# Nebraska WIC Nutrition Program
# Provider Authorization Form
## For Specialty Formulas and WIC Supplemental Foods
## Children 1-5 years and Women

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

WIC Clinic: ECDHD WIC Attention: Jessica Semin-Director
Phone #: 402-564-9931 Fax #: 402-563-0544
Email: jsemin@ecdhd.ne.gov

## A. Patient Information

Name:_____ DOB:_____

Parent/Caregiver's Name: _____

## B. Medical Diagnosis or Reason/Clinical Data – *(required)*

Date Anthropometrics Obtained:_____

**Dx:**_____ Height:_____ Weight:_____

**Specialty formulas are not allowed for non-specific conditions such as: poor appetite, intolerance, picky eater, OR for enhancing nutrient intake or managing body weight without an underlying qualifying medical condition.**

## C. Formula

WIC Provides approximately **29 ounces/day**

If child receives Medicaid, please send Rx to MCO

| | |
|---|---|
| **Name of Formula** | ☐ Formula provided by Medicaid |
| Formula Amount (oz/day) | ☐ Maximum allowable OR ☐ _____ oz per day |
| Special Instructions | |

## D. WIC Foods – Mark any foods that are not authorized. All foods will be issued if nothing is marked.

| | | | |
|---|---|---|---|
| ☐ No Milk | ☐ No Whole Grains | ☐ No Beans | ☐ No Tuna/Salmon (BF women) |
| ☐ No Cheese | ☐ No Breakfast Cereal | ☐ No Juice | ☐ No Fresh Fruits/Vegetables |
| ☐ No Yogurt | ☐ No Peanut Butter | ☐ No Eggs | ☐ No Soy Milk |

## E. Whole or 2% Milk / Pureed Foods

A medical reason/qualifying condition required when prescribing whole or 2% milk.

Note: Personal preference is not a qualifying condition

☐ Whole Milk ☐ 2% Milk

ONLY available for patients receiving specialty formula **and** who have a medical need for whole or 2% milk.

Child's medical needs require pureed foods

☐ Provide jarred infant fruits & vegetables

☐ Substitute infant cereal for breakfast cereal

## F. 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.

## G. Health Care Provider Information *(required)*

Date:_____ Phone:_____ Fax: _____

Provider's Name (Please Print): _____

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

| For WIC Use Only | FID: | Approved by: | Date: |
|---|---|---|---|

**WIC approved formulas**: Nebraska WIC Formulary Nebraska WIC Contract Formulas 06/2026

**WIC PROVIDES specialty formula or soy beverage to support <u>qualifying medical conditions</u>:**

## 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 client's nutritional status are qualifying medical conditions for special formula:

| | Conditions Including But Not Limited To: | ICD – 10 Codes |
|---|---|---|
| CHILDREN (AGES 1 – 5) & WOMEN | 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 |
| | Diseases of Digestive System | K92 |
| | Failure to Thrive/ Inadequate Growth | R62.51 |
| | Feeding Disorders of 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 | K21 |
| | Gastroenteritis and Colitis | K52 |
| | Gastrointestinal Disorders | K31 |
| | Genetic-Congenital Disorders | Q00 – Q99 |
| | Hyperemesis Gravidarum | O21 |
| | 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 (Must be < 24 mos.) | P05, P07 |
| | Underweight | R63.6, Z68.51 |
| | Low Weight Gain in Pregnancy | O26 |

## *NON-QUALIFYING CONDITIONS*

*<u>Specialty Formula</u> is <u>NOT PROVIDED FOR</u>:*

- *Parent preference*
- *Food dislikes*
- *Picky eating*
- *Poor appetite*

- *For enhancing nutrient intake or managing body weight without an underlying qualifying medical condition*

- *Non-specific symptoms or diagnoses (i.e. formula/food intolerance)*

- *Food or formula intolerance that can be successfully managed with the use of other WIC foods or contract formulas.*

## Specialty Formulas -

**<u>provided</u> by NE WIC with a <u>qualifying</u> medical condition (EXAMPLES):**

- Similac Alimentum
- Alfamino Junior
- Neocate Splash
- Nutramigen
- Vivonex Pediatric
- Nutren Jr
- Pregestimil
- Vivonex TEN
- Peptamen Jr
- Elecare Junior
- Calcilo XD
- Boost Kid Essentials
- Neocate Junior
- Portagen
- Pediasure 1.5
- PurAmino
- Pulmocare
- Compleat Pediatric

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

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

Questions?
Contact NE WIC State Office: 402-471-2781;
DHHS.NebraskaWIC@nebraska.gov

06/2026