



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Cholinesterase Inhibitor

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

Cholinesterase Inhibitor Requested and Dose

Donepezil (Aricept®)	Dose	_____
Rivastigmine (Exelon® and generics)	Dose	_____
Galantamine (Reminyl ER® & generics)	Dose	_____

Diagnostic Information

Diagnosis of Mild to Moderate Dementia **Yes** _____ **No** _____

MMSE Score _____ **Date** _____

FAST Score _____ **Date** _____

MMSE and FAST scores to be assessed within 60 days of request for coverage. Only patients with a MMSE score of 10 to 30 and a FAST score of 4 or 5 are eligible for NLPDP coverage of cholinesterase inhibitors. Initial approval will be for a 6 month period. Renewal of coverage will require reassessment of MMSE and FAST scores.

Fast Stage	FUNCTIONAL IMPAIRMENT DUE TO COGNITIVE DEFICIT (NOT PHYSICAL)
4 Mild	IADLs: needs assistance (Instrumental Activities of Daily Living include complex tasks such as managing money and medications, shopping, cooking, driving, housekeeping, using telephone)
5 Moderate	Re-wearing clothes; requires assistance in such basic tasks of daily life as choosing proper clothing. Patient can no longer function independently
6 Moderately Severe	ADLs: needs assistance, especially with dressing and bathing (i.e. unable to bathe properly; inability to handle the mechanics of toileting); eventually experiences urinary and fecal incontinence. (Activities of Daily Living include dressing, washing, toileting, feeding, mobility)
7 Severe	Non-verbal, non-ambulatory

Adapted from: Reisberg, B. Functional Assessment Staging (FAST). Psychopharmacology Bulletin 1988;24(4):653-9

Requested By: **Physician** **Pharmacist** **Other Healthcare Professional** **Date** _____

Requester Name (Please print): _____ **License Number** _____

Address: _____ **Phone Number** _____

Signature: _____ **Fax Number** _____

Version October 2017 – Replaces previous forms