

**LEVOCARNITINE** (*Carnitor*) 10 to 20 mg/kg IV at each dialysis session. [Generic/Trade: Cap 250, 300, 400 mg. Tabs 330, 500 mg. Oral soln 1 g/10 mL.] ▶KL ♀?/?/? ▶? \$\$\$\$\$

### Parathyroid Hormone Analogs

**ABALOPARATIDE** (*Tymlos*) Postmenopausal osteoporosis with high risk for fracture: 80 mcg SC daily in abdomen for no longer than 2 years [Trade only: Prefilled Pen 3120 mcg/1.56 mL (30 doses per pen).] ▶proteolysis ♀X/X/X ▶— \$\$\$\$\$

**PARATHYROID HORMONE** (*Natpara*) Hypocalcemia in hypoparathyroidism: Start 50 mcg SC once daily in thigh (alternate thigh every other day). Adjust dose by 25 mcg q 4 weeks to max of 100 mcg to achieve serum calcium 8 to 9 mg/dL. [Trade only: 25, 50, 75, 100 mcg dose strength cartridges. Available through restricted-access program (NATPARA REMS).] ▶LK ♂ ♀ ▶? \$\$\$\$\$

**TERIPARATIDE** (*Forteo*) Treatment of postmenopausal osteoporosis, treatment of men and women with glucocorticoid-induced osteoporosis or to increase bone mass in men with primary or hypogonadal osteoporosis and high risk for fracture: 20 mcg SC daily in thigh or abdomen for no longer than 2 years. [Trade only: 28-dose pen injector (20 mcg/dose).] ▶LK ♀C ▶— \$\$\$\$\$

### Phosphate Binders

**FERRIC CITRATE** (*Auryxia*) Treatment of hyperphosphatemia in chronic kidney disease on dialysis: Start 2 tab PO three times daily with meals. Titrate by 1 to 2 tabs q week to achieve target serum phosphorus levels. Max 12 tabs/day. Iron deficiency anemia in chronic kidney disease not on dialysis: Start 1 tab PO three times per day with meals. Titrate to achieve target hemoglobin. Max 12 tabs/day. [Trade only (Tabs): 210 mg ferric iron (equivalent to 1 g ferric citrate).] ▶KL ♀?/?/? ▶? \$\$\$\$\$

**LANTHANUM CARBONATE** (*Fosrenol*) Hyperphosphatemia in end-stage renal disease: Start 1500 mg/day PO in divided doses with meals. Titrate dose q 2 to 3 weeks in increments of 750 mg/day until acceptable serum phosphate is reached. Most will require 1500 to 3000 mg/day to reduce phosphate to less than 6.0 mg/dL. Chew or crush tabs completely before swallowing; not to be swallowed whole. [Generic/Trade: Chewable tabs 500, 750, 1000 mg. Trade only: Oral powder 750, 1000 mg.] ▶Not absorbed ♀C ▶? \$\$\$\$\$

**SEVELAMER** (*Renagel, Renvela*) Hyperphosphatemia in CKD: 800 to 1600 mg PO three times per day with meals. [Trade only (Renagel—sevelamer hydrochloride): Tabs 400, 800 mg. Generic/Trade (Renvela—sevelamer carbonate): Tabs 800 mg. Powder (Renvela) : 800, 2400 mg packets.] ▶Not absorbed ♀C ▶? \$\$\$\$\$

**SUCROFERRIC OXYHYDROXIDE** (*Velphoro*) Hyperphosphatemia in kidney disease on dialysis: Start 1 tab (500 mg) PO three times daily with meals, adjust weekly according to serum phosphorus concentrations. Tablets must be chewed or crushed. [Trade only: Tabs 500 mg.] ▶Not absorbed ♀B ▶+ \$\$\$\$\$