

If your healthcare professional confirms there is a documented allergy, or documented intolerance, to a non-active ingredient found in the generic(s) but not in the brand (ie: allergic or intolerant to lactose), or the drug you are taking is considered Narrow Therapeutic Index (NTI), we do not require a completed copy of the Health Canada form, simply have your Healthcare Professional document below.

For this request to be processed, please complete the following:

TO BE COMPLETED BY PATIENT (PLEASE PRINT)		
Member Name	Group & Section Number	Identification Number
Patient Name	Relationship to Member <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Patient Date of Birth (DD/MM/YYYY)
Street Address		Telephone Number (     )     -
City	Province	Postal Code

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL	
<p><b>To be eligible for full reimbursement of the ingredient cost for the brand name drug requested, there must be medical evidence indicating that an adverse reaction/therapeutic failure has occurred.</b></p> <p>Name of Brand Drug: _____</p> <p>Note: If it has been demonstrated that an adverse reaction or therapeutic failure has occurred, a <b>long-term approval</b> will be placed on the patient's file and that <b>brand drug</b> will <b>reimburse at the brand price</b>.</p> <p><input type="checkbox"/> Adverse Reaction has occurred - a copy of patient's <b>Side Effect Reporting Form</b> sent to Health Canada on _____ is attached. <span style="float: right;">DD/MM/YYYY</span></p> <p><input type="checkbox"/> Other – Please document below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Healthcare Professional Name (please print)	Healthcare Professional Telephone Number
Signature of Healthcare Professional	Date (DD/MM/YYYY)

Your request may be delayed if information is incomplete or contains errors. Any costs incurred for the completion of this request are the responsibility of the patient. Completed requests can be submitted as follows:

**For Atlantic/Ontario**  
**Fax:** 1-800-670-2899 (Confidential Line)  
**Mail:** Private and Confidential - Medavie Blue Cross  
 c/o Special Authorization, Prescription Drugs  
 P.O. Box 220, Moncton, NB E1C 8L3

**For Quebec**  
**Fax:** 1- 514-286-7643 (Confidential Line)  
**Mail:** Private and Confidential - Medavie Blue Cross  
 c/o Special Authorization, Prescription Drugs  
 C. P. 3300 Succursale B, Montreal, QC H3B 4Y5

**If you wish to know the status of your request, please call our Customer Contact Centre at 1-888-873-9200.**