



REQUEST FOR PALLIATIVE CARE COVERAGE

PATIENT IDENTIFICATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Date of Birth: _____ Sex: _____

Health Services No.: _____

FOR OFFICE USE ONLY

Date Request Received: _____

Effective Date: _____

PHYSICIAN IDENTIFICATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone No.: _____

PHARMACY IDENTIFICATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone No.: _____

CERTIFICATION BY PHYSICIAN:

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

Date: _____

Signature of Physician: _____

SEE NEXT PAGE FOR INFORMATION REGARDING THE PALLIATIVE CARE PROGRAM.

Please forward completed form to: **Saskatchewan Health
Drug Plan & Extended Benefits Branch
2nd Floor-3475 Albert Street
Regina SK S4S 6X6
FAX: (306) 787-8679**

GENERAL INFORMATION REGARDING THE DRUG PLAN PALLIATIVE CARE PROGRAM

DRUG PLAN PALLIATIVE CARE COVERAGE:

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 (eg. 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:

Drugs listed under the Exception Drug Status program still require a separate request by the prescriber or pharmacist on behalf of the patient. To be eligible for approval of Exception Drug Status drugs, palliative care patients must meet the criteria as outlined in Appendix A of the current Saskatchewan Formulary. The Drug Plan must be provided with all relevant information to determine if the patient meets the criteria for the Exception Drug Status drug being requested on the patient's behalf.

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 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. All physicians requesting provisional approval must provide the Drug Plan with a signed form on the patient's behalf 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 form is received by the Drug Plan. In certain cases where a patient is eligible for coverage but application is inadvertently not made, the Drug Plan will consider backdating at the physician's request, beyond this period.

PALLIATIVE CARE BENEFITS UNDER HEALTH DISTRICTS:

Patients, pharmacists or physicians should contact the home care office in their health district to inquire about coverage provided by the district for dietary supplements and other basic supplies.