



REFORMULARY EXCEPTION PROCESS

RETIREES

Are you concerned that your medical circumstances prevent you from switching to a preferred drug under Reformulary? You may be eligible to apply for an exception due to an adverse medical reaction.

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WHEN SHOULD YOU APPLY FOR A REFORMULARY DRUG EXCEPTION?

Question 1

Have you looked up your drug on DrugFinder?



Go to next question



Log into your DrugFinder account and look up the drug at drugfinder.ca before going to the next question. If you don't have a DrugFinder account, create one by using the Access Code provided in the User Guide or ask your plan administrator.

Question 2

Is your drug listed as preferred (Tier 1) on DrugFinder?



Exception is not required as you are paying the lowest co-pay.



Go to next question

Question 3

Is this a new drug that you are taking?



Have you reviewed DrugFinder alternatives with your doctor?



Go to next question

Question 4

Have you had harmful or unwanted side effects while taking the preferred drug or is your doctor concerned you may?



You may qualify for an exception.
Please complete and submit your application at:
reformulary.com/myrequest



Speak to your doctor about taking a preferred drug and consider switching, otherwise you'll be paying the highest co-pay

Question 5

Are you currently stable on a non-preferred drug and your doctor believes you are at risk of significant adverse reactions if you were to change to the preferred drug?



You may qualify for an exception.
Please complete and submit your application at:
reformulary.com/myrequest



Speak to your doctor about taking a preferred drug and consider switching, otherwise you'll be paying the highest co-pay



RETIREES

FAQ – ADVERSE MEDICAL REACTION EXCEPTION REQUESTS

Question 1

What is an adverse medical reactionexception request?

It's a request, based on medical need, to have a non-preferred drug (Tier 2 or 3) reimbursed at a higher level. On the Reformulary website, the Adverse Medical Reaction exception request is called **myRequest**.

Question 2

Who should apply for a myRequest exception?

You should only apply if:

- your doctor is concerned that you have had harmful or unwanted side effects while taking the preferred drug (Tier 1) or
 - your medical condition is currently stable on a non-preferred drug and your doctor believes you are at risk of significant adverse reactions if you were to change to the preferred drug.
-

Question 3

How do you know if the drug you've been prescribed is preferred or non-preferred?

Log into your DrugFinder account, available as an app or at drugfinder.ca, and look up the drug. If you don't have a DrugFinder account, create one by using the class-specific access code provided in the user guide or ask your plan administrator.

Question 4

What if the drug you're taking is listed as Special Authorization?

If the drug you are taking is listed as a Special Authorization drug under DrugFinder, contact Canada Life's Group Customer Contact Services at 1-877-650-0003 and they'll let you know what to do.



RETIREES

FAQ – ADVERSE MEDICAL REACTION EXCEPTION REQUESTS

Question 5

What if you were already approved for a Prior Authorization drug with Canada Life?

If you are taking a drug that was already approved under Canada Life's Prior Authorization process, the drug will continue to be covered and you do not need to do anything.

Question 6

Where do you apply for an exception?

-
- **myRequest** portal at reformulary.com/myrequest, or
 - mycada360.ca by clicking on the Reformulary tab, then clicking on the **myRequest** portal link.

Once a **myRequest** account has been set up, an application can be partially completed online but will need to be printed so your doctor can supply the medical information required. After the application is completed and signed, you'll need to upload the form to the **myRequest** secure portal. If you don't have a scanner, you can also upload a photo of the completed form. Instructions are provided on the secure portal at reformulary.com/myrequest.

Question 7

What information do you need to start the request process?

-
- Plan#
 - Member ID #
 - Dealership name
 - Plan member name

Plan # and Member ID # can be obtained from your CADA 360benefits card (Pay Direct Drug Card)



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HOW DO YOU REQUEST AN EXCEPTION?

Go to reformulary.com/myrequest. You'll see this landing page. Read through the instructions. When you're ready, follow the link to the application.

myRequest | POWERED BY REFORMULARY

Welcome to myRequest™, powered by Reformulary®

As a CADA360 member, you can submit a request to us - Reformulary Group - to consider making an exception to the coverage for drugs on the Reformulary. For example, you can ask us to cover your tier 2 or tier 3 drug at a higher reimbursement level.

