



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for 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
 Fax: (709) 729-2851

Patient Information

Patient Name	Phone Number	NLPDP Drug Card/MCP Number
Address		Patient Weight (kg)

Diagnostic / Drug Information

Diagnosis <input type="checkbox"/> Rheumatoid Arthritis	Other _____		
Approximate year patient was diagnosed, if known			
Requested Drug Name and Dose <input type="checkbox"/> Leflunomide	<input type="checkbox"/> Infliximab	<input type="checkbox"/> Etanercept	<input type="checkbox"/> Adalimumab

PATIENT'S PAST MEDICATION HISTORY:

Medication and Dose	Date and Duration of Therapy
Methotrexate	
IM Gold (sodium aurothiomalate)	
Hydroxychloroquine	
Azathioprine	
Chloroquine	
D-penicillamine	
Cyclosporine	
Leflunomide	
Other (Specify)	

List which combinations of therapies have been tried:
Drug Combinations Length of therapy & outcome (ie intolerant, not effective, etc)

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

Additional Comments:

Physician's Name & Address	_____ Physician's Signature	_____ Date
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*Please note that Special Authorization Requests can take up to 10 working days to process.
 Version February 2007 – Replaces previous forms