

### SECTION 1 - PRESCRIBER INFORMATION

### SECTION 2 - PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
Please Identify: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Nurse Practitioner	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
PHONE NUMBER (INCLUDE AREA CODE)	PATIENT'S MAILING ADDRESS	
FAX NUMBER (INCLUDE AREA CODE)		

### SECTION 3 – TREATMENT RECOMMENDATION

DRUG THERAPY FOR A SUBSTANCE DEPENDENCY IS RECOMMENDED FOR THE PATIENT IDENTIFIED IN SECTION 2

### REQUIREMENT FOR THE SUBMISSION OF SPECIAL AUTHORIZATION REQUESTS

In addition to this Patient registration form, a **Special Authorization Request form** must be submitted by a prescriber and the Patient must meet the criteria set out in the formulary for coverage of the following, under the Substance Use Harm Reduction Drug Program:

- Acamprosate    • Naltrexone    • Probuphine

Submission of a Special Authorization Request form is not required for coverage of the following:

- Methadone oral solution    • Suboxone (generics)    • Sublocade

### CESSATION OF ELIGIBILITY

A Patient approved under the Substance Use Harm Reductions Drug Program ceases to be eligible for benefits under the Substance Use Harm Reduction Drug Program if:

- (a) the Patient leaves the province to establish residence in another province or country;
- (b) a nurse practitioner or medical practitioner no longer recommends drug therapy for a substance dependency for the Patient; or
- (c) the Patient ceases to be entitled to payment for basic health service benefits under the Health Services Payment Act and the Hospital and Diagnostic Services Insurance Act.

### SECTION 4 – PRESCRIBER CERTIFICATION

I am applying on behalf of the patient noted in Section 2 for enrollment into the Substance Use Harm Reduction Drug Program. I understand that PEI Pharmacare may require additional documentation or information to support this Patient Registration Request, or at any time the Patient is registered in Substance Use Harm Reductions Drug Program, to determine the need for ongoing registration in the Program. Personal information on this form is collected under Prince Edward Island's Health Information Act as it relates directly to and is necessary for providing services under the Substance Use Harm Reduction Drug Program.

If you have any questions about this collection of personal information, you may contact the Program Office at 902-368-4947 or at the address at the top of the form.

**PRESCRIBER SIGNATURE (REQUIRED)**

**DATE**

**A Patient will be registered in the Substance Use Harm Reduction Drug Program on the first business day of receipt of this application. The patient must be a PEI resident as defined by the *Drug Cost Assistance Act* for Substance Use Harm Reduction Drug Program eligibility.**

FORMS WITH INFORMATION MISSING WILL BE RETURNED FOR COMPLETION.

MEDICATIONS NOT IDENTIFIED AS COVERED UNDER THE SUBSTANCE USE HARM REDUCTION DRUG PROGRAM IN THE FORMULARY WILL NOT BE COVERED.