

## Sample Letter Denying *PediaSure*

*Local agency letterhead*

### DATE

Medical Provider

Clinical 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 their 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 them. 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 their 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,

Local Agency CPA

Local Agency Address and Local Agency Phone Number