

Sample Letter Denying *PediaSure*

Local Agency Letterhead

Date

Medical Provider

Clinic Name

Clinic Address

Dear name of requestor:

I am writing to you regarding participant's first and last name (DOB) and your prescription for *PediaSure*. participant's first and last name is a participant in the local agency name County WIC Program and his/her parent has presented a prescription from you requesting *PediaSure* from WIC.

The WIC Program is federally funded and regulated by the United States Department of Agriculture. Per federal regulations, the WIC Program may provide/issue *PediaSure* (and other medical foods or formulas) to eligible WIC participants if there is a **documented medical diagnosis** for which the formula is intended. Based on product information provided by the manufacturer, *PediaSure* may be appropriate for oral motor feeding disorders; tube feedings; failure-to-thrive from an underlying medical condition; or medical conditions (such as cystic fibrosis, cancer, and congenital heart disease) that increase calorie requirements beyond what is expected for the child's age. On the other hand, a parent's request or preference that their child be provided *PediaSure*, (even if it is one of the few foods the child will eat) **is not** adequate justification for WIC to provide it.

Based on the information we have about this child, WIC cannot provide *PediaSure* to his/her family. The family might find another provider to pay for the formula or could choose to purchase it themselves. In either case, they would still be eligible for the other benefits WIC offers, including other WIC foods, nutrition counseling and referrals. Our WIC staff would be happy to discuss with the child's parents other ways to improve his/her diet and eating patterns.

Please feel free to contact us if you have other information about this child or if you have questions about this policy.

Sincerely,

CPA Name

Local Agency's Address and Phone Number