



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Phosphate Binders

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 Carbonate 800mg tablet:	<input type="checkbox"/> Initiation	<input type="checkbox"/> Renewal
Sevelamer Carbonate 0.8 G powder:	<input type="checkbox"/> Initiation	<input type="checkbox"/> Renewal
Sevelamer Carbonate 2.4 G powder):	<input type="checkbox"/> Initiation	<input type="checkbox"/> 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)

Calciphylaxis (Calcific Arteriopathy)

Biopsy Confirmed: Yes _____ No _____

Additional Comments:

Prescriber Information/Requested by:

<input type="checkbox"/> Prescriber Name: _____ License Number: _____ Phone Number: _____
<input type="checkbox"/> Address: _____ Fax Number: _____
<input type="checkbox"/> Pharmacist _____ Pharmacy _____
<input type="checkbox"/> Signature: _____ Date: _____