



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Nicotine Replacement Therapy Patches (Habitrol)
 Limit 84 patches per year

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 _____

Please complete sections 1 and 2. Habitrol patch coverage will be considered for patients in whom Champix OR Zyban is contraindicated.

1. Contraindication to the use of Champix (check all that apply)

Past hypersensitivity reaction. Describe: _____

Past severe adverse effect. Explain: _____

Taking medications which interact. Interacting medication(s): _____

Contraindicated or not recommended due to a medical condition. Explain: _____

Other – Clearly explain: _____

2. Contraindication to the use of Zyban (check all that apply)

Past hypersensitivity reaction. Describe: _____

Past severe adverse effect. Explain: _____

Taking medications which interact. Interacting medication(s): _____

Contraindicated or not recommended due to a medical condition. Explain: _____

Seizure disorder or has risk factor(s) for seizures. Explain: _____

Other – Clearly explain: _____

Requested By: Physician Pharmacist Other Health Professional Date: _____

Requester Name (Please print): _____ License Number: _____

Address: _____ Phone Number: _____

Signature: _____ Fax Number: _____