
Emergency Prescription(s) / Drug Coverage

To qualify:

- Your situation is beyond your control and due to unforeseen circumstances
- You are in a situation that presents a serious health and/or safety risk, and
- You do not have access to other resources (ie: savings, friends/family support) and cannot wait until your next payment date to pay for the prescription

The crisis line is available 24 hours a day, 7 days a week. Please contact the crisis line.

Call 1.866.644.5135

Extension 4, then extension 1

As part of the assessment process, some of the questions you will be asked are:

- Your name and situation
- Your spouse/partner's name
- Names and DOB of dependents
- You and your spouse/partner's Social Insurance Number
- How much money you and/or your partner have on hand or in the bank/savings?
- Pharmacy name
- Pharmacy address with postal code
- Pharmacy **telephone** and fax number
- Prescription information

If approved:

- If approved, you will have medication coverage for the calendar month that you're in. (i.e. if you are approved on January 03rd, you are covered until January 31st. If you are approved on January 29th, you are covered until January 31st).
- You will have access to a 30-day supply of your medications, unless they are prescribed differently (ie: prescribed daily).
- You must always return to the same pharmacy. The authorization cannot be switched between pharmacies so ensure the pharmacy you choose, is the one you want to use and can access.

<http://www.humanservices.alberta.ca/AWOnline/IS/4867.html>