



HAWAII WIC APPROVED CONTRACT AND NON-CONTRACT FORMULA

WIC participants with a qualifying medical condition are eligible to receive formulas listed below.

Formula(s)	Diagnosis/condition (Medical reason for request)
Similac Advance	Contract – Milk-based formula.
Enfamil ProSobee	Contract – Lactose-free, sucrose-free, soy-based formula.
Beneprotein	For increased protein needs. Nutritionally incomplete.
Enfaport	Nutritionally complete formula for infants with Chylothorax or LCHAD deficiency. Contains 84% of its fat from MCT oil. (30 kcal/fluid oz.)
EnfaCare / Similac Expert Care Neosure	Prematurity and/or low-birth weight infants. (22 kcal/fluid oz.)
Free Amino Acid Elemental Formulas: EleCare / EleCare Jr / Neocate / Neocate Jr / PurAmino	For oral or tube feeding. For infant or child with severe malabsorption, protein maldigestion, severe food allergies, short bowel syndrome, and/or GI impairment.
Metabolic formulas: (Specify formula requested)	Metabolic disorders. (WIC does not provide medical nutritional therapy for metabolic disorders)
Nutramigen Enflora LGG / Similac Expert Care Alimentum	Allergy to intact proteins in cow's milk and soy formulas, as well as other foods.
Pediatric Formulas: Child > 1 yr. <i>Nutren Jr. with or without fiber / Pediasure with or without fiber</i>	For children with chronic illness, oral motor feeding problems, tube feeding or medical conditions which increase caloric needs beyond what is expected for age. Should not be used for sole purpose of enhancing nutrient intake or managing body weight. Note: Medicaid will provide formula for Medicaid blind and/or disabled infants & children that are tube fed. Not for children with Galactosemia.
Peptamen Junior	Children with GI impairment, e.g. Inflammatory Bowel, Cystic Fibrosis or Short Bowel Syndrome.
Portagen	Pancreatic insufficiency, bile acid deficiency or lymphatic anomalies. Not for infants. Nutritionally incomplete.
Pregestimil	Fat malabsorption and sensitivity to intact proteins. Contains 55% of the fat from MCT oil.
ProViMin	Malabsorption of carbohydrate and/or fat; supplement for patient who requires increased protein, minerals, and vitamins.
Ross Carbohydrate Free	Inability to tolerate type or amount of carbohydrate in milk or conventional formula; or need for ketogenic diet.
Similac Human Milk Fortifier (HMF)	Added to breastmilk for low birth weight and premature infants. HMF can be issued until the infant reaches a maximum weight of 8 lbs.
Similac PM 60/40	Renal or cardiac conditions requiring low mineral level.
Similac for Spit-Up	Treatment of medically diagnosed Gastroesophageal Reflux Disease.
Similac Special Care Advance 24	Premature and low-birth weight infants. Not to be used with infants > 8 lbs. due to excessive fat soluble vitamins.
Similac Total Comfort	Inability to tolerate whole cow-milk protein. (Partially hydrolyzed protein, milk-based formula)
Vivonex Pediatric	Children with GI impairment, e.g. Crohn's disease, Short Bowel Syndrome and intractable diarrhea.

Hawaii WIC cannot provide the following formulas, even with medical documentation:

- ❖ No Similac standard soy infant formula: Similac Soy Isomil
- ❖ No Similac lactose free formula: Similac Sensitive
- ❖ No Enfamil standard cow milk infant formulas: Enfamil PREMIUM, Enfamil A.R., or Enfamil Gentlease
- ❖ No Gerber standard infant formulas: Any Good Start formula