



Nisga'a Valley Health Authority
Protected when completed

**Nisga'a Valley
Health Authority**

DATE: _____

Phone Number: 250-633-5030

Fax Number: 250-633-2160

REQUEST FOR EXCEPTION DRUGS

Nisga'a Valley Health Authority PO Box 234, 4920 Tait Ave, New Aiyansh BC

TO BE COMPLETED BY THE PRESCRIBING PHARMACY

| | | | | | | | | |
|--|--|------------|------|---------------------|--------------------|--|-----------------|--|
| Provider Name: | | | | Provider Number: | | | | |
| Address: | | | | | | | | |
| Phone Number: | | | | Fax Number: | | | | |
| Client Info | | Last Name: | | | First Name: | | Middle Initial: | |
| DOB: | | MM / | DD / | YYY | Email: | | | |
| Canada Life Benefits Number (GWL): Carrier 11 Policy Number: 051364 ID Number: 67 | | | | | | | | |
| <i>Assure Telus Health- We do not bill by status numbers</i> | | | | | | | | |
| Drug Name: | | | | Dose and Frequency: | | | | |
| DIN: | | | | Dr.'s Name: | | | | |
| Is this an OTC Item? | | Yes | or | No | Dr's Phone Number: | | | |
| | | | | | Dr's Fax Number: | | | |

Please note that over the counter items are not a benefit of NVHA/ NHB Department

TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

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|---|
| 1. Medical Condition requiring this drug: |
| 2. Have other drugs been tried and failed? (Which other drugs have been tried) |
| 3. Why has this specific Exception Drug been chosen? |
| 4. What is the expected duration that this client is required to be on this medication? |
| Comments: |

| TO BE COMPLETED BY PHARMACIST | NVHA OFFICE USE ONLY |
|---|---|
| Is this drug a Renewal: Yes or No | Special Authorization Request Form: Yes or No |
| Drug Cost: \$ | Email / Fax to Dr: |
| Total Number of Refills: | SARF Email / Fax to DR: |
| Dispensing Fee: \$ | Email / Fax to Reformulary: |
| Total Drug Cost: \$ | Email / Fax to Pharmacy: |
| RX MUST BE INCLUDED WITH ALL REQUESTS Request can be submitted by Email or Fax Direct Line: 250-633-5098 Fax: 250-633-2160 Email:ashley.green@nisgahealth.bc.ca cc: nhbreception@nisgahealth.bc.ca | <input type="checkbox"/> Approved or <input type="checkbox"/> Rejected |
| | Start Date: |
| | End Date: |
| | MS&E Clerk Authorizaion: |
| | |

PLEASE FOLLOW UP WITH OUR OFFICE IN 2 BUSINESS DAYS