

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Renagel (sevelamer) and Velphoro (sucroferric oxyhydroxide)

P A T I E N T I N F O R M A T I O N			
P A T I E N T S U R N A M E	P A T I E N T G I V E N N A M E	H E A L T H C A R D N U M B E R	D A T E O F B I R T H
P A T I E N T A D D R E S S			
D R U G R E Q U E S T E D			
<input type="checkbox"/> Sevelamer <input type="checkbox"/> Sucroferric Oxyhydroxide (Velphoro)			
R E Q U E S T F O R C O V E R A G E			
<input type="checkbox"/> Initial Request for 6 Months Initial phosphate level = _____ mmol/L ► Check all that apply <input type="checkbox"/> eGFR ≤ 15mL/min AND <input type="checkbox"/> Inadequate control of phosphate levels on a calcium-based phosphate binder, OR <input type="checkbox"/> Hypercalcemia, OR <input type="checkbox"/> Calciphylaxis			
<input type="checkbox"/> Renewal Request for 1 Year Current phosphate level = _____ mmol/L ► If patient is not sufficiently responding, but continuation of therapy is being requested, please explain why (e.g., working on a diet, compliance, etc.): _____ _____ _____			
Additional Comments:			
PRESCRIBER NAME & ADDRESS: _____ _____ _____		_____ _____ _____	
L I C E N C E #		P R E S C R I B E R S I G N A T U R E	D A T E

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
 P.O. Box 500, Halifax, NS B3J 2S1
 Fax: (902) 496-4440