Nova Scotia Provincial Pharmacare Programs

Request for Coverage of Exception Status Drug

PATIENT INFORMATION			
PATIENT SURNAME	**PATIENT GIVEN NAME**	**HEALTH CARD NUMBER**	**DATE OF BIRTH**
PATIENT ADDRESS			

DIAGNOSTIC / DRUG INFORMATION

DIAGNOSIS / INDICATION:

REQUESTED DRUG NAME / DOSAGE:

REASON FOR REQUEST: **EXPLAIN:**

- **CONTRAINDICATION** ☐
- **ADVERSE EVENT** ☐
- **THERAPEUTIC FAILURE** ☐
- **OTHER** ☐

OTHER COMMENTS (if applicable):

PRESCRIBER NAME & ADDRESS:

LICENCE # _____

PRESCRIBER SIGNATURE _____

DATE _____

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440

01/2024

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