Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

EXTENDED HEALTH BENEFITS PROGRAM

EXCEPTION APPROVAL DRUG REQUEST

Please ensure all sections are completed to allow your request to be processed.

PATIENT IDENTIFICATION					
PATIENT SURNAME	FIRST NAME	INITIAL	DATE OF BIRTH Year / Month / Day	ALBERTA BLUE CROSS IDENTIFICATION NUMBER	
STREET ADDRESS		CITY		TERRITORY	POSTAL CODE

REQUESTING PRESCRIBER					
PHYSICIAN SURNAME	FIRST NAME	INITIAL	PRESCRIBER NO.	PHONE	FAX
STREET ADDRESS		CITY		TERRITORY	POSTAL CODE

PHARMACY PROVIDER			
NAME OF PHARMACY	ABC PROVIDER IDENTIFICATION NO.	PHONE	FAX
STREET ADDRESS	CITY	TERRITORY	POSTAL CODE

DRUG REQUEST		
Drug name, strength and dosage form requested:	**Dosage schedule**	**DIN number**

Anticipated duration of drug coverage required:

FROM Year / Month / Day **TO** Year / Month / Day

Diagnosis and/or indication for which the drug is requested:

Reason why requested drug is preferred over formulary drugs:

Previous therapies and patient's response (if applicable):

PHYSICIAN'S SIGNATURE	DATE	Please forward this request to:
		• **Alberta Blue Cross, Clinical Drug Services & Evaluation 10009-108 Street NW, Edmonton, Alberta T5J 3C5** • FAX: **498-8384** in Edmonton • **1-877-828-4106** toll-free all other areas

This personal information is being collected under the authority of the Government of the Northwest Territories Extended Health Benefits Policy and Directive and will be used to determine program benefit entitlement. This information is protected by the privacy provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Department of Health and Social Services at 1-800-661-0830.

(ABC 30942 11/2023)