



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) THERAPY

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

Drug Requested (Indicate Dose)

Long-Acting Beta₂ Agonists (LABA)

- Formoterol (Foradil, Oxeze)
- Indacaterol (Onbrez)
- Salmeterol (Serevent)

Long-Acting Beta₂ Agonists/ICS (LABA/ICS)

- Formoterol/Budesonide (Symbicort)
- Salmeterol/Fluticasone (Advair)
- Fluticasone Furoate/Vilanterol (Breo Ellipta)

Long-Acting Anticholinergics (LAAC)

- Tiotropium Bromide (Spiriva) 18mcg
- Glycopyrronium Bromide (Seebri)
- Aclidinium Bromide (Tudorza Genuair)
- Umeclidinium (Incruse Ellipta)
- Tiotropium Bromide (Spiriva Respimat) 2.5mcg

Long-Acting Beta₂ Agonists/ Long-Acting Anticholinergics (LABA/LAAC)

- Indacaterol/Glycopyrronium (Ultibro Breezhaler)
- Vilanterol/Umeclidinium (Anoro Ellipta)
- Aclidinium Bromide/Formoterol (Duaklir Genuair)
- Tiotropium Bromide/Olodaterol (Inspiroto Respimat)

Diagnostic Information

Current and Past Therapies for COPD (indicate drug, dose, date, duration and outcome):

Pulmonary Function Tests:

Post bronchodilator FEV₁ % predicted _____ and FEV₁/FVC ratio _____

If spirometry cannot be obtained, explain why and indicate severity of condition* below.

Explanation: _____

- MODERATE** – shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level. (MRC 3-4)
- SEVERE** – shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing (MRC 5), or the presence of chronic respiratory failure or clinical signs of right heart failure.

*Canadian Thoracic Society COPD Classification by Symptom/disability Scale

MRC=Medical Research Council Dyspnea Scale

Exacerbations

- History of acute exacerbations requiring treatment with antibiotics/steroids

Prescriber Information / Requested By: Physician Other Health Professional

Prescriber Name: _____
 (please print)

Address: _____ License Number: _____

Signature: _____ Phone Number: _____ Fax Number: _____

Date: _____