WIC-Eligible Nutritionals and Therapeutic Formulas

Contract Standard Formulas on WIC Card

Similac Advance
12.4 oz powder or
13 fl oz liquid concentrate

Similac Sensitive
12.5 oz powder only

Similac Total Comfort
12.6 oz powder only

Enfamil ProSobee
12.9 oz powder or
13 fl oz liquid concentrate

Therapeutic Formulas and Nutritionals on WIC Card

The WIC Pediatric Referral Form and medical diagnosis/conditions are required.

*See details below.

For any products not listed below, local WIC agency will check if they can be provided by CDPH/WIC.

Enfamil NeuroPro
EnfaCare
13.6 oz powder

Nutramigen
13 fl oz liquid concentrate

Nutramigen with Probiotic LGG
12.6 oz powder

Similac NeoSure
13.1 oz powder

Similac Alimentum
12.1 oz powder

Enfamil A.R.
12.9 oz powder

PediaSure
8 fl oz ready-to-feed

Please refer patient, first, to their health plan or Medi-Cal for medically necessary formulas or medical foods for approval.

If these products are denied, unavailable, or in a pending status, please send a request to WIC.

Some pharmacies accepting Medi-Cal or other health plan:

<table>
<thead>
<tr>
<th>Pharmacy (Health Plan)</th>
<th>Phone Number</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>Shield HealthCare (Santa Clara Family Health Plan) (Straight Medi-Cal)</td>
<td>1- 800-675-8840</td>
<td>1- 925-256-1639</td>
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<tr>
<td>Delta Drugs (Straight Medi-Cal)</td>
<td>1- 800-700-6401</td>
<td>1- 866-700-6401</td>
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<tr>
<td>Byram Health Care (Kaiser) Tube Feeding</td>
<td>1- 800-552-2633</td>
<td>1- 800-992-6331</td>
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*Suggested procedures:
1. Refer patient to health plan/pharmacy
2. Submit medical justification
3. Wait for approval
4. If approved, accept formula shipment and reorder monthly
5. If denied, refer the request to WIC

*Friendly reminder to always complete a WIC pediatric referral form every 3-6 months.

Updated March 2023. County of Santa Clara Department of Public Health WIC Program. This institution in an equal opportunity provider.