MEDICAL POLICY STATEMENT		
Effective Date	**Next Annual Review Date**	**Last Review / Revision Date**
03/2012	**05/15/2015**	**05/15/2014**
Author		
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CareSource

CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Medical Necessity for Physician Dispense as Written (DAW) Requests

B. BACKGROUND

CareSource uses a preferred drug list (Formulary) in the states that it services a Medicaid population. The formulary and the preferred products have been approved by the CareSource Pharmacy and Therapeutics (P & T) Committee and the regulatory bodies in each state if required.

C. POLICY

CareSource will review and approve requests for brand name medications where the prescribing physician has requested “Dispense as Written” or “DAW” and consider its use as medically necessary when the following criteria have been met. This policy is not intended to supersede exclusions or drug-specific criteria developed and approved by the CareSource P&T.

CareSource requires the use of FDA approved generic equivalent medications when available; consideration will be given to using a brand-name medication in the following circumstances:

1. Member has tried an FDA approved generic equivalent to the requested brand medication, made by two different manufacturers (if available), for up to 90 days or otherwise stated on our desk reference the User Friendly Formulary (UFF);
   And
2. Objective data, including but not limited to laboratory results, demonstrating that the generic was not effective is submitted;
   OR
3. Chart notes that document the lack of effectiveness by stating the specific negative outcomes are submitted
   OR

4. 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.

5. 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.

Conditions of Coverage

Quantity Limitations	As stated in UFF (User Friendly Formulary)
Authorization Period	Approved authorizations are designated an appropriate authorization period in the UFF. Continued treatment may be considered when the member has shown biological response to treatment. ALL authorizations are subject to continued eligibility
Data Required on Request	Diagnosis Treatment Failures

D. REVIEW / REVISION HISTORY

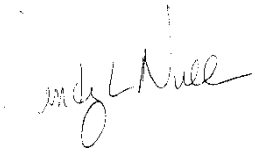
6 /6 /2013 Grammatical errors fixed and removal of technology in reference to P & T committee.

E. REFERENCES

The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

C Thiel MD **5/20/2014**

Chief Medical Officer **Date**



5/20/2014

Director of Pharmacy Operations **Date**