Government of Saskatchewan

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

Exception Drug Status Request Form

Date: _____
(day/month/year)

Please ensure all appropriate information for each section is provided to avoid delays.

Patient Identification

Name: _____ **Health Services Number:** _____

Address: _____ **Date of Birth:** _____

_____

Drug Information (See Appendix A for specific criteria)

Drug(s) Requested: _____
(include name, dosage form and strength)

Diagnosis (be specific): _____
(must be obtained from physician or physician's agent only – cannot be obtained from the patient)
Obtained by: ☐ Fax ☐ Phone ☐ Written on Rx

Alternative agents tried (be specific): _____

Drug allergies (be specific): _____

Drug intolerances (be specific): _____

Other information relevant to this request: _____

For Pharmacy Use

Pharmacy Name: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

Prescriber Name: _____

For Requester Use

Duly licensed practitioners acting within their scope of practice may apply for EDS.

Requester Name (required, please print): _____

Requester Type (required): ☐ Physician ☐ Pharmacist ☐ Nurse ☐ Dentist ☐ Optometrist
☐ Other Health Professional (please specify): _____

Requester Phone Number: _____

Requester Fax Number: _____

Requester Address: _____

_____

Signature (required): _____ **Date:** _____

Please submit the completed form and required additional information by:

- Fax to 306-798-1089; or
- Email to DPEB@health.gov.sk.ca; or
- Mail to the Drug Plan and Extended Benefits Branch, 2nd floor, 3475 Albert Street, Regina, SK S4S 6X6

If you have any questions, please call 306-787-8744 (in Regina) or 1-800-667-2549 (toll-free).