New Brunswick / Nouveau-Brunswick
New Brunswick Drug Plans / Régimes de médicaments du Nouveau-Brunswick

CORRECTIONAL SERVICES SPECIAL AUTHORIZATION REQUEST

Please fax completed form to **506-867-4872** or **1-888-455-8322**.
Request forms that are missing information will be returned for completion.
If no mailing address and fax number are provided, we will be unable to return a response.
For Correctional Services use only

Section 1 – Requestor Information

First Name	
Last Name	
Provincial Correctional Facility (select one) ☐ Dalhousie Regional Correctional Centre ☐ Madawaska Regional Correctional Centre ☐ NB Women's Correctional Centre ☐ Saint John Regional Correctional Centre ☐ Southeast Regional Correctional Centre	
Telephone	Fax

Section 2 – Patient Information

First Name
Last Name
Client Information System ID 1 2 3 4 5 6 7 8 9
Medicare Number (if available)
Date of Birth (DD/MM/YYYY)

Section 3 – Drug Requested

Drug Name	Dose and Regimen

Special Authorization approval is only granted if the information provided demonstrates that the patient meets the criteria as outlined in the formulary. NB Drug Plans may request additional documentation to support this request.

Diagnosis/Indication/Rationale for Use:

Relevant Previous Drug Therapies:

Other Relevant Information (specify below or attach):

Section 4 – Requestor's Signature

Signature	License or Registration Number	Date (DD/MM/YYYY)

This information is collected under the authority of the *Prescription and Catastrophic Drug Insurance Act*, or the *Prescription Drug Payment Act*. This information will be used and disclosed to administer the NB Drug Plans (New Brunswick Prescription Drug Program and New Brunswick Drug Plan). It may be used and disclosed in accordance with the *Personal Health Information Privacy and Access Act*.

Administered by Medavie Blue Cross on behalf of the Government of New Brunswick

FORM-1141E 07/22