

Request for Reference Drug Exception

The purpose of this form is to obtain information required to assess your request for coverage of a drug that is subject to therapeutic class pricing. For drugs subject to therapeutic class pricing, Great-West Life may limit the covered expense for a drug to the price of a “reference drug”. The reference drug, as determined by Great-West, is the drug within a class of drugs that can be used to treat the same condition and that has been identified as being the most cost effective.

If medical evidence indicates the patient has suffered, or will suffer, an adverse reaction to the reference drug, the covered expense will not be limited to the cost of the reference drug. Adverse reactions are undesirable effects that result from taking a particular drug. If your request is approved, coverage may be granted for a set period of time and you may be required to reapply for coverage at the request of Great-West. Assessment of your request may be delayed if this form is incomplete or contains errors.

Any costs incurred for the completion of this form are the responsibility of the plan member / patient.

Please complete the following (please print):

Plan Member/Patient Information

Plan Member Name		Patient Name	
Plan Name	Plan Number	Plan Member I.D. Number	
Date of Birth (dd/mm/yyyy)	Home Phone Number	Work Phone Number	
Address (number, street, city, province, postal code)			

At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect is used for the purposes of assessing eligibility for this drug and for administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), refer to www.greatwestlife.com or write to Great-West Life’s Chief Compliance Officer.

I authorize Great-West Life, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or any of the above, located inside or outside Canada, to exchange personal information when relevant and necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I acknowledge that my personal information is needed to assess eligibility for this drug and to administer the group benefits plan.

I acknowledge that providing my consent will help Great-West Life to assess my claim and that refusing to consent may result in delay or denial of my claim. This consent may be revoked by me at any time by sending written instruction to that effect.

I certify that the information given is true, correct, and complete to the best of my knowledge.

Plan Member’s signature: _____ Date: _____

Please have the following completed by your prescribing physician (please print):

Physician Information

Name of Prescribing Physician	Specialty
Address (number, street, city, province, postal code)	
Telephone	Fax

Condition and Treatment Information

Condition being treated			
Requested Drug		Dosage / Frequency	
What other drug(s), past and present, have been prescribed for this condition? Please complete the table below:			
Name of Drug	Dosage and Frequency	Duration of Treatment	Patient Response / Complications (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Please identify rationale for the reference drug exception and provide a description of any adverse reaction(s) or drug interaction(s)			
<input type="checkbox"/> Adverse Reaction(s)			

<input type="checkbox"/> Drug Interaction(s)			

<input type="checkbox"/> Other (specify)			

Prescriber's signature		Date (dd/mm/yyyy)	

Please mail the completed form to:
The Great-West Life Assurance Company
Drug Services
PO Box 6000
Winnipeg MB R3C 3A5
Canada

or

Please fax the completed form to:
The Great-West Life Assurance Company
Attn: Drug Services
Fax Number: 204.946.7664