

** Provincial Drug Programs defines Exceptional Cases as situations where **all similar** commercially available alternatives have been tried unsuccessfully or when there are absolutely no similar commercially available alternatives

For up to date forms, please check: https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Fax requests to 204-786-8560 OR mail to: Attn: MDSTC Coordinator, 1074 - 300 Carlton Street, Winnipeg MB R3B 3M9

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If PDP approves the Exceptional Request, approval is granted solely for the purpose of covering prescription costs. PDP approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no pharmacy fax or mailing address is provided, Pharmacare will be unable to return a response.

SECTION 1 - PATIENT INFORMATION			SECTION 2 - PHARMACY INFORMATION				
PATIENT LAST NAME PATIEN	T FIRST NAME(S)		PHARMACYNAME			PROVIDERNUMBER	
PERSONAL HEALTH NUMBER (PHIN)	DATE OF BIRTH (YYYY/MM/DD)		FAX NUMBER		DATE OF REQUEST (YYYY/MM/DD)		
SECTION 3 - PRESCRIPTION			SECTION 4 - COMPOUND TYPE				
☐ COPY OF PRESCRIPTION ATTACHED			☐ STERILE ☐ NON-STERILE				
SECTION 5 – DRUG PROGRAM INFOR	MATION						
☐ PHARMACARE ☐ HOME CANC			CER DRUG PROGRAM PALLIATIVE DRUG ACCESS PROGRAM				
CECTION C. COMPOUND COMPOCITION	ON INCREDIENT DETAILS	AND COC	TINIC (4:4)		
COMPOUND ACTIVE INGREDIENTS, CONCENTRATION, DOSAGE FORM	TING (provide actual acquisition cost) FINAL VOLUME/QUANTITY DOSAGEFORM						
INGREDIENT NAME	DIN	INGREDIENT STRENGTH		QTY IN COMPOUND		COST OF QTY USED	
	1. TOTAL COST OF INGREDIENTS						
NUMBER OF MINUTES 2. COMPOUNDING COST							
	*ADDITIONAL ALLOWABLE E	QUIPMENT	AND SUPPLY EXPEN	NSES (LIST EACH	ITEM AND COS	т)	
3. TOTAL COST OF EQUIPMENT AND SUPPLIES							
			4. USUAL AND CU	STOMARY PRO	FESSIONAL FEE		
Compound approvals are site specific and for to PDP. The patient's plan eligibility and deduction			-	-			
			PIN		DATE APPROVED		
MAXIMUM TO BE BILLED TO MANITOBA	\$						
APPROVED BY			SIGNATURE				