



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of Methadone for Addiction

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

Referring Physician: _____ Phone Number: _____
 Dosage Requested: _____ Expected Duration of Treatment: _____
 List of drug(s) of addiction: _____

Source of drug(s) of addiction:
 Prescribed by physician: Street Purchase: Other, please specify: _____

Method of administration:
 Oral: Nasal: IV: Other, please specify: _____
 Number of previous detox trials: _____

Method of detox:
 Home: Recovery Centre: Hospital: Other, please specify: _____
 Outcome: _____

Is patient accessing Addictions Services: Yes No
 If "no", state reason: _____

Has Physician-Patient Treatment agreement been signed: Yes No

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