



SPECIAL AUTHORIZATION REQUEST FORM

**The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of Methadone for Addiction – Carry Doses**

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

Requesting coverage of _____ (number of doses) Methadone Carry Doses per Week (see carry dose schedule below)

- Check all that apply:
- Patient has been at a stable dose of Methadone for at least two months. Dose _____
 - Patient has demonstrated the social, cognitive and emotional stability necessary to assume responsibility for the care of the medication and to use it as prescribed.
 - Urine drug screens free from all mood-altering drugs for a minimum of 12 weeks.

Patients with sustained use of medications with abuse potential will be limited to one carry per week. These medications include benzodiazepines, stimulants (ie. methylphenidate) and narcotics/opioids. Exceptions may be considered on a case by case basis under the following criteria:

- A specific medical diagnosis has been made that warrants the use of the medication to treat the symptoms of the condition. Diagnosis: _____
- The patient is clinically stable and meets other carry criteria.
- Consideration given for a referral to a physician knowledgeable in addiction medicine who has supported the use of the medication.

Carry doses can be considered on a case by case basis for medical disability or compassionate basis with written request from the Methadone prescriber containing the appropriate documentation to support his/her request.

Approval for Methadone carry doses is subject to reassessment with possible reduction or suspension of the Carry Dose coverage when the patient engages in risky behaviour that is not consistent with recovery from addiction.

Carry Dose Schedule

- Patients can receive each month after two months of treatment at a stable dose, one additional carry per week, to a maximum of six carries per week (one witnessed dose in the pharmacy, 6 take away "carry" doses).
- Meet NLPDP carry criteria and has been on methadone for at least 2 months – 1 carry per week
 - Meet NLPDP carry criteria and has been on methadone for at least 3 months – 2 carries per week
 - Meet NLPDP carry criteria and has been on methadone for at least 4 months – 3 carries per week
 - Meet NLPDP carry criteria and has been on methadone for at least 5 months – 4 carries per week
 - Meet NLPDP carry criteria and has been on methadone for at least 6 months – 5 carries per week
 - Meet NLPDP carry criteria and has been on methadone for at least 7 months – 6 carries per week

This form must be completed by Methadone Prescriber for Initiation and Renewal of Carry Dose coverage

Methadone Prescriber Information / Requested By:

Prescriber Name: _____ License Number: _____
(please print)

Address: _____ Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

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

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.
Version June 2009 – Replaces previous forms