- **Frequency not known** Skin reactions

- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.

- **BREAST FEEDING**

  RENVELA® 2.4G ORAL POWDER SACHETS Unlikely to be present in milk (however, manufacturer advises avoid).

  RENAGEL® Manufacturer advises use only if potential benefit outweighs risk.

  RENVELA® 800MG TABLETS Unlikely to be present in milk (however, manufacturer advises avoid).

- **DIRECTIONS FOR ADMINISTRATION**

  RENVELA® 2.4G ORAL POWDER SACHETS Manufacturer advises each sachet should be dispersed in 60 mL water, or mixed with a small amount of cool food (100 g), prior to administration and discarded if unused after 30 minutes.

- **PATIENT AND CARER ADVICE**

  RENVELA® 2.4G ORAL POWDER SACHETS Patients and carers should be advised on how to administer powder for oral suspension.

- **NATIONAL FUNDING/ACCESS DECISIONS**

  RENVELA® 2.4G ORAL POWDER SACHETS

  Scottish Medicines Consortium (SMC) decisions
  The *Scottish Medicines Consortium* has advised (April 2011) that sevelamer carbonate (*Renvela*®) is accepted for restricted use within NHS Scotland for the second-line management of hyperphosphataemia in adults receiving haemodialysis.

  RENVELA® 800MG TABLETS

  Scottish Medicines Consortium (SMC) decisions
  The *Scottish Medicines Consortium* has advised (April 2011) that sevelamer carbonate (*Renvela*®) is accepted for restricted use within NHS Scotland for the second-line management of hyperphosphataemia in adults receiving haemodialysis.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

  Powder

  CAUTIONARY AND ADVISORY LABELS 13

  - **Renvela** (Sanofi)
    Sevelamer carbonate 2.4 gram Renvela 2.4g oral powder sachets sugar-free | 60 sachet PoM £167.04 DT = £167.04

  Tablet

  CAUTIONARY AND ADVISORY LABELS 25
  EXCIPIENTS: May contain Propylene glycol

  - **Renagel** (Sanofi)
    Sevelamer 800 mg Renagel 800mg tablets | 180 tablet PoM £167.04 DT = £49.83
  - **Renvela** (Sanofi)
    Sevelamer 800 mg Renvela 800mg tablets | 180 tablet PoM £167.04 DT = £49.83

Sucroferric oxyhydroxide

28-Apr-2020

- **INDICATIONS AND DOSE**

  Hyperphosphataemia in patients with chronic kidney disease on haemodialysis or peritoneal dialysis

  - BY MOUTH
  - Adult: Initially 1.5 g daily in 3 divided doses, dose to be taken with meals, then adjusted in steps of 500 mg every 2–4 weeks, dose adjusted according to serum-phosphate concentration; maintenance 1.5–2 g daily in divided doses; maximum 3 g per day

- **CONTRA-INDICATIONS** Haemochromatosis · iron accumulation disorders

- **CAUTIONS** Gastric disorders · hepatic disorders · major gastrointestinal surgery · peritonitis in the last 3 months

- **SIDE-EFFECTS**

  - **Common or very common** Constipation · diarrhoea · gastrointestinal discomfort · gastrointestinal disorders · nausea · product taste abnormal · tooth discolouration · vomiting
  - **Uncommon** Dysphagia · dyspnoea · electrolyte imbalance · fatigue · headache · skin reactions · tongue discolouration

  SIDE-EFFECTS, FURTHER INFORMATION Discoloured faeces may mask the visual signs of gastrointestinal bleeding.

- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk—no information available.

- **BREAST FEEDING** Manufacturer advises avoid—no information available.

- **DIRECTIONS FOR ADMINISTRATION** *Velphoro*® tablets must be chewed or crushed, not swallowed whole.

- **PATIENT AND CARER ADVICE** Patients or carers should be counselled on administration of sucroferric oxyhydroxide tablets and advised that this medication can cause discoloured black stools.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

  Chewable tablet

  - **Velphoro** (Vifor Fresenius Medical Care Renal Pharma UK Ltd)
    Iron (as Sucroferric oxyhydroxide) 500 mg Velphoro 500mg chewable tablets | 90 tablet PoM £179.00 DT = £179.00

1.4b Hypophosphataemia

ELECTROLYTES AND MINERALS › PHOSPHATES

Phosphate

13-Mar-2020

- **INDICATIONS AND DOSE**

  Treatment of moderate to severe hypophosphatemia

  - BY INTRAVENOUS INFUSION
  - Adult: (consult product literature)

  Established hypophosphataemia (with monobasic potassium phosphate)

  - BY INTRAVENOUS INFUSION
  - Adult: 9 mmol every 12 hours, increased if necessary up to 0.5 mmol/kg (max. per dose 50 mmol), increased dose to be used in critically ill patients; dose to be infused over 6–12 hours, according to severity

  Vitamin D-resistant hypophosphataemic osteomalacia

  - BY MOUTH USING EFFERVESCENT TABLETS
  - Adult: 4–6 tablets daily, using *Phosphate Sandoz*®.

- **CAUTIONS**

  GENERAL CAUTIONS Cardiac disease · dehydration · diabetes mellitus · sodium and potassium concentrations of preparations

  SPECIFIC CAUTIONS

  - With intravenous use Avoid extravasation · severe tissue necrosis

- **SIDE-EFFECTS**

  - With intravenous use Electrolyte imbalance
  - With oral use Abdominal distress · diarrhoea · nausea

  SIDE-EFFECTS, FURTHER INFORMATION Diarrhoea is a common side-effect and should prompt a reduction in dosage.

- **RENAL IMPAIRMENT**
  Dose adjustments Reduce dose.
  Monitoring Monitor closely in renal impairment.

- **MONITORING REQUIREMENTS** It is essential to monitor closely plasma concentrations of calcium, phosphate, potassium, and other electrolytes—excessive doses of phosphates may cause hypocalcaemia and metastatic calcification.