SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage for Biologics for Atopic Dermatitis (AD)

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
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Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number

Address

Drug Requested for Special Authorization

☐ Dupixent 200 syringe ☐ Dupixent 200mg pen ☐ Dupixent 300mg syringe ☐ Dupixent 300mg pen

☐ Rinvoq 15mg tablet ☐ Rinvoq 30mg tablet ☐ Cibinqo 50mg tablet ☐ Cibinqo100mg tablet ☐ Cibinqo 200mg tablet

A - For Initiation

For improving the signs and symptoms of atopic dermatitis in adult patients with moderate-to-severe AD only if the following conditions are met:

1. Patients must have a clinical diagnosis of AD with all of the following characteristics:

- An Investigator's Global Assessment (IGA) score of 3 (moderate) or 4 (severe)
  - Please specify IGA score: _____ **Date** assessed**:** _____
- An Eczema Area and Severity Index score of 7.1 or greater
  - Please specify EASI score: _____ **Date assessed**: _____

2. For use in patients whom have not adequately responded to all of the following: topical therapy, methotrexate, cyclosporine, and phototherapy. Provide details of previous therapy trials below.

Medication	Dose	Date/Duration	Outcome
Methotrexate			□ Refractory □ Contraindicated (describe) □ Intolerant (describe)
Cyclosporine			□ Refractory □ Contraindicated (describe) □ Intolerant (describe)
Azathioprine			□ Refractory □ Contraindicated (describe) □ Intolerant (describe)
Mycophenolate mofetil			□ Refractory □ Contraindicated (describe) □ Intolerant (describe)
Phototherapy			□ Refractory □ Contraindicated (describe) □ Intolerant (describe)
Topical Therapy Name(s):			□ Refractory □ Contraindicated describe) □ Intolerant (describe)

B - For Renewal

For continued coverage beyond 6 months, the patient must meet the following criteria. Note: This medication is not to be used in combination with phototherapy or immunosuppressant drugs, such as methotrexate or cyclosporine:

The prescriber must confirm, in writing that the patient is a responder as defined as a 75% or greater improvement from baseline in the EASI score (EASI-75).

- Please specify EASI score:_____ **Date assessed** _____

Additional Comments:

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

Prescriber Name:_____ _____License Number:_____

(please print)

Address:_____Phone Number:_____Fax Number:_____

Signature:_____ Date:_____

Pharmacist Name: (optional)_____ Pharmacy Name:_____

Date:_____