

XIX. Drug Product Selection Laws

State	State Drug Formulary	Two-line Rx Format	Permissive or Mandatory*	How to Prevent Substitution	Pharmacy Record Required	Cost Savings Pass-on	Patient Consent**
Alabama	None	Yes	P	A	Yes	U	No
Alaska	None	No	P	B	Yes	T	Yes
Arizona	None	Yes	P	A	Yes	U	Yes
Arkansas	None	No	P	B	Yes	T	Yes
California	None	No	P	B, EE	Yes	T	Yes
Colorado	None	No	P	J	Yes	S	Yes
Connecticut	None	No	P	E, F	Yes	S	Yes
Delaware	Positive K	Yes	P	A	Yes	S	Yes
District of Columbia	Positive	No	P	B	Yes	T	Yes
Florida	Negative L	No	M	F	Yes	S	Yes
Georgia	None	No	P	C	Yes	N	Yes
Guam	None	No	P	G	Yes	T	No DD
Hawaii AA	Positive K	No	P	B	Yes	T	Yes
Idaho	None	No	P	D	Yes	T	Yes
Illinois	Positive KK	No	P	D	Yes	T	Yes
Indiana	None	Yes	P	A	Yes	O	Yes II
Iowa	None	No	P	I	Yes	X	Yes
Kansas	None	Yes (optional)	P	A, B	Yes	T	Yes
Kentucky	Negative	Yes (conditional)	M	B, H, Y	Yes	T	Yes
Louisiana	None K	No	P	R	Yes	U	No
Maine	None	No	P	B, R	Yes	V	Yes
Maryland	Positive K	No	P	I	Yes	MM	Yes
Massachusetts	Positive K	No	M	B	Yes	T	No
Michigan	None	No	P	E	Yes	S	Yes
Minnesota	Negative	No	M	E	Yes	S	Yes
Mississippi	None	Yes	M	A	Yes	T	Yes
Missouri	Negative	Yes	P	A	Yes	T	Yes
Montana	None	No	P	B	Yes	S	Yes
Nebraska	Positive K	No	P	B	Yes	S	Yes
Nevada	Positive K	No	P	D	Yes	T	Yes
New Hampshire	Positive K	No	P	B	Yes	T	Yes
New Jersey	Positive	Yes	M	A	Yes	T	No
New Mexico	None	No	P	G	No	S	No
New York	Positive	No Z	M	D, H	Yes	T	Yes
North Carolina	None	Yes (optional)	P	A, B	Yes	T	No
North Dakota	None	No Z	P	B	Yes	T	Yes
Ohio	None	No	P	E	Yes	T	Yes
Oklahoma	W	—	—	—	—	—	W
Oregon	None	No	P	B	Yes	T	No
Pennsylvania	None K	No	M	C	Yes	T	Yes
Puerto Rico	Negative	No	M	LL	Yes	T, U	Yes
Rhode Island	None JJ	No	M, DD	C, GG	Yes	S	No
South Carolina	None	Yes	P	A	Yes	U	Yes
South Dakota	None K	No	P	B	Yes	U	Yes
Tennessee	Positive	Yes	P	A, E	Yes	S	No
Texas	None K	Yes (Until 6-1-02)	P	A, CC	Yes	T	Yes
Utah	Positive K	Optional	P	B, Q	Yes	U	Yes
Vermont	None K	No	P	D	Yes	V	Yes
Virginia	Positive	FF	P, HH	D	Yes	T	Yes
Washington	None	Yes	M	A	Yes	BB	No DD
West Virginia	K	No Z	M, O	B, F	Yes	S	Yes
Wisconsin	Positive K	No	P	B	Yes	T	Yes
Wyoming	None K	No	P	I	Yes	T	No