The Reformulary is a drug list that is built based on massive amounts of research and the advice of our independent expert panel of doctors and pharmacists from across Canada. Reformulary Group is an independent organization, and CADA has contracted us to provide our myRequest service to CADA360 members to request an exception to your drug coverage. In reviewing your request, we work with independent medical experts who thoroughly review and assess your request. Just like us, our medical experts are bound by confidentiality and all of your information is kept confidential, and protected.

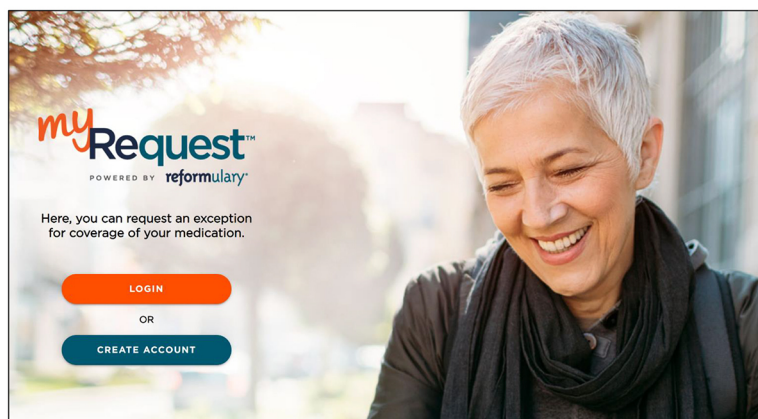
Please answer 4 qualifying questions before proceeding.

- Are you the plan member, spouse or dependent of a CADA plan member?**
If yes, make sure you have the following information needed to submit a request:
 - Policy/Plan number
 - Certificate/Member ID number
 - Organization/Dealership name
 - Plan member nameIf no, then you may not be eligible for an exception.
- Did you already use Reformulary's DrugFinder to look up alternative, preferred drugs?**
If yes, then continue to question #3.
If no, first go to www.reformulary.com and create an account using the DrugFinder access code provided to your dealership.
- Are you currently stable on a non-preferred drug, and at risk of significant adverse clinical outcomes if you were to change to the preferred drug? Or, have you had a harmful or unwanted side effect while taking the preferred drug?**
If yes, you may be eligible for an exception.
If no, then you may not be eligible for an exception.
- Do you already have supporting documentation from your doctor with respect to why you need to apply for an exception?**
If yes, [click here](#).
If no, you will need to ask your doctor for supporting documentation. Without documentation, you can't apply for an exception through this process. Once you have documentation or have the form completed by your doctor, come back to the myRequest portal to submit your request.

You also need the following information specific to your plan:

- Policy/Plan number
- Certificate/Member ID number
- Organization/Dealership name
- Plan member name

You'll be directed to the **myRequest** portal. On your first visit, you'll need to create an account. Once registered, you'll receive a welcome email from Reformulary.



The **myRequest** step-by-step guide will lead you through the exception process.

myRequest | POWERED BY REFORMULARY

CREATE ACCOUNT

Welcome to myRequest

As a CADA member, you can submit a request to us to consider making an exception to the coverage for drugs on the Reformulary. Before starting the request process, please make sure you have the information and documents that you need to submit a request. Here's what you'll need:

- Policy/Plan number • Certificate/Member ID number • Organization/Dealership name • Plan member name

- Step 1:** Download the [myRequest form](#) and print it out.
- Step 2:** Read the instructions and terms on page 1 of the form. Then complete page 2 of the form.
If you are the plan member, fill out the form with your own details.
If you are a spouse or dependent and submitting the request, then you will need the plan policy number, plan member certificate number, and dealership name, and then fill out the form with your own details.
- Step 3:** Take the partially completed form to your doctor and ask your doctor to complete page 3 of the form and sign page 4 of the form under 'Physician's signature'. Once completed, you will need to sign the form on page 4.
- Step 4:** Scan and save the form. If you do not have a scanner, simply take a clear picture of each page of the form and save the photos/images.
- Step 5:** Log into www.reformulary.com/myrequest.
Enter your information into the online portal form.
Upload your completed form into the portal - either the scanned copy or individual images.



