



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
LMWH for VTE prevention post surgery

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
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Address

LMWH _____

Dosage: _____ **Duration (Period After Discharge):** _____

Prevention of venous thromboembolism for the following (in hospital + after discharge) period after surgery:

<input type="checkbox"/> Total Hip Replacement (THR) <i>32-38 Days</i>	Date of Surgery: _____
<input type="checkbox"/> Total Knee Replacement (TKR) <i>10-14 Days</i>	Date of Surgery: _____
<input type="checkbox"/> Hip Fracture Surgery <i>35 Days</i>	Date of Surgery: _____
<input type="checkbox"/> Abdominal or Pelvic Surgery for Cancer <i>10-28 Days</i> (enoxaparin only)	Date of Surgery: _____

Risk Factors following abdominal or pelvic surgery for cancer:

- Patient has a history of venous thromboembolism (VTE)
- Anesthesia lasted more than 2 hours
- Bed rest lasted more than 4 days following surgery

Coverage is considered for the period after discharge following surgery.

Date thromboprophylaxis was started in hospital: _____

Date of Discharge

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 July 2023 – Replaces previous forms