

Date: [Date]

To: [Insurance Company Name]

Attention: [Prior Authorization/Appeals Department]

Fax/Address: [Fax Number or Address]

RE: Letter of Medical Necessity for Dispense As Written (DAW)

Patient Name: [Patient Name]

Date of Birth: [DOB]

Policy Number: [Policy ID]

Group Number: [Group Number]

To Whom It May Concern,

I am writing to request a formal coverage exception for the brand-name medication [**Brand Name Medication**] for the treatment of [**Diagnosis/Condition**]. I have designated this prescription as "Dispense As Written" (DAW) because the generic equivalent is not medically appropriate for this patient.

The patient requires the brand-name formulation due to the following reason(s):

- **Clinical Failure:** The patient previously attempted a trial of the generic version [Generic Name] from [Start Date] to [End Date], which resulted in inadequate therapeutic response.
- **Adverse Reaction:** The patient experienced the following side effects while taking the generic version: [List Side Effects].
- **Inert Ingredients:** The patient has a documented allergy or sensitivity to an excipient/filler found in the generic formulation that is not present in the brand name.
- **Narrow Therapeutic Index:** This medication requires precise blood level monitoring, and fluctuations between generic manufacturers pose a significant clinical risk.

In my professional medical opinion, [**Brand Name Medication**] is medically necessary to ensure patient safety and treatment efficacy. Switching to a generic alternative would likely result in [expected negative outcome].

I request that you approve coverage for the brand-name medication at the preferred tier or with a waiver of the DAW penalty/copay differential.

Please contact my office at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]
[Practice Name]