



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
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Address

Diagnostic/Drug Information

Sevelamer Carbonate 800mg	<input type="checkbox"/> Initiation	<input type="checkbox"/> Renewal
Sevelamer Carbonate 0.8gram Powder	<input type="checkbox"/> Initiation	<input type="checkbox"/> Renewal
Sevelamer Carbonate 2.4gram Powder	<input type="checkbox"/> Initiation	<input type="checkbox"/> Renewal
Sucroferric Oxyhydroxide 500mg chewable tablet	<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 Arteriolopathy)

Biopsy Confirmed: Yes _____ No _____

Additional Comments:

Prescriber Information/Requested By: Physician Other Health Professional
Requestor Name (please print): _____ License Number: _____
Address: _____ Phone Number: _____ Fax Number: _____
Signature: _____ Date: _____