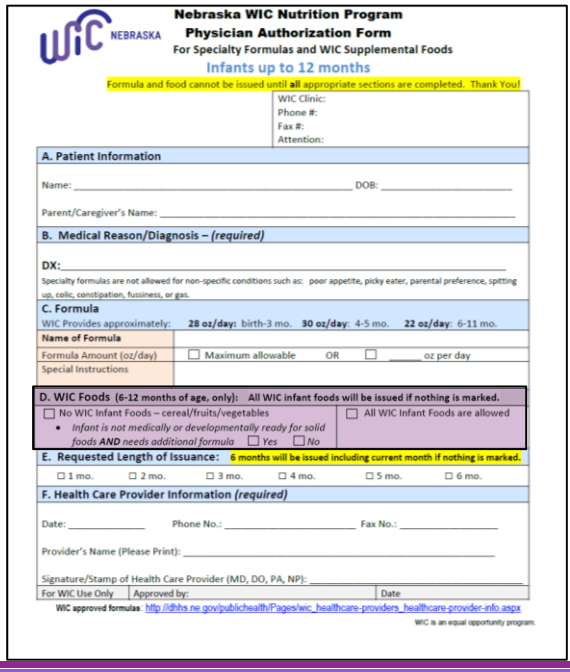
Questions

Physician Authorization Form

NE WIC
1.30.18



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 medically or 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 including current month 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.

PAF for Infants up to 12 months

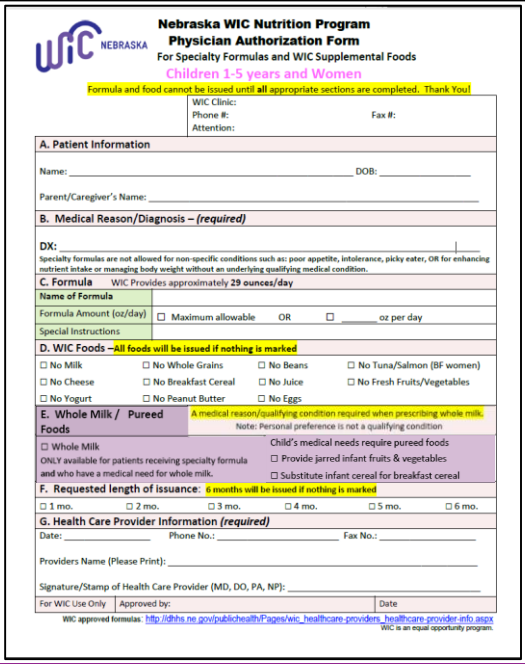
D. WIC Foods (6-12 months of age, only)

Requirements to provide Additional Formula:

- A PAF
- "No WIC Infant foods".. AND "Infant is not medically or developmentally".... Must both be checked
- Must have developmental or medical need
- Monitor ability to tolerate solid foods and cont. need for additional formula

Inappropriate provision of Additional Formula

- Only "No WIC Infant Foods" is checked
- Not a choice between more formula or food
- Infant is able to tolerate solids



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:
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, 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)	☐ Maximum allowable OR ☐ _____ oz per day
Special Instructions	

D. WIC Foods –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

E. Whole Milk / Pureed Foods A medical reason/qualifying condition required when prescribing whole milk. Note: Personal preference is not a qualifying condition
☐ 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
☐ 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 No.: _____ Fax No.: _____
Providers 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.

PAF for Children 1-5 years and Women

E. Whole Milk/ Pureed Foods

Whole Milk (Review):

What is required to provide Whole Milk?
- A PAF with Whole Milk box checked
- A qualifying medical condition
- Participant needs a specialty formula

Inappropriate use of Whole Milk
- Due to participant preference
- Providing increased calories without a specialty formula

Pureed Foods (NEW!):

What is required to provide Pureed Foods?
- a PAF with "Provide jarred infant…." and/or "Substitute infant cereal…" box checked
- A qualifying medical condition
- Participant needs a formula

Inappropriate use of Pureed Foods:
- Due to participant preference
- Cannot be included in food package with child foods

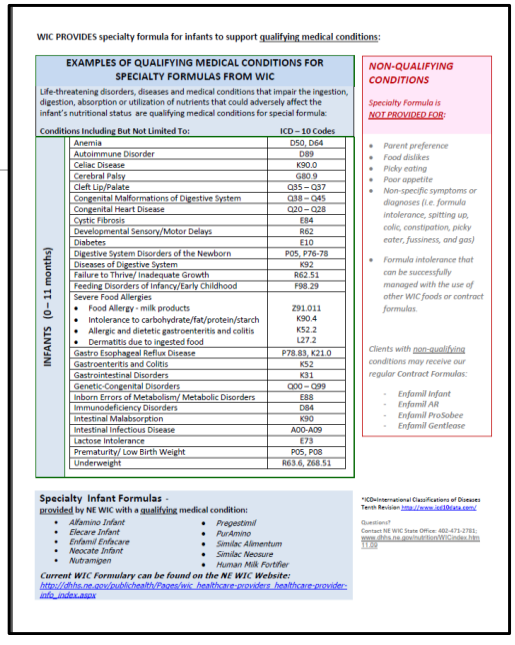
PAFs are located under the Health Care Provider's area on the NE WIC Program website

