



Nebraska WIC Nutrition Program
Physician 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: _____

Attention: _____

Phone #: _____

Fax #: _____

Email: _____

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

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

Dx: _____ Date Anthropometrics Obtained: _____
 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**

Name of Formula			
Formula Amount (oz/day)	<input type="checkbox"/> Maximum allowable	OR	<input type="checkbox"/> _____ oz per day
Special Instructions			

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

- | | | | |
|------------------------------------|----------------------------------------------|-----------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> No Milk | <input type="checkbox"/> No Whole Grains | <input type="checkbox"/> No Beans | <input type="checkbox"/> No Tuna/Salmon (BF women) |
| <input type="checkbox"/> No Cheese | <input type="checkbox"/> No Breakfast Cereal | <input type="checkbox"/> No Juice | <input type="checkbox"/> No Fresh Fruits/Vegetables |
| <input type="checkbox"/> No Yogurt | <input type="checkbox"/> No Peanut Butter | <input type="checkbox"/> No Eggs | <input type="checkbox"/> No Soy Milk |

E. Whole Milk / Pureed Foods A medical reason/qualifying condition required when prescribing whole milk.
 Note: Personal preference is not a qualifying condition

<input type="checkbox"/> Whole Milk ONLY available for patients receiving specialty formula and who have a medical need for whole milk.	Child's medical needs require pureed foods <input type="checkbox"/> Provide jarred infant fruits & vegetables <input type="checkbox"/> Substitute infant cereal for breakfast cereal
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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: _____

Providers Name (Please Print): _____

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

For WIC Use Only	FID: _____	Approved by: _____	Date: _____
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WIC PROVIDES specialty formula or soy beverage 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 client's nutritional status are qualifying medical conditions for special formula:

Conditions Including But Not Limited To:

ICD – 10 Codes

CHILDREN (1 – 5 YEARS) & 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	P05, P08	
Underweight	R63.6, Z68.51	
Low Weight Gain in Pregnancy	O26	

NON-QUALIFYING CONDITIONS

Specialty Formula/Soy Beverage is **NOT PROVIDED FOR:**

- 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 -

provided by NE WIC with a qualifying medical condition (EXAMPLES):

Similac Alimentum	Alfamino Junior	EO28 Splash
Nutramigen Enflora	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