

**NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS**  
**Request for Insured 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 <input type="checkbox"/> ADVERSE EVENT <input type="checkbox"/> THERAPEUTIC FAILURE <input type="checkbox"/> OTHER <input type="checkbox"/>			
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