SSQ Financial Group

PRESCRIPTION DRUG

REQUEST FOR BRAND-NAME DRUG COVERAGE

Please have the following form completed in full by your physician. This information is required to assess your request for coverage of a non-generic drug. To be eligible, proof of the medical justification code indicated below is required to authorize the reimbursement of a brand-name drug without the insured party having to pay the difference in price between the brand name drug and its generic equivalent.

SECTION 1 – TO BE COMPLETED BY PATIENT

Participant Name	SSQ Certificate No. (7 digits)	Employer Name

Patient Name	Date of Birth Y Y Y Y M M D D	Telephone Number

Street Address

City	Province	Postal Code

I hereby authorize any licensed physician/dentist, medical practitioner, hospital, clinic or medically related facility to give to SSQ information regarding my health. I hereby authorize SSQ to exchange information with other parties as required, only when the information is needed to administer this claim or to confirm the accuracy of this information.

Date Y Y Y Y M M D D Signature of patient _____

(If under 16 years of age, the signature of the plan member is required).

SECTION 2 – TO BE COMPLETED BY PHYSICIAN

Physician Name	License No.

I confirm that the information provided is true and I understand that an authorization could be repealed if, after verification, it is deemed ineligible as per SSQ's brand name prescription drug policy.

Physician Signature	Date Y Y Y Y M M D D

SECTION 3 – DRUG REQUESTED FOR EVALUATION

Therapeutic justification for taking one or more brand-name drugs.

Code	Therapeutic justification
NPS A	Diagnosed allergy to an inactive ingredient used in the composition of the generic drug, but absent from the brand-name version.
NPS B	Diagnosed intolerance to an inactive ingredient used in the composition of the generic drug, but absent from the brand-name version.
Immuno	Prescription with the mention "Do not substitute/No substitutions" for an immunosuppressant (Azathioprine, Mycophenolate mofetil, Sirolimus, Tacrolimus) .
Clozapine	Prescription with the mention "Do not substitute/No substitutions" for Clozapine.

Please complete the table below

Product name						
Code	☐ NPS A	☐ NPS B	☐ NPS A	☐ NPS B	☐ NPS A	☐ NPS B
	☐ Immuno	☐ Clozapine	☐ Immuno	☐ Clozapine	☐ Immuno	☐ Clozapine

SECTION 4 – CONTACT US

Return this form by **fax** to 1-855-453-3942
English toll free: 1-888-651-8181 • **French** toll free: 1-877-651-8080 ou www.ssq.ca

SSQ, Life Insurance Company Inc. is committed to keeping your information confidential.