Drug Exception Request

people CORPORATION
Experience the Benefits of People

Submit via mail: 1403 Kenaston Blvd., Winnipeg MB R3P 2T5
Submit via fax: 204-488-6008
Inquiries: 1-866-586-1010 - claims@mystudentplan.ca

Plan member and patient information

Plan Member's name: _____

Mailing address: _____

Group #: 156959 Certificate #: _____

Patient's name: _____ Date of birth (DD/MMM/YYYY): _____

Relationship to the plan member: ☐ Plan member ☐ Spouse ☐ Child ☐ Other: _____

I hereby authorize any physician, hospital, insurance company, other health care professional and People Corporation to exchange information in connection with this claim for the purpose of this Drug Exception Request evaluation, adjudication of claims, and administration of my group benefits plan. I assume responsibility for any cost required for the completion of this form. A photocopy of this application shall be as valid as the original.

_____ _____
Plan Member/Patient Signature Date (DD/MMM/YYYY)

IMPORTANT if you reside in British Columbia, Saskatchewan or Manitoba: If you are a resident of British Columbia, Saskatchewan or Manitoba and the requested drug has been approved by the Provincial Drug Program on an exception basis, please send us a copy of the government approval letter. (If this section applies to you, then you do not need to complete the remainder of this form.) Coverage will be added to your Drug Card within 2-3 business days.

To be completed by prescriber/physician

Prescriber name: _____ Registration number: _____

Mailing address: _____

Phone: _____ Fax: _____

Required information: In order to be considered for a drug exception, you must have tried at least one medication on your plan's applicable formulary.

Diagnosis: _____

Information on prescribed drug:
Drug name and DIN#, if known: _____ Dose Prescribed: _____ Quantity: _____

This section has to be completed: Alternative treatments already attempted for this condition (drug name, dosage and length of trial)

_____

Why was the treatment not continued? _____

Why has the exception drug now become the drug of choice (e.g. allergic reaction)

_____

_____ _____
Prescriber/Physician Signature Date (DD/MMM/YYYY)