



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Sevelamer (Renegel)

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/Drug Information

Sevelamer: Initiation Renewal

Dose _____ Expected start date _____

For Initiation/Baseline:	For Renewal:
Phosphate _____ mmol/L	Phosphate _____ mmol/L
eGFR _____ mL/min	
Date assessed _____	Date assessed _____

Reason for Initial Request (Select one)

Inadequate control of phosphate levels on a calcium based phosphate binder

Current Phosphate Binder	Dose

Hypercalcemia (Total Serum Calcium Corrected For Albumin above 2.5mmol/L)

Date	Corrected Serum Calcium (mmol/L)

Calciophylaxis (Calcific Arteriolopathy)

Biopsy Confirmed: Yes _____ No _____

Additional Comments:

Prescriber Information/Requested by:

Prescriber Name: _____ License Number: _____ Phone Number: _____

Address: _____ Fax Number: _____

Pharmacist _____ Pharmacy _____

Signature: _____ Date: _____