



**SPECIAL AUTHORIZATION REQUEST FORM**  
**The Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
**Biologic Therapy for Inflammatory Bowel Disease**

Pharmaceutical Services  
 Department of Health and Community Services  
 P.O. Box 8700, Confederation Bldg.  
 St. John's, NL A1B 4J6

Phone: (709) 729-6507  
 Toll Free Line: 1-888-222-0533  
 Fax: (709) 729-2851

| Patient Information |               |                            |
|---------------------|---------------|----------------------------|
| Patient Name        | Date of Birth | NLPDP Drug Card/MCP Number |
| Address             |               | Patient Weight (KG)        |

**Diagnostic/Drug Information**

Moderate or Severe Active Crohn's Disease  
 Moderate or Severe Active Ulcerative Colitis  
 Other \_\_\_\_\_

**Requested Drug Name and Dose:**       Initiation       Maintenance

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Expected start date \_\_\_\_\_

| For Initiation/Baseline   | For Renewal/Maintenance   |
|---|---|
| Crohn's Disease<br><input type="checkbox"/> HBI _____<br><input type="checkbox"/> CDAI _____<br><br>Ulcerative Colitis<br><input type="checkbox"/> Partial Mayo _____<br><input type="checkbox"/> Rectal Bleeding subscore _____<br><br>Date assessed _____ | Crohn's Disease<br><input type="checkbox"/> HBI _____<br><input type="checkbox"/> CDAI _____<br><br>Ulcerative Colitis<br><input type="checkbox"/> Partial Mayo _____<br><input type="checkbox"/> Rectal Bleeding subscore _____<br><br>Date assessed _____ |

| Medication History       |      |               |   |
|--------------------------|------|---------------|---|
| MEDICATION               | DOSE | DATE/DURATION | OUTCOME   |
| 5-ASA                    |      |               | <input type="checkbox"/> Refractory<br><input type="checkbox"/> Intolerant (describe)                                       |
| Corticosteroid (Name)    |      |               | <input type="checkbox"/> Refractory<br><input type="checkbox"/> Dependent<br><input type="checkbox"/> Intolerant (describe) |
| Immunosuppressant (Name) |      |               | <input type="checkbox"/> Refractory<br><input type="checkbox"/> Intolerant (describe)                                       |

Refractory is defined as lack of effect at the recommended doses and durations of treatment.  
 Corticosteroid Dependent is defined as not able to taper steroid without recurrence or relapse within 3 months of stopping steroid or needs 2 or more steroid courses within 1 year.  
 Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Additional Comments:

**Prescriber Information/Requested by:**

Prescriber Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Pharmacist \_\_\_\_\_ Pharmacy \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_