

INTERPROVINCIAL HEALTH INSURANCE AGREEMENTS COORDINATING COMMITTEE (IHACC)

Prior-Approval Request: Out-of-Province Chemotherapy Treatment

Ministry Approval - For Ministry Use Only

Approved: ☐ Denied: ☐

Ministry Official Name:

Signature:

Date (yyyy-mm-dd):

Instructions: Use this form to request prior approval from the home jurisdiction for chemotherapy treatments administered to out of province residents in publicly funded hospitals. Prior approval for all claims where the total chemotherapy drug costs are over \$5,000 per outpatient visit must be requested.

Part 1: Requester Information:

Requester Last Name Requester First Name Requester Title/Position

Phone Number Extension Fax Number Email Address

Part 2: Patient Information:

Last Name First Name Middle Name

Date of Birth (yyyy-mm-dd) Sex Personal Health Number Phone Number

Enter the patient's complete HOME address in the fields below:

Unit Number Street Number Street Name City Province Postal Code

Part 3: Treatment Plan

Enter the patient's clinical diagnosis (condition for which treatment is sought) in the space below.

Estimated Number of Outpatient Chemotherapy Visits Approval Requested for all visits ☐ Yes ☐ No ☐ Anticipated Treatment Start Date (yyyy-mm-dd)

Hospital Name Hospital Number

In the table below, enter the name and cost of each drug to be used in one chemotherapy treatment. Refer to the home province's website for information regarding drug products covered by the home province.

Drug Name	Drug Cost per Administration
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 4: Requester Authorization

I certify that the treatment plan outlined in Part 3 of this form meets the criteria set out by the home provinces drug funding program.
I certify that the information contained in this form is correct to the best of my knowledge.

Name of Requester Date (yyyy-mm-dd) Requester Signature