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FAQ: REQUESTING AN EXCEPTION

1 What if you have more than one drug needing an exception?	You will need a separate form for each drug.
2 Once the form is complete, where is it submitted?	<ul style="list-style-type: none">• Individuals can log into their account on the myRequest portal to upload a PDF or a photo of the form, or• Mail the completed form to Reformulary, based on the address indicated on the form.
3 What if more than one member covered under the CADA 360 drug plan needs to apply?	An account needs to be set up for each family member on the myRequest portal and separate requests must be submitted for each person.
4 How do you check the status of an exception request?	Log into your account on the myRequest portal. Any exception requests submitted will be online with the current status.
5 Who will review the exception request application?	All exception requests will be assessed by Reformulary's team of medical experts.
6 How long does the review take?	Once all required documentation is received by Reformulary, Reformulary's team of medical experts reviews the medical information and either approves or declines the request. If approved, the information is submitted to Canada Life so the exception can be applied to your account, which can take up to 10 business days from when your exception request is received.



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FAQ: REQUESTING AN EXCEPTION

7 How will you be notified of the decision?	When you set up your account on the myRequest portal, you will be asked your communication preference. You can choose to be notified by phone or email.
8 Contact information (links below are available at mycada360.ca)	If you choose to be notified by email, Reformulary will send an email notifying you of the decision. No personal health information will be included in the email, only the drug name and decision. If your exception request is declined, the email will provide the reason(s) for decline.
9 For specific information on the exception process or your application for an exception	<ul style="list-style-type: none">Log into the myRequest portal at reformulary.com/myrequest
10 If you have additional questions with respect to your exception request	Email myCADA360Request@reformulary.com
11 To find the Reformulary tier for your prescribed drug	Log into your DrugFinder account, available as an app or at drugfinder.ca . You'll need the class-specific access code provided in the user guide or you can obtain it from your plan administrator.

How to request an exception to your drug coverage

WELCOME TO MYREQUEST™, POWERED BY REFORMULARY®.

As a CADA 360 plan member, you can submit a request to us – Reformulary Group – to consider making an exception to the coverage for drugs on the Reformulary. For example, you can ask us to cover your tier 2 or tier 3 drug at a higher reimbursement level.

The Reformulary® is a drug list that we built, based on massive amounts of research and the advice of our independent expert panel of doctors and pharmacists from across Canada. Reformulary Group is an independent organization, and CADA has contracted us to provide our myRequest service to CADA 360 plan members to request an exception to your drug coverage. In reviewing your request, we work with independent medical experts who thoroughly review and assess your request. Just like us, our medical experts are bound by confidentiality and all of your information is kept confidential, and protected.

Before starting the request process, please make sure you have the information and documents that you need to submit a request.

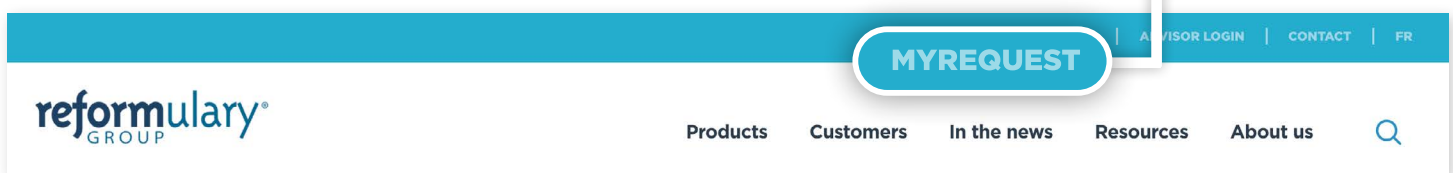
Here's what you'll need:

- Policy/Plan number
- Certificate/Member ID number
- Organization/Dealership name
- Plan member name

Good to go?

STEP 1

Download a myRequest form, from the myRequest portal at www.reformulary.com/myrequest



STEP 2

- Read the instructions & terms on page 1 of the form.
- Complete page 2 of the form.
- Ask your doctor to complete and sign page 3 of the form.
- You must sign page 4 of the form. If you are submitting the form on behalf of another person, please enter the capacity in which you are acting. For example, spouse, mother, father, guardian, etc.

STEP 4

You will be contacted to let you know that your request has been received, or if it is incomplete. Once your request has been reviewed, you will receive a decision within 10 business days. If you submit your request by mail, it may take a bit longer.

