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 Name	**Date of Birth**	**NLPDP Drug Card/MCP Number**

Address

Pharmacy Name	**Pharmacy Telephone Number**	**Pharmacy Provider Number**

Referring Physician:_____ Phone Number:_____

Dosage:_____ 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:_____

Prescriber Information/ Requested by:

Prescriber Name: _____ License Number: _____ Phone Number: _____

Address: _____Fax Number:_____

*Please note that Special Authorization Requests can take up to 10 working days to process.

Version February 2007 – Replaces previous forms

Please copy additional forms as needed.