

# Saskatchewan Aids to Independent Living Compression Garment Program – Quantity/Days Supply Exception Request

Drug Plan and Extended Benefits Branch  
3475 Albert Street  
Regina, SK S4S 6X6  
Phone: 306-787-7121  
Fax: 306-787-8679  
Email: EHB@health.gov.sk.ca

- Requisitioners must be registered and approved with the Compression Garment Program
- Use this form when approved quantities are exceeded to submit a case-by-case request

Last Name				First Name				Middle Initial			
Saskatchewan Health Services Number (9 digits)								Date of Birth:			
								mm dd yyyy			

## Product Information

<b>Product Details</b>	<b>PIN</b>							<input type="checkbox"/> Ready to Wear <input type="checkbox"/> Custom	<b>Quantity:</b>
<b>Product Details</b>	<b>PIN</b>							<input type="checkbox"/> Ready to Wear <input type="checkbox"/> Custom	<b>Quantity:</b>
<b>Product Details</b>	<b>PIN</b>							<input type="checkbox"/> Ready to Wear <input type="checkbox"/> Custom	<b>Quantity:</b>
<b>Product Details - Reduction Kits Only</b>	<b>PIN</b>							<input type="checkbox"/> Ready to Wear <input type="checkbox"/> Custom	<b>Quantity:</b>
	0 0 9 5 1 4 9 9								

## Affected Body Area – Reduction Kits Only

List all affected body areas for which reduction kits will be needed:

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <b>Right:</b>                      | <b>Left:</b>                       | <b>Other:</b>                      |
| <input type="checkbox"/> hand      | <input type="checkbox"/> hand      | <input type="checkbox"/> head/neck |
| <input type="checkbox"/> arm       | <input type="checkbox"/> arm       | <input type="checkbox"/> trunk     |
| <input type="checkbox"/> upper leg | <input type="checkbox"/> upper leg | <input type="checkbox"/> genital   |
| <input type="checkbox"/> lower leg | <input type="checkbox"/> lower leg |                                    |
| <input type="checkbox"/> foot      | <input type="checkbox"/> foot      |                                    |

## Medical Rationale Supporting Request:

- Allergy or medical intolerance to fabric
- Ill fit due to design of ready-to-wear garment
- Limb not compatible with ready-made garments due to (provide details):  
 Size  Shape  Other   
 Other (details): \_\_\_\_\_
- Change in medical condition due to (provide details):
  - Surgery \_\_\_\_\_
  - Weight gain/loss \_\_\_\_\_
 (Prior to requesting and exception for additional garments due to unexpected changes, client's edema, swelling and limb shape should be optimized or considered to be in a maintenance phase)
- Other (provide details): \_\_\_\_\_

## Registered Requisitioner

Approved Requisitioners include: Physiotherapists (PT); Occupational Therapists (OT); Enterostomal Therapy Nurse (ET); Wound Care Nurse (IIWCC); Complex Decongestive Therapist (CDT); Certified Lymph Therapist (CLT).

Name (PLEASE PRINT)	<input type="checkbox"/> Form Submitted	Telephone Number (include area code)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The **Saskatchewan Aids to Independent Living (SAIL)** Compression Garment Program provides compression garments for clients who are experiencing serious conditions that require moderate to high pressure (20 mmHg or higher) that cannot be managed by other means such as elevation or medication and would become more severe without compression.

#### GENERAL ELIGIBILITY CRITERIA

All clients must meet eligibility criteria defined in the SAIL general policies.

#### BENEFITS

- Moderate to high pressure (20mmHg or higher) socks, hose, gloves, adjustable non-elastic garments, arm sleeves.
- Graduated pressure arm sleeves (15-20mmHg) may be requisitioned for clients who meet **all other criteria** but cannot tolerate 20mmHg or higher at the wrist.
- Compression bandaging/wrapping supplies used for lymphatic drainage.
- Accessories/supplies used in conjunction with a compression garment, such as gel sheets, adhesives, stocking applicators, liners, swell spots, pit pads or gloves.
- Clients are eligible for two (2) daytime garments every six (6) months and one (1) nighttime garment every two (2) years.
- Garments must be the least costly available alternative that meets the client's needs.

#### NON-BENEFIT ITEMS

- Garments for short-term use (such as pregnancy, travel, exercise, pre or post operative or fracture).
- Garments for varicose veins, tired legs, discomfort, mild to moderate edema, arterial insufficiency, hypertension, hypotension, osteoarthritis or any condition where swelling could be relieved by regular methods such as elevation.
- "Fashion hose" or any garment that is more costly for purely cosmetic reasons.
- Any garment purchased directly by a client.
- Dressings (including gauze)
- Bandaging/wrapping supplies used for wound care
- Tape
- Any extra cost incurred to place an order on a "rush" basis.

#### Notes

- Custom garments should be used for all custom fit garments including elasticized flat knit compression garments and non-elastic (Velcro) custom fit garments such as Juxtafit or Farrow Wrap.
- At this time, reduction kits are not a standard program benefit but may be approved as an exception. Approval should be obtained by submitting the completed QDSE form prior to ordering the kit.
- "Active lifestyle" and "wear and tear" will not be accepted as medical rationale. Damage as a result of product misuse or poor maintenance will also not be considered medical rationale.

For complete Compression Garment Program policies please visit [www.saskatchewan.ca](http://www.saskatchewan.ca) or call 306-787-7121.