

PHOSPHATE BINDERS FOR PATIENTS WITH CHRONIC RENAL IMPAIRMENT (version 2)

Please consult dietician for concurrent dietary management as per NICE guidance



1st line

Calcium Acetate 1g tablets

Phosex[®]

OR

if Phosex[®] not tolerated

Calcium Carbonate 500mg chewable tablets

Calcichew[®]

ONE tablet to be taken with each meal. If exceeding 3 tablets a day, consider non-calcium based binder.

For patients approaching end-of-life consider:

Aluminium Hydroxide 475mg capsules

Alu-Cap[®]

ONE capsule to be taken with each meal.

If desired phosphate control not achieved consider switching to non-calcium based binder.

2nd line

Sevelamer Carbonate 800mg tablets

Generic

ONE tablet to be taken with each meal. Titrate to response. If exceeding 18 tablets a day, consider Fosrenol[®].

OR

if Sevelamer Carbonate tablets not tolerated

Sucroferric Oxyhydroxide 500mg chewable tablets

Velphoro[®]

ONE tablet to be taken with each meal. Titrate to response. If exceeding 3 tablets a day, consider Fosrenol[®].

OR

Sevelamer Carbonate 2.4g powder for oral suspension

Renvela[®]

Consider 2.4g (1 sachet) as a starting dose. Titrate to response. If exceeding 3 sachets a day, consider Fosrenol[®].

3rd line

Lanthanum Carbonate

750mg/1000mg chewable tablets

Fosrenol[®]

Consider 750mg-1000mg with each meal. Titrate to response. Maximum 3750mg a day.

OR

if Fosrenol[®] tablets not tolerated

Lanthanum Carbonate

750mg/1000mg oral powder

Fosrenol[®]

Consider 750mg-1000mg with each meal. Titrate to response. Maximum 3750mg a day.

Consider Sevelamer Carbonate tablets with snacks if required

Important points:

- All Renagel[®] and Renvela[®] tablet prescriptions should be switched to **generic** sevelamer carbonate. Dose is equivalent
- Compliance is key to good phosphate control. Patient preference should be considered

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