



SEVELAMER HCL (RENAGEL®) INITIAL APPLICATION
(for LANTHANUM CARBONATE (FOSRENOL®) use the separate Smartpayment form)

Please make sure this form is co-signed before faxing to the pharmacy (with prescription).

Name of Patient: Health Authority:
Year started on dialysis: Dialysis modality:
Patient has shown reasonable adherence with other phosphate binder and diet therapy:
Patient has been trialed on calcium acetate to reduce hypercalcemia:
Patient is on a 1.25 calcium dialysate bath:
Vitamin D analogue dose has been reduced to reduce hypercalcemia

Most Recent Serum Chemistry: Record minimum of 2 consecutive values

Table with 6 columns: Date, Total Calcium, Corrected Ca++, Ionized Ca++, PO4, iPTH

Present PO4 Binder(s): (Note: May attach current medications list instead)

Table with 2 columns: Agent, Dose

Vitamin D Analogue: (Note: May attach current medications list instead)

Table with 2 columns: Agent, Dose

Annual cost of non calcium-based phosphate binders (including dispensing fees):
Lanthanum 1000 mg PO TID = \$4849.40
Sevelamer 3 tabs (2400 mg) PO TID = \$5438.50
Annual cost of calcium-based phosphate binders:
Calcium carbonate (TUMS regular) 3 tabs PO TID = \$116.30
Calcium acetate (BC Generic) 2 tabs (1334 mg) PO TID = \$408.20

(Note: Community pharmacist must not fill lanthanum or sevelamer prescription without two signatures below. Re-evaluation in 6 months. (New prescription for 30 days with two refills of 60 days each allowed. Total days supply = 150.)

If lanthanum or sevelamer is to be used in a predialysis patient, I have recognized and have disclosed to the patient this non-Health Canada approved use.

Signature: Renal Dietitian (reasonable dietary adherence) Nephrologist or Renal Clinical Pharmacist

Print Name: Renal Dietitian (reasonable dietary adherence) Nephrologist or Renal Clinical Pharmacist