SPECIAL AUTHORIZATION REQUEST FORM

The Newfoundland and Labrador Prescription Drug Program (NLPDP)

Biologic Therapy for Chronic Plaque Psoriasis

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	Patient Weight (KG)

Diagnostic/Drug Information

Requested Drug Name and Dose: ☐ Initiation ☐ Maintenance

Drug _____ Dose_____ Expected start date _____

For Initiation/Baseline

☐Patient has severe debilitating disease
☐Body Surface Area involved _____%
☐Significant Involvement of □ face
□ hands
□ feet
□ genital region
☐Psoriasis Area Severity Index (PASI) score _____
☐Dermatology Life Quality Index (DLQI) score _____

Date assessed _____

For Renewal/Maintenance

☐Body Surface Area involved _____%
☐Significant Involvement of □ face
□ hands
□ feet
□ genital region
☐Psoriasis Area Severity Index (PASI) score _____
☐Dermatology Life Quality Index (DLQI) score _____

Date assessed _____

Medication History

MEDICATION	DOSE	DATE/DURATION	OUTCOME
Methotrexate (oral)			□ Refractory □ Intolerant (describe)
Methotrexate (Parenteral)			□ Refractory □ Intolerant (describe)
Cyclosporine			□ Refractory □ Intolerant (describe)
Phototherapy			□ Refractory □ Intolerant (describe)
Biologic			□ Refractory □ Intolerant (describe)

Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Additional Comments:

Prescriber Information/Requested by:

- Prescriber Name: _____ License Number: _____ Phone Number: _____
- Address: _____ Fax Number: _____
- Pharmacist _____ Pharmacy _____
- Signature: _____ Date: _____