

[Date]

[Physician Name]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

RE: Medical Necessity for Brand Name Medication

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medication: [Drug Name]

To Whom It May Concern,

I am writing to request a "Dispense As Written" (DAW) order for the aforementioned patient regarding their prescription for [Drug Name].

This medication is classified as a Narrow Therapeutic Index (NTI) drug. Due to the precise dosing requirements and the potential for significant clinical instability or toxicity resulting from even minor variations in bioavailability between generic manufacturers, it is medically necessary for this patient to remain on the specific formulation prescribed.

Switching between different manufacturers of this NTI medication poses a risk to the patient's therapeutic stability and safety. Therefore, I am requesting that the brand-name product (or a specific consistent generic manufacturer) be dispensed without substitution.

Please update the patient's records to reflect "Dispense As Written" for all future refills of this medication. If further documentation or a formal Prior Authorization is required by the insurance carrier, please notify my office.

Sincerely,

[Prescriber Signature]

[Prescriber Name, Title]

[NPI Number]

[Phone Number]