

For up to date forms, please check: <https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>

Fax requests to 204-786-8560 OR mail to: Attn: MDSTC Coordinator, 1074 - 300 Carlton Street, Winnipeg MB R3B 3M9

This facsimile contains confidential information intended only for the Provincial Drug Programs (PDP). The PDP is under the oversight of the Non-Insured Benefits Branch (NIB). Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write 'MIS-DRECTED' across the front of the form and fax to 204-786-8560, then destroy the pages received in error.

If NIB approves the Exceptional Request, approval is granted solely for the purpose of covering prescription costs. NIB approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no pharmacy fax or mailing address is provided, Pharmacare will be unable to return a response.

SECTION 1 - PATIENT INFORMATION

PATIENT LAST NAME		PATIENT FIRSTNAME(S)	
PERSONALHEALTH NUMBER (PHIN)		DATE OF BIRTH (YYYY/MM/DD)	

SECTION 2 - PHARMACY INFORMATION

PHARMACYNAME		PROVIDERNUMBER	
FAXNUMBER		DATE OF REQUEST (YYYY/MM/DD)	

SECTION 3 - PRESCRIPTION

<input type="checkbox"/> COPY OF PRESCRIPTION ATTACHED
<input type="checkbox"/> EXCEPTIONAL DRUG STATUS COVERAGE (IF APPLICABLE)

SECTION 4 - COMPOUND TYPE

<input type="checkbox"/> STERILE	<input type="checkbox"/> NON-STERILE
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SECTION 5 - DRUG PROGRAM INFORMATION

<input type="checkbox"/> PHARMACARE	<input type="checkbox"/> HOME CANCER DRUG PROGRAM	<input type="checkbox"/> PALLIATIVE DRUG ACCESS PROGRAM
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SECTION 6 - REASON, COMPOUND COMPOSITION, INGREDIENT DETAILS AND COSTING (provide actual acquisition cost)

CLINICAL INDICATION AND REASON FOR COMPOUNDING PRODUCT:

COMPOUND ACTIVE INGREDIENTS, CONCENTRATION, DOSAGE FORM		DAYS SUPPLY	FINAL VOLUME/QUANTITY	DOSAGE FORM
INGREDIENT NAME	DIN	INGREDIENTSTRENGTH	QTY IN COMPOUND	COST OF ACTUAL QTY USED
1. TOTAL COST OF INGREDIENTS				
NUMBER OF MINUTES		2. COMPOUNDING COST		
OR IF OUTSOURCED FROM COMPOUNDING PHARMACY;		3. TOTAL OUTSOURCED COST (receipt/invoice required)		
*ADDITIONAL ALLOWABLE EQUIPMENT AND SUPPLY EXPENSES (LIST EACH ITEM AND COST)				
4. TOTAL COST OF EQUIPMENT AND SUPPLIES				
5. USUAL AND CUSTOMARY PROFESSIONAL FEE				

Compound approvals are site specific and for the exact preparation above. Any changes require submission of a new costing form for authorization prior to billing PDP. The patient's plan eligibility and deductibles are in effect. Non-Insured Benefits (NIB) may request additional documentation to support this Exceptional request.

PHARMACARE USE ONLY

MAXIMUM TO BE BILLED	\$	USE PIN	DATE APPROVED	COVERAGE EXPIRY
APPROVED BY		SIGNATURE		