



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
INITIATION of Coverage 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
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Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number
Address		Patient Weight (KG)

Diagnostic/Drug Information

Requested Drug Name and Dose:

Drug	Dose	Expected start date
<input type="checkbox"/> Rheumatoid Arthritis		
<input type="checkbox"/> Psoriatic Arthritis		
<input type="checkbox"/> Polyarticular Juvenile Idiopathic Arthritis		
<input type="checkbox"/> Systemic Juvenile Idiopathic Arthritis		
<input type="checkbox"/> Other		
		<input type="checkbox"/> Ankylosing Spondylitis (peripheral) <input type="checkbox"/> Ankylosing Spondylitis (axial) <input type="checkbox"/> Ankylosing Spondylitis (axial) with recurrent uveitis (≥ 2 episodes within 12 months)

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)
Hydroxychloroquine			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Leflunomide			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Sulfasalazine			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Cyclosporine			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
NSAID			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
NSAID			<input type="checkbox"/> Refractory <input type="checkbox"/> Intolerant (describe)
Systemic Corticosteroid			<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.

List which COMBINATIONS of therapies have been tried:
 Drug Combinations (including Doses) _____ Length of Therapy and Outcome (ie intolerant, refractory, etc.) _____
 Triple DMARD Therapy: _____
 Dual DMARD Therapy: _____

Patient's current therapy (List all DMARDs and/or biological RA medications with dosing currently being taken.) _____

Additional Comments (ie. BASDAI, ASAS, HAQ as appropriate): _____

Prescriber Information/Requested by:

Prescriber Name: _____ License Number: _____ Phone Number: _____
 Address: _____ Fax Number: _____
 Pharmacist _____ Pharmacy _____
 Signature: _____ Date: _____