

What are your state or territory's “Dispense as Written (DAW)” requirements?



A state or territory's “DAW” requirements help doctors preserve their choice for brand name medication, if they decide that it is the right option for their patients. If you would like your patients to receive brand name FIRAZYR® (icatibant injection), this guide may help determine which language or special instructions are required by your state or territory when writing a prescription for FIRAZYR or filling out the FIRAZYR OnePath® Start Form.

If you have questions about treatment with FIRAZYR, please contact your Takeda representative.



State and territory “Dispense as Written” requirements

If you and your patient decide to treat with FIRAZYR® (icatibant injection), the chart below can help you determine special instructions required by your state or territory to help ensure that your patient receives FIRAZYR as intended.

State	Requirements
Alabama	Signature on line indicating that “Substitution is Not Permitted”
Alaska	Expressly indicate that substitution is not permitted
Arizona	Expressly indicate that substitution is not permitted
Arkansas	Handwrite “Brand Necessary”
California	Verbally communicate, handwrite “Brand Medically Necessary” AND initial the preprinted “Do Not Substitute” box
Colorado	Handwrite “Dispense as Written” AND initial the preprinted “Dispense as Written” box
Connecticut	Handwrite “Dispense as Written”/”DAW” AND “Medically Necessary”
Delaware	Handwrite “Brand Necessary” OR “Brand Medically Necessary”
District of Columbia	Expressly indicate that substitution is not permitted
Florida	Expressly indicate that substitution is not permitted
Georgia	Handwrite “Brand Necessary” OR “Brand Medically Necessary”
Hawaii	Handwrite “Brand Necessary” OR “Brand Medically Necessary”
Idaho	Expressly indicate that substitution is not permitted
Illinois	Mark the “May Not Substitute” box
Indiana	Signature on line indicating that “Substitution is Not Permitted”
Iowa	Expressly indicate that substitution is not permitted
Kansas	Signature on line indicating that “Substitution is Not Permitted” AND expressly indicate that substitution is not permitted
Kentucky	Handwrite “Brand Medically Necessary” on the prescription for Medicaid patients AND expressly indicate that substitution is not permitted (instructions cannot be preprinted)
Louisiana	Initial the preprinted “Dispense as Written”/”DAW” box
Maine	Initial the “Dispense as Written”/”DAW” box AND expressly indicate that substitution is not permitted
Maryland	Handwrite “Brand Medically Necessary” on the prescription for Medicaid patients AND expressly indicate that substitution is not permitted
Massachusetts	Expressly indicate that substitution is not permitted
Michigan	Handwrite “Dispense as Written”/”DAW”
Minnesota	Handwrite “Dispense as Written”/”DAW”
Mississippi	Signature on line indicating that “Substitution is Not Permitted”
Missouri	Expressly indicate that substitution is not permitted
Montana	Handwrite “Brand Name Medically Necessary” OR print “Brand Name Medically Necessary” (for an electronic prescription)
Nebraska	Expressly indicate that substitution is not permitted

State and territory regulations are subject to change. Please consult your state or territory’s Board of Pharmacy and your state or territory’s Medicaid office to verify prescribing requirements.



State and territory “Dispense as Written” requirements (cont’d)

State	Requirements
Nevada	Handwrite “Dispense as Written”
New Hampshire	Verbally communicate AND handwrite “Medically Necessary” OR print “Medically Necessary” (for an electronic prescription)
New Jersey	Signature on line indicating that “Substitution is Not Permitted”
New Mexico	Handwrite “No Substitution”/“No Sub” on the prescription
New York	Initial the preprinted “Dispense as Written” box OR expressly indicate “Dispense as Written” in the designated box (for an electronic prescription). Handwrite “Brand Medically Necessary” on the prescription for Medicaid patients
North Carolina	Signature on line indicating that “Substitution is Not Permitted” AND expressly indicate that substitution is not permitted
North Dakota	Handwrite “Brand Medically Necessary”
Ohio	Expressly indicate that substitution is not permitted, but may not be preprinted or stamped
Oklahoma	It is unlawful for a pharmacist to substitute the prescriber’s choice without the authority of the prescriber or the purchaser
Oregon	Verbally communicate AND expressly indicate that substitution is not permitted
Pennsylvania	Handwrite “Brand Necessary” OR “Brand Medically Necessary”
Rhode Island	Handwrite “Brand Necessary”/“Brand Medically Necessary” AND “Do Not Interchange”
South Carolina	Signature on line indicating that “Substitution is Not Permitted”
South Dakota	Handwrite “Brand Necessary”
Tennessee	Expressly indicate that substitution is not permitted
Texas	Handwrite “Brand Necessary” OR “Brand Medically Necessary”
Utah	Mark the preprinted “Do Not Substitute” box AND expressly indicate that substitution is not permitted
Vermont	Handwrite “No Substitution”, “Dispense as Written”/“DAW”, OR “Brand Necessary”
Virginia	Handwrite “Brand Medically Necessary” on the prescription for Medicaid patients
Washington	Signature on line indicating that “Substitution is Not Permitted”
West Virginia	Expressly indicate that substitution is not permitted AND handwrite “Medically Necessary”, “Brand Necessary”, OR “Brand Medically Necessary”
Wisconsin	Expressly indicate that substitution is not permitted
Wyoming	Expressly indicate that substitution is not permitted

State and territory regulations are subject to change. Please consult your state or territory’s Board of Pharmacy and your state or territory’s Medicaid office to verify prescribing requirements.

Source: 2019 Survey of Pharmacy Law by the National Association of Boards of Pharmacy (NABP)
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