INSURED HEALTH SERVICES

EXCEPTION REQUEST

Use this form to request special authorization for coverage of a drug, medical supply or equipment from Insured Health Services. All exception requests are considered on a case-by-case basis.

Insured Health Services programs

Select the program to which this request is being submitted:

- ☐ Chronic Disease and Disability Benefits Program
- ☐ Extended Health Care Benefits Program (medical supplies and equipment for seniors)
- ☐ Pharmacare Program (prescription drugs for seniors)
- ☐ Yukon National Pharmacare Program

Physician information

First name	Last name
Phone	Fax

Patient information

First name	Last name
Yukon Health Care Insurance Plan number	Diagnosis related to exception request

Does the patient have third-party insurance coverage? ☐ Yes ☐ No

If yes, has third-party insurance coverage for this request been declined? ☐ Yes ☐ No

Select the type of reconsideration being requested

- ☐ Eligibility for enrolment in the program
- ☐ Reimbursement for a product purchased outside the Yukon
- ☐ Special authorization coverage (requests must be submitted by the client's physician)

Type of request	Medical supply or equipment information
☐ Brand name substitution ☐ Biologic originator ☐ Exception drug ☐ Medical supply or equipment	Description of medical supply or equipment, if applicable:

Drug information

For exception drug criteria coverage, visit the Yukon Drug Formulary at yukon.ca/drug-formulary and click on the exception drug to display the exception table.

Formulary drug name		Drug identification number (DIN)	
Dosage form	Strength	Anticipated start date YYYY-MM-DD	Anticipated end date YYYY-MM-DD

Rationale for reconsideration request

Attach any test results, drug history and/or specialist recommendations that may be related to this request.

Physician signature

YYYY-MM-DD
Date

Submit the completed form to Insured Health Services:

By fax: 867-393-6486

Secure file transfer (SFT): Request a link to submit the form by SFT at yukon.healthcare@yukon.ca

Note: Do not send forms by regular email

Questions?

Contact us via one of the methods listed above or at 867-393-5209 or toll-free at 1-800-661-0408, extension 5209.

The information in this form is managed in accordance with the *Health Information Management and Privacy Act*. For more information, contact the program officer for the Chronic Disease and Disability Benefits Program at 867-667-5092 or the program officer for the Pharmacare Program or the Extended Health Care Benefits Program at 867-667-6403, or write to Extended Health Benefits and Pharmaceutical Programs, Box 2703, Whitehorse, Yukon, Y1A 2C6.

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