



**SPECIAL AUTHORIZATION REQUEST FORM**

**The Newfoundland and Labrador Prescription Drug Program (NLPDP)  
Request for CONTINUATION of Restricted Rheumatoid Arthritis Medications**

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**

<b>Patient Name</b>	<b>Date of Birth</b>	<b>NLPDP Drug Card/MCP Number</b>
<b>Address</b>		<b>Patient Weight (kg)</b>

**Request for Continuation of Coverage**

**Drug Name and Dosage:** \_\_\_\_\_

Please indicate level of patient response: (e.g. utilizing symptoms, joint counts & relative laboratory data)

For Rheumatoid Arthritis:

- ACR <20%
- ACR 20%
- ACR 50%
- ACR 70%

For Ankylosing or Psoratic Arthritis:

- BASDAI \_\_\_\_\_
- ASAS \_\_\_\_\_
- HAQ \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**Additional Comments:**

**Prescriber Information / Requested By:**

Prescriber Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 (please print)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_  
 (optional) (optional)

**Renewal Criteria For Leflunamide, Abatacept, (RA only), Etanercept, Adalimumab and Infliximab**

Coverage for these Rheumatoid Arthritis Drugs will be approved initially for 6 months (12 weeks for Humira for Ankylosing or Psoratic Arthritis) and can be reassessed for yearly coverage dependent on patient response to therapy.

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

**Version June 2009 – Replaces previous forms**