Common PAF Issues

1. PAF needs to be complete

Procedure: Medical Documentation Requirements
- Patient information
- Name of authorized WIC formula prescribed, incl. amount needed per day
- Length of time formula is required
- Qualifying condition
- Authorized supplemental foods appropriate for the qualifying condition
- Signature, date and contact information of health professional with prescriptive authority

2. Appropriate Diagnosis/Qualifying Medical Condition
- On the back of the PAF, there are a list of appropriate medical conditions



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:

INFANTS (0 – 11 months) Conditions Including But Not Limited To:	ICD – 10 Codes
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 • Intolerance to carbohydrate/fat/protein/starch • Allergic and dietetic gastroenteritis and colitis • Dermatitis due to ingested food	Z91.011 K90.4 K52.2 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:
- *Alfamino Infant*
- *Elecare Infant*
- *Enfamil Enfacare*
- *Neocate Infant*
- *Nutramigen*
- *Pregestimil*
- *PurAmino*
- *Similac Alimentum*
- *Similac Neosure*
- *Human Milk Fortifier*

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

Common PAF Issues

3. Appropriate Formula for Diagnosis/ Qualifying medical condition
   - Procedure: Issuance of Special Formula and Medical/Nutritional Products
     - Evaluate the appropriateness of use
   - Nebraska WIC Formulary- Product Reference Guide with Pictures

Formula References

These reference sheets outline formulas provided by WIC.

- Nebraska WIC Contract Formulas
- Nebraska WIC Formulary
- Nebraska WIC Formulary Product Reference Guide With Pictures

	• **EnfaCare** (Mead Johnson) • **Similac Expert Care NeoSure** (Abbott)	for infants • Rx required for children ≥ 1 year and women • Rx valid for a maximum of 6 months	• Evaluate with appropriateness of use • Issue with appropriate prescription **Indications for Use:** • For premature or low birth weight infants • Other documented medical conditions as indicated on prescription

Nebraska WIC Formulary - Product Reference Guide

Pulmocare® - Abbott 	• 30 calories per ounce • Nutritionally complete • 20% of fat as MCT to enhance fat absorption • Gluten-free, low-residue, halal, kosher, suitable for lactose intolerance	For people with chronic obstructive pulmonary disease (COPD), cystic fibrosis, or respiratory failure who may benefit from a high-calorie, modified carbohydrate and fat, enteral formula that may help reduce diet-induced carbon dioxide production *PAF Required	8 oz RTF	8 fl oz				113
PurAmino | Mead Johnson 	• 20 calories per ounce • Hypoallergenic • Amino acid-based, nutritionally complete infant formula for up to 6 months of age • Iron-fortified	For the dietary management of infants and toddlers with severe cow's milk protein allergy not effectively managed by an extensively hydrolyzed formula or multiple food protein allergies *PAF Required	14.1 oz Powder	98 fl oz	8	9	7	9
RCF® No Added Carbohydrate Soy - Abbott 	• 20 calories per ounce • Formulated to allow physician to prescribe type and amount of carbohydrate that can be tolerated • Soy-based infant formula • Lactose-free, gluten-free, kosher, halal	For use in the dietary management of patients unable to tolerate the type or amount of carbohydrate in milk or conventional infant formulas and for seizure disorders requiring a ketogenic diet. *PAF Required	13 oz conc	26 fl oz	31	34	24	35
Similac Alimentum® - Abbott 	• 20 calories per ounce • Hypoallergenic formula for infants • Hydrolyzed casein supplemented with free amino acids • Lactose-free, gluten-free • RTF is corn-free	For infants and children with sensitivity to cow's milk protein, severe food allergies, protein maldigestion, or fat malabsorption *PAF Required	12.1 oz Powder 32 oz RTF	87 fl oz 32 fl oz	10 23	11 28	8 20	10 28
Similac NeoSure® - Abbott 	• 22 calories per ounce • Increased protein, vitamins, and minerals for premature babies • Exceeds calories for growth • Gluten-free, halal, kosher	For healthy premature infants. Designed to promote catch-up growth and support development. Used for transition feeding after hospital discharge until a term formula is appropriate. *PAF Required	13.1 oz Powder 32 oz RTF	87 fl oz 32 fl oz	10 26	11 28	8 20	10 28

Nebraska WIC
November 2016