

Lanthanum Carbonate (Fosrenol®) and Sevelamer Carbonate (Renvela®) Application with Prescription



PLEASE MAKE SURE THIS FORM IS CO-SIGNED BEFORE FAXING TO THE PHARMACY.

Health Authority:	Name:
Dialysis Modality:	
<input type="checkbox"/> Centre HD <input type="checkbox"/> Community HD <input type="checkbox"/> Home HD <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD	
Patient has shown reasonable adherence with other phosphate binder and diet therapy:	
<input type="checkbox"/> yes <input type="checkbox"/> no	
Patient has been trialed on calcium acetate to reduce hypercalcemia:	
<input type="checkbox"/> yes <input type="checkbox"/> no	
Patient is on a 1.25 calcium dialysate:	
<input type="checkbox"/> yes <input type="checkbox"/> no--If not, enter calcium bath concentration _____ <input type="checkbox"/> N/A (PD patient)	
Vitamin D analogue dose has been reduced to reduce hypercalcemia:	
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not applicable	
<input type="checkbox"/> Maximal standard therapy with calcium based binders has been unsuccessful.	

If you are prescribing lanthanum, have you determined that sevelamer carbonate has failed or is not an option?

yes no-- If no, reason: _____

Sevelamer carbonate 800 mg (1 tab) PO TID at the beginning of meals (90 tabs)

Lanthanum 250 mg TID with or at the end of meals (90 tabs)

Other: _____

Note: Community pharmacist must not fill this prescription without two signatures below.
(New prescription for 30 days with two refills of 60 days each allowed. Total days supply = 150)

Calcium-based phosphate binders remain the first and cheapest option. Lanthanum should be prescribed only in situations where sevelamer carbonate has failed or is not an option. Using lanthanum represents a significant increase in the cost of therapy.

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

Signature: _____

Renal Dietitian
(reasonable diet adherence)

Nephrologist or Renal Clinical Pharmacist
(reasonable medication adherence)

Print Name: _____

Renal Dietitian
(reasonable diet adherence)

Nephrologist or Renal Clinical Pharmacist
(reasonable medication adherence)

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER
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