SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of
TICAGRELOR (BRILINTA)

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

Diagnostic Information

Ticagrelor 90mg twice daily in combination with ASA 75 mg -150mg daily for patients with acute coronary syndrome (i.e. ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), or unstable angina (UA), for one of the following events. Approval will be for a maximum of 12 months.

☐ **STEMI**
• STEMI patients undergoing primary PCI **Date of Event:**_____

☐ **NSTEMI or UA**

Date of Event:_____

□ Presence of high risk features irrespective of intent to perform revascularization
(Check all that apply):
- □ High GRACE risk score (>140)
- □ High TIMI risk score (5-7)
- □ Second ACS within 12 months **Date of Event:**_____
- □ Complex or extensive coronary artery disease e.g. diffuse three vessel disease
- □ Definite documented cerebrovascular or peripheral vascular disease
- □ Previous CABG

OR

□ Undergoing PCI + high risk angiographic anatomy (left main stenting, high risk bifurcation stenting i.e. two-stent techniques, long stents ≥ 38mm or overlapping stents, small stents ≤ 2.5mm in patients with diabetes)

Date of Event:_____

Comments

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

Prescriber Name:
(Please Print)_____License Number:_____

Address: _____Phone Number:_____

Signature: _____Fax Number:_____

Date:_____

Pharmacist Name: (Optional) _____Pharmacy Name: (optional)_____

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