



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

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**

<b>Patient Name</b>	<b>Date of Birth</b>	<b>NLPDP Drug Card/MCP Number</b>

**Address**

**Drug Requested for Special Authorization**

Drug: \_\_\_\_\_ Dosage: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Patient Diagnosis: \_\_\_\_\_

**Previous Medication Trial**

Drug: \_\_\_\_\_ Dosage: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Trial Outcome: \_\_\_\_\_

**Reason for Request**

- contraindication       therapeutic failure  
 adverse event       other

**Explain:** \_\_\_\_\_

**Diagnostic Testing**

Diagnosis confirmed via: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

**Prescriber Information / Requested By:**  Physician     Other Health Professional

Prescriber Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 (please print)  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pharmacist Name: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_  
 (optional) (optional)

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

**Version June 2009 – Replaces previous forms**

*Please copy additional forms as needed.*