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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