



MEDICAL POLICY STATEMENT		
Original Effective Date	Next Annual Review Date	Last Review / Revision Date
03/06/2012	11/03/2016	12/01/2015
Policy Name		Policy Number
Medical Necessity for Physician Dispense as Written (DAW) Requests		Rx-0008



- B. Objective data, including but not limited to laboratory results, demonstrating that the generic was not effective is submitted
OR
- C. Chart notes that document the lack of effectiveness by stating the specific negative outcomes are submitted
OR
- D. The member has a genuine allergic reaction to an INACTIVE ingredient in the generic agent(s). Allergic reactions must be clearly documented in the member's medical record

Note: GI Upset or irritation is not generally considered an allergy or failed treatment. Members should be referred to their physician or pharmacist for advice on dose adjustment, and/or other options to reduce GI upset/irritation. Common documented side effects attributed to the drug (e.g., headache, nausea, blurred vision, fatigue, muscle aches, etc.) are not considered an allergy and would be expected to occur at the same level in both the generic and brand agent.

Note: Medications that are being used for the treatment of epilepsy or seizure disorder will be allowed to continue on a brand name medication so long as the member has been established on the brand name medication for at least 60 days.

For Medicare Plan members, reference the Applicable National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Compliance with NCDs and LCDs is required where applicable.