



Request for Medication Payment Coverage Sexually Transmitted Infections (STI)

Protected B (when completed)

Fax the completed form to Alberta Health CD: 780-415-9609

SECTION 1 – Medication Coverage Request

Patient Identifiers

PHN:	Name: Last _____ First _____	Date of Birth: y ____ m ____ d ____
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Ordering Physician

Name: Last _____ First _____	Telephone:
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Reason for Request

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Medication Order (if more than one medication is requested, submit a separate form for each request.)

Medication Name:			
Approximate cost of one unit of medication:			
Approximate total cost of medication for duration of treatment:			
Dispensing Pharmacy:	<input type="checkbox"/> STI/TB Drug Depot (for all non-IV medication)		
	<input type="checkbox"/> Alternate Pharmacy Name (for STI IV medication only)	Telephone:	Fax:
For Home Parenteral Therapy (HPT) Only (excluding STI treatment - see below) • Total cost of IV supplies* not covered by other insurers:			

SECTION 2 – For Alberta Health Use Only

Approver:

Name:	Title:
Telephone:	

Approved: Yes

Approved: No

Signature of Approver:	Reason not approved:
Date of Approval: y ____ m ____ d ____	
Comments:	

NOTES:

- Approved form for STI treatment will be faxed to STI/TB Depot at 780-735-6803 by Alberta Health.
- For STI IV medications: approved form, medication invoicing and payment information will be faxed to the above identified alternate pharmacy upon approval of coverage.

* Alberta Health does NOT cover Home Parenteral Therapy (HPT) supplies for STI treatment. The cost of HPT supplies can be billed to:
 STI Centralized Services (Attention: Jennifer Gratrix)
 Tel: 1-855-945-6700, option 4
 Fax: 780-670-3624