

**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

☐ Initiation☐ Renewal

Sevelamer Carbonate 0.8gram Powder

☐ Initiation☐ Renewal

Sevelamer Carbonate 2.4gram Powder

☐ Initiation☐ Renewal

Sucroferric Oxyhydroxide 500mg chewable tablet

☐ Initiation☐ Renewal

Dose : _____

Expected start date: _____

For Initiation/Baseline:

Phosphate _____ mmol/L

eGFR _____ mL/min

Date assessed: _____

For Renewal:

Phosphate _____ mmol/L

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: _____