Drug Exception Request Form: For Non-Saskatchewan Residents

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Exceptions can only be granted for the current policy year.

YOU MUST INCLUDE A COPY OF YOUR VALID PROVINCIAL HEALTH-CARE CARD.

This form must be received within 90 days of the first denied claim. If the form is received after 90 days of the first denied claim, exceptions may only be set up 90 days retroactive from date form is received. The exception will be considered for any medication that is not included on the provincial formulary and that has no other alternatives. The exception can only be requested for drugs that legally require a prescription.

The student Plan does not cover vitamins, supplements, antihistamines, fertility, erectile dysfunction, cosmetic or smoking cessation products. No exceptions can be made for these products. Vaccinations, anti-malaria medications, and contraceptive devices are not eligible for an exception. Submitting a drug exception does not guarantee that an exception will be granted. Approved drug exceptions are subject to an overall $2,000 policy maximum per person covered by the Plan.

Student's Information	
Last name:	First name:
Student id number:	Birth date (mm/dd/yyyy):
Email:	Phone number:
If this request is for a dependant:	
Last name:	First name:
Birth date (mm/dd/yyyy):	Relationship to you (spouse / child):

Exception Details (Please complete all sections.)	
☐ New ☐ Renewal Drug Request	
DIN #:	(drug exception will be set up for only this DIN number)
Date of first purchase during current policy year:	
Date of first time purchase was denied:	Denied: ☐ by mail ☐ at pharmacy
Student's signature:	

PLEASE NOTE THAT ANY MISSING INFORMATION MAY CAUSE DELAYS.

Physician's Statement (If you have recent documentation from your doctor or a government-issued statement, you do not need to complete this section. Please attach a copy of this documentation.)	
Drug's name:	DIN #:
Reason for exception (diagnosis and/or indication which drug is being used to treat):	

Prescribing Physician	
Last name:	First name:
License number:	Phone number:
Address:	
Physician's signature:	

For approval, please upload the completed form through our Support Form. Be sure to select "Understanding My Coverage" as your Reason for Request, then "Prescription Drugs & Vaccines" as your Type of Coverage Information. Alternatively, you can send it by fax at 1-514-789-8734 or by mail to the following address: 1200 McGill College Avenue, Suite 2200, Montreal, QC H3B 4G7