



Mandatory Generics - Claim Reject / DAW

1. Evidence that generic product(s) failed
2. Evidence that there is an allergy to any/all inactive ingredients contained in generic product formulation
3. Absence of medication may place patient at risk
4. History of specific Dispense As Written authorization.
5. Products considered to have a Narrow Therapeutic Index which may include but not limited to: Coumadin / warfarin; Digoxin; Dilantin / phenytoin; theophylline sustained release products; thyroid replacement products.

Member Information

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Address: _____

City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

Email _____ @ _____

Requested Drug / Pharmaceutical

Strength / Dose

Duration of Therapy (Expected)

Condition / Diagnosis Related - Reason for Request

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Contact Pharmacy? Y N

Pharmacy Phone Number

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature