



**SPECIAL AUTHORIZATION REQUEST FORM**  
**The Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
**Request for Coverage of Sevelamer**

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			
Diagnosis <input type="checkbox"/> Hyperphosphatemia		<input type="checkbox"/> Other _____	
Patient on hemodialysis <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient is compliant with other phosphate binder and diet therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Most Recent Serum Chemistry			
Date	Total Calcium mmol/L	Phosphate mmol/L	Ca X P
Present Phosphate Binder(s)			
Agent		Dose	
Agent		Dose	
Vitamin D Analogue			
Agent		Dose	

Planned starting dose of Sevelamer: \_\_\_\_\_

For RENEWAL of coverage:

Has the patient been compliant with diet and Sevelamer?	YES	NO
AND		
Has the hyperphosphatemia control improved?	YES	NO
AND		
Has serum calcium been reduced?	YES	NO

Continued dose of Sevelamer: \_\_\_\_\_

_____	_____	_____
Name of Nephrologist	Signature	Date

\*Please note that Special Authorization Requests can take up to 10 working days to process.  
 Version February 2007 – Replaces previous forms