



EXCEPTION REQUEST FORM

FOR COVERAGE OF ADDITIONAL DISPENSING FEES ASSOCIATED WITH COMPLIANCE PACKAGING & MAINTENANCE MEDICATION FILL LIMITS

SECTION 1: PLAN MEMBER DECLARATION

PLAN MEMBER NAME:	PLAN MEMBER ID:
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I have requested that my regular maintenance medications be supplied in:

- A prescription bottle(s), to be dispensed every _____ days.
- A compliance package, to be dispensed every _____ days. I am aware that compliance packaging is not child-safe.

My pharmacist has explained that compliance packaging and/or dispensing of my maintenance medications at a frequency greater than three months will be provided at an added cost to my plan sponsor (e.g. my employer). A dispensing fee will be charged each time my medication or compliance package is dispensed. I also understand that extra dispensing fees may cause me to reach or exceed any applicable benefit plan maximums.

PLAN MEMBER SIGNATURE:

SECTION 2: PHARMACIST DECLARATION

It is in my professional judgment that the above plan member should receive medication in a

- _____ day interval (request to exempt from Maintenance Medication Fill Limits), or
- _____ day compliance package (request to exempt from Compliance Packaging requirements)

and be reimbursed for the applicable dispensing fee(s) from the following reason(s):

- Multiple chronic medications that are excluded from the Green Shield Canada Insurance defined list of Maintenance Drugs, and/or
- Physical and/or Cognitive impairment, and/or
- Multiple disease states contributing to poor adherence

Note: If a resident of an assisted living facility, use intervention code "MY = Long Term Care Rx Split for Compliance".

Please use the space below to provide information supporting the above clinical need for dispensing medication at a frequency greater than every three months, or via compliance packaging, whichever is applicable:

DATE:	PHARMACIST SIGNATURE:
PROVIDER #:	PHARMACY PHONE #:
PHARMACY NAME:	PHARMACY FAX #:

SECTION 3: FORM SUBMISSION INSTRUCTIONS

1. Please complete all sections of the form in full.
2. Fax the completed form to the Green Shield Canada Insurance, Drug Special Authorization Department at 519-739-6483 or toll-free 1.866.797.6483.
3. You will receive notification of approval or denial via faxed response.
4. A copy of this form should be retained in the pharmacy. Should there be any discrepancies with your submitted claim and the above information, your account will be adjusted accordingly.