
3. **NAME OF VENDOR** – Print the name of your store.
4. **PRICES** – Prices are to be entered for the formulas that are in stock and the formulas that can be ordered upon special request for the WIC Program. Use the suggested retail price per unit for items that are special ordered.
5. **SIGNATURE OF STORE CONTACT** – Signature of person providing information.
6. **TITLE OF STORE CONTACT** – Title of person providing information.