

Exception Drug Status (EDS) Request

- Requests MUST be submitted by prescribers (or their clinics) or pharmacies.
- Requests from patients or Patient Support Programs (PSPs) will NOT be accepted.
- INCOMPLETE FORMS may result in a delay in processing the request. Please ensure each section is completed.

Ministry of Health
Drug Plan and Extended Benefits
3475 Albert Street
Regina, SK S4S 6X6
Phone: 1-800-667-2549
Fax: 306-798-1089
E-mail: DPEB@health.gov.sk.ca

Section 1 - Requester Information

Name (first & last): _____ Address (or clinic/pharmacy name): _____

Telephone Number: _____ Fax Number: _____

Requester Type **(required)**:

☐ Physician ☐ Pharmacist ☐ Nurse ☐ Other Health Professional (please specify): _____

Prescriber Name (if different than requester) and Telephone Number: _____

Section 2 - Patient Information

Name (first & last): _____

Health Services Number (HSN): _____ Date of Birth: _____ (dd/mm/yyyy)

Section 3 - Drug Information (See Saskatchewan Formulary [Appendix A](#) for ALL details required)

1. Drug(s) requested (including drug name, dosage form and strength):

2. Diagnosis and/or indication that drug is being used to treat:

3. Alternative agent(s) tried and response:

Medication(s)	Dates of Trial	Response or Intolerance Details

4. Allergies or Contraindications:

Medication(s)	Details Regarding Allergy or Reason for Contraindication

5. Other information relevant to this request (additional details, scoring, etc.):

Requester Signature: _____ Date: _____ (dd/mm/yyyy)