

Updated 3/2/22

TEMPORARY Formula Substitution List for Recalled Similac Formulas (valid until 3/31/22)

****Below are approved substitutes for the recalled Similac products. Please note the larger container sizes and the exchange size in the table. For more information on how larger sizes will be removed from your WIC benefits see details in Exchange Sizes below. ****

Standard Formulas (Powdered)				
Contract Formula	Non-Contract Alternate	Size(s)	Exchange Size* See example on last page	UPC
Similac Advance – 12.4 oz	Always My Baby Advantage HMO	23.2 oz	1.5	0688267161209
				0688267184031
	CVS Health Advantage HMO	12.4 oz 23.2 oz 35 oz	1 1.5 2.5	0050428260432
				0050428306444
				0050428356647
				0050428361115
	Enfamil NeuroPro Infant	20.7 oz 28.3 oz	1.5 2	300875121078
				300875121092
	Enfamil Infant	12.5 oz	1	300871365421
	Good Start Gentle	12.7 oz	1	50000216673
	Gerber Good Start Gentle Pro Infant	20 oz 32 oz	1.5 2.5	50000265879
				50000472635
	Good Start Gentle Supreme A2	20 oz	1.5	50000378135
	Parent's Choice Advantage HMO and Non-GMO	12.4 oz 23.2 oz 36 oz	1 1.5 2.5	78742058573
				78742018782
				78742022468
	12.5 oz	1	78742016610	

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	Parent's Choice Infant Non-GMO	22 oz	1.5	78742067230
		35 oz	2.5	78742023007
	Similac 360 Total Care	30.8 oz	2.5	70074681177
	Similac Pro-Advance	30.8 oz	2.5	70074664385
	Tippy Toes Advantage Premium	23.2 oz	1.5	36800496613
		34 oz	2.5	36800496620
	Tippy Toes Infant	22.2 oz	1.5	36800415577
		35 oz	2.5	36800039711
	Up & Up Advantage Infant	23.2 oz	1.5	683744963482
		35 oz	2.5	683744963475
	Up & Up Infant	35 oz	2.5	683744963444
	Well Beginnings Advantage HMO	23.2 oz	1.5	0311917212487
Similac Total Comfort – 12.6 oz	Always My Baby Gentle	21.5 oz	1.5	688267184048
	CVS Health Complete Comfort	22.5 oz	1.5	050428533697
	Enfamil Reguline	12.4 oz	1	300875111321
		19.5 oz	1.5	300875111574
	Enfamil Gentlease	12.4 oz	1	300875100691
		19.9 oz	1.5	300875119785
		27.7 oz	2	300875121252

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	Enfamil NeuroPro Gentlease	19.5 oz	1.5	300875121191
		27.5 oz	2	300875121214
	Gerber Good Start SoothePro	12.4 oz	1	50000624003
		19.4 oz	1.5	50000487226
		30.6 oz	2.5	50000494989
	Parent's Choice Gentle	12 oz	1	78742012650
		21.5 oz	1.5	78742067223
		34 oz	2.5	78742022475
	Similac Pro-Total Comfort	29.8 oz	2.5	70074669380
	Parent's Choice Complete Comfort	22.5 oz	1.5	681131350198
		29.8 oz	2	681131350204
	Tippy Toes Gentle	21.5 oz	1.5	36800415584
		33.2 oz	2.5	36800039728
	Up & Up Gentle Non-GMO	21.5 oz	1.5	683744963413
		33.2 oz	2	683744963420
	Up & Up Complete Comfort	29.8 oz	2	683744964137
Similac Sensitive – 12.5 oz	Always My Baby Sensitivity Premium	22.5 oz	1.5	688267184055
	CVS Health Sensitivity	22.5 oz	1.5	0050428430316
		33.2 oz	2.5	050428534144

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	Enfamil NeuroPro Sensitive Powder	19.5 oz	1.5	300875124529
	Similac 360 Total Care Sensitive	30.2 oz	2.5	70074681238
	Similac Pro-Sensitive	29.8 oz	2	70074664408
	Parent's Choice Sensitivity HMO	12 oz	1	78742032542
	Parent's Choice Sensitivity Non-GMO	22.5 oz	1.5	78742067322
		33.2 oz	2	78742032559
	Tippy Toes Sensitivity Premium	22.5 oz	1.5	36800496637
	Up & Up Sensitivity Non-GMO	33.2 oz	2	683744963451
	Up & Up Sensitivity	22.5 oz	1.5	683744963468
	Well Beginnings Sensitivity Non-GMO	22.5 oz	1.5	0311917212494
*Similac Spit Up – 12.5 oz	Parent Choice AR Powder	32.2 oz	2	681131130776
	Enfamil AR	12.9 oz	1	300870201423
	Up & Up Added Rice Starch	32.3 oz	2	683744963406
Special Formulas (All Powdered Can Sizes)				
*EleCare®	*Medical Documentation required. Contact your health care provider and your local agency WIC office.			
*Alimentum®				

Participants that are unable to find the above products should contact their local agency to void and re-issue benefits if an RTF or concentrate product is available and able to be substituted.

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EXCHANGE SIZES

Please note that due to availability concerns we have added larger container sizes than what is typically WIC approved. If you are purchasing a larger container size, you will notice that your WIC benefits will appear to remove more formula than may be expected. This is due to the container size. You will still receive a similar quantity of formula.

Example:

1. A participant has 7 cans of Similac Advance (12.4 oz cans) on their benefit balance.
2. They purchase 2 cans of the Parent's Choice Advantage (23.2 oz cans).
3. How many cans of Similac Advance will be remaining after the substitute formula has been purchased? **4 CANS**

Formula Issued (on eWIC card)	Formula Balance (on eWIC card)	Substitute Formula Purchased	# Cans Purchased	Exchange Size for Substitute Formula	Total # Cans Taken Off eWIC Card Balance	Remaining Similac Advance Balance
Similac Advance 12.4 oz cans	7 cans	Parent's Choice Advantage 23.2 oz cans	2	1.5	3	4