

**Date:** [Insert Date]

**To:** [Pharmacist Name/Pharmacy Name]

**Fax/Address:** [Pharmacy Fax or Address]

**RE: Prescription Dispensing Instructions**

**Patient Name:** [Patient Name]

**Date of Birth:** [Patient Date of Birth]

**Medication:** [Brand Name Medication]

Dear Pharmacist,

I am writing to formally notify you that for the patient and medication listed above, generic substitution is strictly prohibited. This prescription must be dispensed as the **Brand Name Only**.

I have determined that the brand-name formulation is medically necessary for this patient due to:

- Therapeutic failure on generic version
- History of adverse reaction or allergy to generic excipients/binders
- Narrow therapeutic index requirements
- Other: [Insert specific clinical reason]

Please ensure that the prescription is labeled "Dispense as Written" (DAW) or "Brand Medically Necessary" in your system to prevent future substitutions.

If there are any issues regarding insurance coverage or prior authorization requirements for this brand-name medication, please contact my office immediately at [Office Phone Number].

Thank you for your cooperation in this patient's care.

Sincerely,

[Physician Signature]

[Physician Name, Credentials]

[NPI Number]

[Clinic Name]