



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: _____	Attention: _____
Phone #: _____	Fax #: _____
Email: _____	

A. Patient Information

Name: _____ DOB: _____

Parent/Caregiver's Name: _____

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

Date Anthropometrics Obtained: _____

Dx: _____ Length: _____ Weight: _____

Specialty formulas are not allowed for non-specific conditions such as: formula intolerance, 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)	<input type="checkbox"/> Maximum allowable OR <input type="checkbox"/> _____ oz per day
Special Instructions	_____

D. WIC Supplemental Foods are provided to infants at 6 months old. **Is this infant able to have age appropriate supplemental foods?** All foods will be provided if nothing is marked.

<input type="checkbox"/> No WIC Infant Foods – cereal/fruits/vegetables <i>Infant is not medically or developmentally ready for solid foods AND needs additional formula</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes. All age appropriate WIC supplemental foods (infant cereal/fruits/vegetables) are allowed.
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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	FID: _____	Approved by: _____	Date: _____
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WIC approved formulas: [Nebraska WIC Formulary](#) [Nebraska WIC Contract Formulas](#)

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)	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	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:**

- **Similac Advance**
- **Similac Soy Isomil**
- **Similac Total Comfort**
- **Similac Sensitive**

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:

[Nebraska WIC Formulary](#)

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

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