



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
JETREA® ocriplasmin 2.5 mg/ml

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
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Address

Drug Information

JETREA® ocriplasmin 2.5 mg / mL DIN 02410818

Diagnosis

Symptomatic Vitreomacular Adhesion (SVMA) – check box

OS **OD**

Confirmed through optical coherence tomography - check box

Clinical Criteria; patient does not have any of the following:

- yes no Large diameter macular holes (>400 micrometer)
- yes no High myopia (>8 dioptre spherical correction or axial length > 28 millimetre)
- yes no Aphakia
- yes no History of retinal detachment
- yes no Lens zonule instability
- yes no Recent ocular surgery or intraocular injection (including laser therapy)
- yes no Proliferative diabetic retinopathy
- yes no Ischemic retinopathies
- yes no Retinal vein occlusions
- yes no Exudative age-related macular degeneration
- yes no Vitreous hemorrhage

Comments:

Prescriber Information / Requested By: Physician Other Health Professional

Prescriber Name: (please print) License Number:

Address: Phone Number: Fax Number:

Signature: Date:

Pharmacist Name: (optional) Pharmacy Name: (optional)