Any questions? Send to myCADA360Request@reformulary.com

STEP 3

Go to the myRequest portal (www.reformulary.com/myrequest) and create an account. Enter the information from your form into the online portal form. Attach an image (photos) or scanned copy of the signed form. Click 'submit'. You can also submit your form by mail.



Instructions and Terms

IMPORTANT – PLEASE READ CAREFULLY

This form is to be completed by or on behalf of the claimant identified below (the “**claimant**”, “**You**” or “**Your**”) in connection with a request for a drug exception review submitted to Reformulary Group Inc. (“**We**” or “**Us**” or “**Our**”). By submitting this form to Us, the person submitting this form is acknowledging and agreeing to the following:

1. The personal information submitted to Us in connection with the request for a Drug Exception request, including any personal health information, is subject to Our Privacy Policy and Terms of Service. Copies of the Privacy Policy and Terms of Service are available at www.reformulary.com/myrequest and include descriptions of the personal information we collect, to whom the personal information is disclosed, how the personal information is used and the terms under which we provide services.
2. You should review Our Privacy Policy and Terms of Service before submitting this form. By submitting this form to Us, you are acknowledging that your personal information will be treated in accordance with Our Privacy Policy and agreeing to Terms of Service in effect on the date You submit this form.
3. Assessment of a request may be delayed if this form is incomplete.
4. Any expense for medical evidence to support this request is the claimant’s responsibility.
5. Exceptions can only be requested for drugs that legally require a prescription.
6. Completion and submission of this form is not a guarantee of approval of the exception requested.

Note: If this form is being submitted by a person on behalf of the claimant, such person confirms they are authorized by the claimant to disclose the personal information of the claimant to and to receive the claimant’s personal information from Us and to complete this form (including to agree to the references to “You” on behalf of the claimant). Such person also confirms they are authorized to acknowledge Our Privacy Policy and to agree to Our Terms of Service referred to above on behalf of the claimant.

Complete this information

Information about plan member

First name

Last name

Policy/Plan number

Certificate/Member ID number

Organization/Dealership name

Information about You, the person submitting the request

Are you the: ☐ Plan member ☐ Spouse

First name

Last name

Date of birth (dd/mm/yyyy)

Gender:

☐ M ☐ F ☐ Other

Address (number, street, suite)

City/Town

Province

Postal code

Email address

Daytime phone number

How would you like us to communicate with you? ☐ Email ☐ Phone call

Information about the claimant

☐ I am the claimant ☐ I am submitting on behalf of my spouse or dependent child, that is they are the claimant

CLAIMANT INFORMATION

First name

Last name

Date of birth (dd/mm/yyyy)

Gender:

☐ M ☐ F ☐ Other

Information to be completed by your doctor (PLEASE PRINT)

Patient's medical condition/diagnosis

INFORMATION ON REQUESTED DRUG

Name of drug being requested

DIN

Dosage

Duration of treatment

REASON FOR REQUESTING DRUG EXCEPTION

- ☐ Alternate drug(s) contraindicated or previously tried and failed (e.g. toxicity, allergy, therapeutic failure)

Provide details

- ☐ Patient is stable on current drug(s). There could be a high risk of significant adverse clinical outcome with medication change

Provide details

- ☐ Other

List of drugs previously tried

If there is a generic version of the drug,
has the patient tried the generic?

PHYSICIAN'S INFORMATION

Your (Physician's) first name

Middle initial

Last name

License (registration) number

Telephone number

Address (number, street, suite)

City/Town

Province

Postal code

Physician's signature & date

Physician's signature

Date (dd/mm/yyyy)

***PLEASE AUTHORIZE
AND SIGN ON PAGE 4**

Authorization

By signing below, the claimant or person submitting the form on behalf of the claimant, confirms that the information set out above is complete and accurate and includes all information required to ensure such information is accurate and not misleading

Your signature (person submitting this form)

Date (dd/mm/yyyy)

Print name:

Capacity in which acting, e.g. parent, guardian, spouse, etc.
(if person signing this form is not the claimant)

Where to send this form

Go to the myRequest portal and create an account, or log in to your existing account to upload your completed form. You can also send this form to us by mail to:

Reformulary Group
c/o: myRequest Administrator
55 York Street
Suite 1400
Toronto, ON
M5J 1R7