

KENTUCKY WIC PROGRAM APPROVED ITEMS PRICE LIST
FOR DRUG STORES

Name of Store _____

Date Completed

Month	Day	Year

Vendor Number					

SPECIAL FORMULA AND EXEMPT MEDICAL FOODS

TYPE	Packet	2 oz, 3 oz Ready To Feed	8 oz, 8.25 oz, 8.45 oz Ready To Feed	12.8 oz, 13.1 oz Powder	14 oz, 14.1 oz Powder	32 oz 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 DHA & ARA						
EleCare Vanilla (for children)						
Enfamil EnfaCare						
Enfamil Premature 20						
Enfamil Premature 24						
Ensure						
Ensure High Calcium						
Ensure Plus						
Good Start Premature 24						
Neocate Infant w DHA & ARA						
Neocate Junior						
Nutren Junior						
Nutren Junior with Fiber						
Osmolite/1 CAL						
PediaSure						
PediaSure with Fiber						
Peptamen						
Peptamen Junior						



TYPE	Packet	2 oz, 3 oz Ready To Feed	8 oz, 8.25 oz, 8.45 oz Ready To Feed	12.8 oz, 13.1 oz Powder	14 oz, 14.1 oz Powder	32 oz Ready To Feed
Peptamen Junior with Fiber						
Peptamen Junior with Prebio						
Similac Expert Care Neosure						
Similac PM 60/40						
Similac Special Care 24 w/ Iron						
Tolerex						
Vital HN						
Pediasure Peptide 1.0						
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. **NAME OF STORE** – Print the name of your store.
2. **DATE COMPLETED** – Enter the numerical month, day and year on which you are completing the Price List. For example, April 6, 2014 = 040613
3. **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.)
4. **SPECIAL FORMULA AND EXEMPT MEDICAL FOODS** – Prices are to be entered for the special formulas and exempt medical foods that are in stock or that can be ordered upon request from 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.
7. **SIGNATURE OF STATE/LOCAL REPRESENTATIVE** – State/Local Agency use only.
8. **DATE** – Enter date signed.