

Sample WIC Prescription Clarification Letter to Health Care Providers (10/10)

Instructions: Ask the participant/guardian for permission to contact their health care provider/prescriber (and document their approval to do so). Call the prescriber first. If you are unable to reach the prescriber by phone, leave a voice message, describe the situation, and fax a letter, if needed.

The template below may be for tailoring a letter from your WIC Program/agency. Either copy the template below onto your WIC Program/agency letterhead, enter needed information in the brackets, and check the appropriate box(es) OR develop your own letter using the appropriate reason(s) for the prescription .

Dear [prescribing physician, physician assistant, or advanced practice nurse]:

The [name] WIC Program received a prescription form for your patient [participant name, birth date] for the provision of [product]. I am writing to inform you that we are unable to approve this prescription. The reason the prescription for your patient was denied is that:

- The prescribed product is not a Wisconsin WIC-approved product.
- The following information is missing on the prescription:
 - medical diagnosis
 - prescribed product
 - amount per day or designation for WIC to determine
 - intended length of use
- The medical diagnosis given is a symptom, not a medical condition. (Symptoms such as constipation, diarrhea, vomiting, gas, rashes, etc. are not allowed by federal WIC regulations.)
- The manufacturer's indication for use does not support the provision of this product for the documented diagnosis.
- The medical diagnosis is a growth/weight concern without an underlying medical condition causing it (not allowed by federal WIC Regulations).
- The medical diagnosis is not current or in agreement with subjective and objective data obtained by WIC from the WIC participant or caregiver.
- There are no exceptions to whole milk for one year olds (federal WIC Regulation).
- Whole milk may be prescribed for children age 2-4 years and women ONLY in addition to a prescription for formula or a medical food for treatment of a medical condition.
- The participant can consume regular foods and does not have a medical condition that increases nutrient and/or calorie needs.

An alternative WIC formula/medical food option is [product name] because [provide reason].

Thank you for working with us to best meet your patient's needs within the regulations and guidelines of the WIC Program. Federal WIC Regulations specify that special formulas and products for women, infants, and children may be provided "only when the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs." WIC-authorized products may be issued for treatment of qualifying medical condition(s). Federal Regulations specify what information must be included in the prescription. For more information, go to the Wisconsin WIC web site at www.dhs.wisconsin.gov/wic.

Sincerely,
[you, the writer]

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