LEGEND

- * State laws either permit the pharmacist to substitute or mandatorily require the pharmacist to substitute a generic version of the prescribed drug if all prescription requirements are met.
- ** Yes – Includes states where consent is required and those which require the patient to be notified/informed of substitution.
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| <p>A — Prescriber’s signature on appropriate line of two-line prescription. (TX – until June 1, 2002)</p> <p>B — Prescriber expressly indicates do not DPS in some manner. (AR, MT, ND, SD – Prescriber must write in own handwriting other than signature “Brand Necessary.” HI – Must handwrite “Do Not Substitute.” MA – Must write “No Substitution.” NH – Must handwrite “medically necessary” or, if oral prescription, must so specify.)</p> <p>C — Prescriber’s signature shall validate the prescription and, unless the prescriber handwrites “Brand Necessary” or “Brand Medically Necessary,” shall designate approval of drug substitution by the pharmacist.</p> <p>D — Prescriber must indicate “Dispense as Written” in the designated box.</p> <p>E — Prescriber must write in own handwriting: “DAW” or “Dispense as Written.”</p> <p>F — Prescriber indicates “Medically Necessary” in own handwriting.</p> <p>G — A licensed practitioner shall prohibit drug product selection by handwriting the words “No Substitution” or the diminutive “No Sub.” on the face of the prescription.</p> <p>H — “Brand Medically Necessary” to be handwritten on the face of the prescription by the prescriber for Medicaid patients, or product selection is allowed.</p> <p>I — Prescriber must expressly indicate that substitution is not allowed.</p> <p>J — Prescriber must hand write “Dispense as Written” or hand initial a preprinted box labeled “Dispense as Written.”</p> <p>K — Uses FDA Therapeutic Equivalency List (“Orange Book”). (HI – Plus deletions and additions by the legislature and/or the Food and Drug Branch. MD – Plus deletions and additions by the Department of Health and Mental Hygiene. MA – Plus “additional list” and “exception list.” PA – Plus narrow therapeutic index.)</p> <p>L — Each pharmacy is to develop DPS List.</p> <p>M — Mandatory.</p> <p>N — The pharmacist shall dispense the lowest retail priced drug product that is in stock, and which, in the pharmacist’s opinion, is pharmaceutically and therapeutically equivalent to the prescribed drug.</p> <p>O — Unless in the pharmacist’s professional judgement.</p> <p>P — Permissive.</p> <p>Q — Allows use of preprinted “Do Not substitute” check-box.</p> | <p>R — Box must be checked to prevent DPS.</p> <p>S — Full savings must be passed on to consumer.</p> <p>T — Drug dispensed must be less or no more expensive than drug prescribed.</p> <p>U — No cost savings pass-on requirement mentioned.</p> <p>V — No more than usual and customary charge for prescribed drug.</p> <p>W — O.S. (1961) states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.</p> <p>X — Must pass on 50 percent of difference between brand name cost and generic cost.</p> <p>Y — May indicate in manner of his or her choice on the prescription “Do Not Substitute,” except that the indication shall not be preprinted on a prescription.</p> <p>Z — One-line format.</p> <p>AA — Product selection laws under jurisdiction of Department of Health, Food and Drug Branch.</p> <p>BB — Must pass on 60 percent of difference between brand name cost and generic cost. Drug dispensed must be less expensive than drug prescribed.</p> <p>CC — Beginning June 1, 2002, prescriber must indicate “brand necessary” or “brand medically necessary” in own handwriting or product selection is allowed.</p> <p>DD — Patient may request that brand name be dispensed, but prescriber must authorize generic.</p> <p>EE — Prescriber may indicate orally or in own handwriting “Do Not Substitute” or similar words. Allows use of a preprinted “Do Not Substitute” box, provided that the prescriber personally initials the box.</p> <p>FF — Have a two “check box” format.</p> <p>GG — Patient may request, in writing, that the brand name be dispensed.</p> <p>HH — Pharmacist must dispense a “Virginia Voluntary Formulary” product if that box is checked or neither box is checked. However, most brands are also included in the formulary.</p> <p>II — Patient must be informed/notified.</p> <p>JJ — Director of Health designates items on Drug Product Selection List.</p> <p>KK — Statute pending to add FDA “Orange Book” to current positive Illinois formulary in November 1999.</p> <p>LL — Prescriber must write on the face of the prescription in own handwriting the phrase, “Do not interchange.”</p> <p>MM — Drug dispensed must be less expensive than drug prescribed.</p> |
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Drug Product Selection Laws

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