

# Request for Palliative Care Drug Coverage



- Please ensure you have provided all information. Incomplete applications will result in delays in processing.
- See next page for information regarding the Palliative Care Program.

**Please return to:**  
Drug Plan and Extended Benefits  
3475 Albert Street  
Regina, SK S4S 6X6  
Phone: 306-787-8744  
Fax: 306-787-8679

## Patient Identification

Name: \_\_\_\_\_

Health Services Number: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Pharmacy Identification

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Physician Identification

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CERTIFICATION BY PHYSICIAN:

**I hereby request coverage under the Drug Plan and Extended Benefits Palliative Care Drug Coverage Program for the above identified patient and certify that this patient meets the criteria for coverage as outlined on the reverse side of this form.**

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

### For Office Use Only

Date Request Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_

H30-353  
09/2022

# GENERAL INFORMATION

## DRUG PLAN PALLIATIVE CARE DRUG COVERAGE PROGRAM

Patients are eligible when in the late stages of a terminal illness, where life expectancy is measured in months, and for whom treatment aimed at cure or prolongation of life is no longer deemed appropriate, but for whom care is aimed at improving or maintaining the quality of remaining life (e.g., management of symptoms such as pain, nausea and stress).

A palliative care patient who is registered with the Drug Plan is entitled to receive prescription drugs listed in the Saskatchewan Formulary at no charge to them. The patient's pharmacy will bill the Drug Plan for 100% of the cost of benefit medications. Coverage is also provided for some commonly used laxatives, on prescription request, to patients registered under this program.

### **EXCEPTION DRUG STATUS DRUGS:**

The prescriber or pharmacist must submit a separate request on behalf of the patient for drugs listed under Exception Drug Status. To be approved for Exception Drug Status, patients must meet the criteria as outlined in Appendix A of the Saskatchewan Formulary. The prescriber or pharmacist must provide all relevant information for the Drug Plan to determine if criteria is met.

### **PROVISIONAL APPROVAL OF PALLIATIVE CARE COVERAGE:**

Provisional approval may be granted in response to a telephoned request from the pharmacy, the physician or social worker involved in the patient's care. At the time of the request, the pharmacy, the physician or social worker **must** be in possession of a signed Palliative Care form. After provisional coverage has been granted, the pharmacy, or social worker must forward the signed form to the Drug Plan. Provisional approval may be withheld by the Drug Plan if the pharmacy, or social worker is not in the receipt of a signed form. Physicians requesting provisional approval must submit the signed form in a timely manner.

For provisional approval of Palliative Care, please contact the Drug Plan at **(306) 787-8744** to arrange coverage.

### **NOTIFICATION OF PHYSICIAN & PATIENT:**

Upon receipt of a signed Palliative Care form, notification letters are generated by the Drug Plan, to the patient and the requesting physician.

### **BACKDATING OF PALLIATIVE CARE COVERAGE:**

Palliative Care coverage is routinely backdated 30 days from the date the complete form is received by the Drug Plan. In certain cases where a patient is eligible for coverage and the application was not previously submitted, the Drug Plan will consider backdating beyond the 30 days at the physician's request.

### **PALLIATIVE CARE BENEFITS UNDER THE SASKATCHEWAN HEALTH AUTHORITY:**

Patients, pharmacists or physicians should contact the Saskatchewan Health Authority, Home Care Program to inquire about coverage may be provided for dietary supplements and other basic supplies.