



# PALLIATIVE CARE DRUG PROGRAM APPLICATION FORM

## PATIENT INFORMATION

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

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

(or affix Patient Label above)

Other insurance:  Private  Other Pharmacare  Other: \_\_\_\_\_  None

Primary Palliative Diagnosis: \_\_\_\_\_

## INITIAL AUTHORIZATION

### Section 1: To be completed by palliative care physician or nurse:

I have reviewed the patient's diagnostic, treatment and care information and I confirm that the patient is in the end-stage of a terminal illness. Focus of care is now palliation and not treatment aimed at cure. I confirm that the above-named applicant satisfies the eligibility requirements of the program as defined on page 2.

### Section 2: Patient Consent:

I consent to enrolment in the Palliative Care Drug Program. I understand the program provides coverage for a specific list of medications aimed at providing comfort and symptom control for palliative care at home. The program provides 100% coverage for the specific drug benefits provided. If I have access to private insurance, I understand that my private insurance will be billed first and any remaining amounts will be billed electronically by my pharmacy to the Palliative Care Drug Program. Coverage is for **six months** from date of enrolment.

Patient (or SDM) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason if not signed by patient: \_\_\_\_\_

## RENEWAL OF COVERAGE

*\*Please consider if patient can be transitioned from palliative care to another coverage program.*

This is a renewal of existing coverage. Please explain:

## AUTHORIZER'S SIGNATURE

Authorized by: (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Role/Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_ Palliative Care Team/NSHA Area \_\_\_\_\_  
(coverage effective for six months from date signed)

**Please fax to the Pharmacare office at 902-494-7423 or 1-855-640-7423.**

## **Clinicians enrolling patients in the Palliative Care Drug Program should:**

### **1. Confirm Eligibility**

In order to be eligible for the Palliative Care Drug Program, patients must meet all of the following criteria:

1. Reside in Nova Scotia
2. Have a valid Nova Scotia Health Card Number
  - a. Note that if someone is new to the province there is a 3 month wait before they are considered a resident and subsequently able to receive a valid NS Health Card Number.
3. Be assessed by a Palliative Care clinician to be in the end stage of a terminal illness with an anticipated prognosis of less than six months.
4. Be receiving end-of-life care in the home (their own, family or LTC)

### **2. Obtain consent from the patient**

As with any other drug coverage program, a signature must be obtained by the patient to confirm they are consenting to be enrolled in the Palliative Care Drug Program and that they are aware of the program parameters. If there is a situation where a signature cannot be obtained clinicians must clearly identify why this is the case.

### **3. Explain program parameters**

It is important when enrolling a patient in the program that they have a clear understanding of the coverage they are receiving and how it works. Patients should be advised:

1. That the program is intended to relieve financial burden when medications for end-of-life care are not fully covered by an existing drug plan.
2. That they should retain any other private or Pharmacare coverage to ensure the full scope of coverage is available to them.
3. That the program is intended for those in the last months of life and authorization is provided for 6 months.
4. That if their health condition improves or stabilizes, and they no longer meet the eligibility criteria, they may be transitioned to a more appropriate coverage program. (See Pharmacare cheat sheet).
5. That it can take 2-3 days for the application to be processed. Coverage begins as of the date of enrolment on the form, if there is an urgent need please consider calling the patient's pharmacy.
6. That they should notify the pharmacy when they are filling prescriptions to ensure that coverage is applied each time.

**For any questions, please call Pharmacare at 902-496-5680 or toll free at 1-800-305-5026 option #3**