

The Drug Plan provides benefits to eligible Saskatchewan residents for certain drugs prescribed outside Saskatchewan hospitals. Residents whose prescription drug costs are paid for by another government agency are not eligible for coverage under the Drug Plan.

The Saskatchewan Drug Plan Formulary is a list of more than 3,500 drug products that are benefits under the Drug Plan. Ask your physician or pharmacist if the drug being prescribed for you is included in the Formulary.

This pamphlet lists the range of benefits available under the Drug Plan. If you do not qualify for any of these benefits, you will be responsible to pay the full cost of your prescriptions.

Special Support Program

The Special Support program is an income-based program that helps spread prescription drug costs out evenly over the entire year. It has been designed to help those with high drug costs in relation to their income. Anyone with valid Saskatchewan Health coverage may apply for the Special Support Program.

Your family may qualify for Special Support based on annual adjusted income. Income adjustments are made by deducting \$3,500 per dependent under 18.

If you believe your drug costs may exceed 3.4% of your income, you are encouraged to apply for Special Support.

If your family income or drug costs change during the coverage period, you must submit a request in writing for a reassessment of coverage. Residents must apply for Special Support.

Special Support application forms are available from:

- any Saskatchewan pharmacy;
- on the Saskatchewan Health web site, www.health.gov.sk.ca; or
- the Drug Plan, 787-3317 or 1-800-667-7581 (toll free).

Note: Families with drug coverage due to receipt of Guaranteed Income Supplement (GIS), Saskatchewan Income Plan (SIP), or Family Health Benefits (FHB) may be eligible for additional assistance under the Special Support Program.

Guaranteed Income Supplement (GIS), Saskatchewan Income Plan (SIP), or Family Health Benefits (FHB)

If you or your spouse receives GIS, your Drug Plan family deductible is \$200 semi-annually. Once you have paid the \$200 deductible, you pay 35 per cent of your benefit prescription costs.

If you are a resident of a special-care home and receive GIS, your Drug Plan family deductible is \$100 semi-annually. Once you have paid the \$100 deductible, you pay 35 per cent of your benefit prescription costs.

If you or your spouse receives SIP benefits, your Drug Plan family deductible is \$100 semi-annually. Once you have paid the \$100 deductible, you pay 35 per cent of your benefit prescription costs.

If you or your spouse receives FHB, your Drug Plan family deductible is \$100 semi-annually. Once you have paid the \$100 deductible, you pay 35 per cent of your benefit prescription cost. Children of families approved for Family Health Benefits receive benefit prescriptions at no charge.

Emergency Assistance

If you require immediate treatment with benefit prescription drugs and are unable to pay your share of the cost, you may be eligible for a one-time benefit through Emergency Assistance. The level of assistance provided will be in accordance with your ability to pay. You are then asked to apply for Special Support.

Emergency Assistance may only be requested by a pharmacist on a client's behalf.

Palliative Care Coverage

Palliative Care Coverage is intended for residents in the late stages of terminal illness. Under this program, residents are entitled to receive at no cost:

- regular Formulary drugs;
- EDS drugs where prior approval has been granted; and
- most laxatives.

Palliative Care coverage may only be requested by a doctor on behalf of a patient.

Saskatchewan Aids to Independent Living (SAIL)

Persons registered under the following SAIL programs receive Formulary and approved non-Formulary drugs at no charge:

- Paraplegia Program;
- Chronic Endstage Renal Disease Program; and
- Cystic Fibrosis Program.

Referral to these programs must be made by specialist physicians.



DRUG PLAN BENEFITS

Rx

Supplementary Health

If Social Services determines that you are eligible for Supplementary Health coverage, one of the following plans may apply to you:

All Plans - Individuals under 18 will receive benefit prescriptions at no charge. All Plans cover the following prescribed regular benefit drugs without charge to the patient: insulin, oral medication for diabetes and birth control pills.

Plan One - If you are an adult, you pay no more than \$2 for each benefit prescription.

Plan Two - If you are on Plan One and you need several different drugs on a regular long-term basis, you may be eligible for benefit prescriptions at no charge. You, your physician, or your pharmacist may contact the Drug Plan to request this coverage.

Plan Three - Under Plan Three coverage, you will receive benefit prescriptions at no charge. In addition to the benefits in Plan Two, you may receive, without charge, certain additional prescribed drugs approved by the Saskatchewan Drug Plan. Plan Three is designed for people receiving the Saskatchewan Income Plan and residing in special-care homes. Individuals living in Approved Homes and Group Homes may also be eligible.

Drug Plan Computer Link

Saskatchewan pharmacies are connected to the Drug Plan claims system computer. Each time the pharmacy fills a benefit prescription and transmits the claim to the Drug Plan, your Drug Plan computer record is automatically updated.

Out-Of-Province Coverage

If you buy a benefit prescription anywhere in Canada, be sure to keep your receipt. You are eligible for the same drug benefits out-of-province as in Saskatchewan. You must pay the full price for your prescription and then submit the original receipt to the Drug Plan. Be sure the name of the pharmacy and all drug information is on the receipt.

Exception Drug Status

Exception Drug Status (EDS) is criteria-based coverage for drug products where regular benefit listing may not be appropriate or possible. The list of Exception Drug Status products and the EDS criteria for each drug is located in the Saskatchewan Formulary. The Formulary publication is available on the web site. For an EDS drug to be a benefit for an individual, an application for the specific EDS drug must be made to the Drug Plan and certain medical criteria must be met.

Exception Drug Status coverage may only be requested by a prescriber or pharmacist on behalf of a patient.

If you have questions or concerns please contact:

**Saskatchewan Health
Drug Plan &
Extended Benefits Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6**

**In Regina: 787-3317
In Saskatchewan: 1-800-667-7581
www.health.gov.sk.ca**