

Saskatchewan Biosimilars Initiative

Patient List Request Form

Drug Plan and Extended Benefits Branch
3475 Albert Street
REGINA SK S4S 6X6
Phone: 1-800-667-2549 (306-787-8744 in Regina)
(option 2, then 2)
Fax: 306-798-1089
Email: sk.biosimilars@health.gov.sk.ca

This form is for prescribers to request a list of patients who may need to transition to a biosimilar to maintain Saskatchewan Drug Plan coverage under the Saskatchewan Biosimilars Initiative.

The list will include the Health Services Number of patients who have filled a recent prescription claim through the Saskatchewan Drug Plan for the reference biologic drug(s) selected below where you are the prescriber listed. Please note that patients may also coordinate their drug coverage benefits through private insurance.

THIS IS NOT AN APPLICATION FORM TO REQUEST EXCEPTION DRUG STATUS COVERAGE.

All fields on this form must be fully completed for processing. Forms with missing information will be returned.

Section 1 – Prescriber Information

Prescriber Full Name:

Type of Prescriber (check one):

☐ Physician ☐ Nurse Practitioner ☐ Pharmacist

Prescriber Secure Email Address:

Prescriber Phone Number:

Prescriber Mailing Address (Street, City, Province, Postal Code):

The list of patients will be sent via encrypted email or mail.

Please indicate how you would like to receive this information (check one):

☐ Encrypted email

☐ Mail

Note: For privacy and security reasons, prescribers requesting a list of patients via encrypted email will receive a password to access the list of patients in a separate email.

Section 2 – Saskatchewan Biosimilars Initiative Reference Biologic Medication

DRUG(S) REQUESTED (check all that apply):

☐ Prolia® (denosumab)

Section 3 – Prescriber Request to Release Information

Information will be provided to prescribers in accordance with Section 27(4)(k)(ii) of *The Health Information Protection Act*.

If you have any questions about the disclosure of this information, please call 1-800-667-2549 (toll-free) or 306-787-8744 (Regina) (option 2, then 2).

Prescriber Signature:

Date Signed:

**SEND COMPLETED FORM BY EMAIL TO sk.biosimilars@health.gov.sk.ca OR FAX TO 306-798-1089
OR MAIL TO 3475 ALBERT STREET, REGINA SK S4S 6X6**