



Nebraska WIC Nutrition Program

Physician Authorization Form

For Specialty Formulas and WIC Supplemental Foods

Infants up to 12 months

Formula and food cannot be issued until **all** appropriate sections are completed. Thank You!

WIC Clinic:
Phone #:
Fax #:
Attention:

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

B. Medical Reason/Diagnosis – (required)

DX: _____

Specialty formulas are not allowed for non-specific conditions such as: poor appetite, picky eater, parental preference, spitting up, colic, constipation, fussiness, or gas.

C. Formula

WIC Provides approximately: **28 oz/day:** birth-3 mo. **30 oz/day:** 4-5 mo. **22 oz/day:** 6-11 mo.

Name of Formula

Formula Amount (oz/day) ☐ Maximum allowable OR ☐ _____ oz per day

Special Instructions

D. WIC Foods (6-12 months of age, only): All WIC infant foods will be issued if nothing is marked.

☐ No WIC Infant Foods – cereal/fruits/vegetables

- Infant is not developmentally ready for solid foods AND needs additional formula ☐ Yes ☐ No

☐ All WIC Infant Foods are allowed

E. Requested Length of Issuance

6 months will be issued if nothing is marked.

☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 4 mo. ☐ 5 mo. ☐ 6 mo.

F. Health Care Provider Information (required)

Date: _____ Phone No.: _____ Fax No.: _____

Provider's Name (Please Print): _____

Signature/Stamp of Health Care Provider (MD, DO, PA, NP): _____

For WIC Use Only

Approved by:

Date

WIC approved formulas: http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info.aspx

WIC is an equal opportunity program.

WIC PROVIDES specialty formula for infants to support qualifying medical conditions:

EXAMPLES OF QUALIFYING MEDICAL CONDITIONS FOR SPECIALTY FORMULAS FROM WIC

Life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the infant's nutritional status are qualifying medical conditions for special formula:

Conditions Including But Not Limited To:

ICD – 10 Codes

| | | |
|-------------------------|---|---------------|
| INFANTS (0 – 11 months) | Anemia | D50, D64 |
| | Autoimmune Disorder | D89 |
| | Celiac Disease | K90.0 |
| | Cerebral Palsy | G80.9 |
| | Cleft Lip/Palate | Q35 – Q37 |
| | Congenital Malformations of Digestive System | Q38 – Q45 |
| | Congenital Heart Disease | Q20 – Q28 |
| | Cystic Fibrosis | E84 |
| | Developmental Sensory/Motor Delays | R62 |
| | Diabetes | E10 |
| | Digestive System Disorders of the Newborn | P05, P76-78 |
| | Diseases of Digestive System | K92 |
| | Failure to Thrive/ Inadequate Growth | R62.51 |
| | Feeding Disorders of Infancy/Early Childhood | F98.29 |
| | Severe Food Allergies | |
| | • Food Allergy - milk products | Z91.011 |
| | • Intolerance to carbohydrate/fat/protein/starch | K90.4 |
| | • Allergic and dietetic gastroenteritis and colitis | K52.2 |
| | • Dermatitis due to ingested food | L27.2 |
| | Gastro Esophageal Reflux Disease | P78.83, K21.0 |
| | Gastroenteritis and Colitis | K52 |
| | Gastrointestinal Disorders | K31 |
| | Genetic-Congenital Disorders | Q00 – Q99 |
| | Inborn Errors of Metabolism/ Metabolic Disorders | E88 |
| | Immunodeficiency Disorders | D84 |
| | Intestinal Malabsorption | K90 |
| | Intestinal Infectious Disease | A00-A09 |
| | Lactose Intolerance | E73 |
| | Prematurity/ Low Birth Weight | P05, P08 |
| | Underweight | R63.6, Z68.51 |

NON-QUALIFYING CONDITIONS

Specialty Formula is
NOT PROVIDED FOR:

- Parent preference
- Food dislikes
- Picky eating
- Poor appetite
- Non-specific symptoms or diagnoses (i.e. formula intolerance, spitting up, colic, constipation, picky eater, fussiness, and gas)
- Formula intolerance that can be successfully managed with the use of other WIC foods or contract formulas.

Clients with non-qualifying conditions may receive our regular **Contract Formulas**:

- **Enfamil Infant**
- **Enfamil AR**
- **Enfamil ProSobee**
- **Enfamil Gentlease**

Specialty Infant Formulas -

provided by NE WIC with a qualifying medical condition:

- | | |
|---------------------------|-------------------------------|
| • <i>Alfamino Infant</i> | • <i>Pregestimil</i> |
| • <i>Elecare Infant</i> | • <i>PurAmino</i> |
| • <i>Enfamil Enfacare</i> | • <i>Similac Alimentum</i> |
| • <i>Neocate Infant</i> | • <i>Similac Neosure</i> |
| • <i>Nutramigen</i> | • <i>Human Milk Fortifier</i> |

Current WIC Formulary can be found on the NE WIC Website:

http://dhhs.ne.gov/publichealth/Pages/wic_healthcare-providers_healthcare-provider-info_index.aspx

*ICD=International Classifications of Diseases
Tenth Revision <http://www.icd10data.com/>

Questions?

Contact NE WIC State Office: 402-471-2781;
www.dhhs.ne.gov/nutrition/WICindex.htm
11.09