



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Biologic Therapy for Chronic Plaque Psoriasis

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	
Requested Drug Name and Dose:	<input type="checkbox"/> Initiation <input type="checkbox"/> Maintenance
Drug _____	Dose _____ Expected start date _____
For Initiation/Baseline <input type="checkbox"/> Patient has severe debilitating disease <input type="checkbox"/> Body Surface Area involved _____% <input type="checkbox"/> Significant Involvement of <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> feet <input type="checkbox"/> genital region <input type="checkbox"/> Psoriasis Area Severity Index (PASI) score _____ <input type="checkbox"/> Dermatology Life Quality Index (DLQI) score _____ Date assessed _____	For Renewal/Maintenance <input type="checkbox"/> Body Surface Area involved _____% <input type="checkbox"/> Significant Involvement of <input type="checkbox"/> face <input type="checkbox"/> hands <input type="checkbox"/> feet <input type="checkbox"/> genital region <input type="checkbox"/> Psoriasis Area Severity Index (PASI) score _____ <input type="checkbox"/> Dermatology Life Quality Index (DLQI) score _____ Date assessed _____

Medication History			
MEDICATION	DOSE	DATE/DURATION	OUTCOME
Methotrexate (oral)			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Methotrexate (Parenteral)			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Cyclosporine			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Phototherapy			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Biologic			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)

Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
 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: _____