

## **SEVELAMER**

**Class:** Phosphate Binder

**Indications:** Reduction or control of serum phosphorous in patients with chronic kidney disease on hemodialysis

**Available dosage form in the hospital:** SEVELAMER 800MG TAB

**Dosage: Note:** The dosing of sevelamer carbonate and sevelamer hydrochloride are similar; when switching from one product to another, the same dose (on a mg per mg basis) should be utilized.

**Control of serum phosphorous: Oral:**

Patients not taking a phosphate binder: 800-1600 mg 3 times/day with meals; the initial dose may be based on serum phosphorous levels:

- $>5.5$  mg/dL to  $<7.5$  mg/dL: 800 mg 3 times/day
- $\geq 7.5$  mg/dL to  $<9.0$  mg/dL: 1200-1600 mg 3 times/day
- $\geq 9.0$  mg/dL: 1600 mg 3 times/day

Maintenance dose adjustment based on serum phosphorous concentration (goal range of 3.5-5.5 mg/dL; maximum dose studied was equivalent to 13 g/day [sevelamer hydrochloride] or 14 g/day [sevelamer carbonate]):

- $>5.5$  mg/dL: Increase by 400-800 mg per meal at 2-week intervals
- 3.5-5.5 mg/dL: Maintain current dose
- $<3.5$  mg/dL: Decrease by 400-800 mg per meal

***Dosage adjustment when switching between phosphate-binder products:***

-667 mg of calcium acetate is equivalent to ~800 mg sevelamer (carbonate or hydrochloride)

Conversion based on dose per meal:

-Calcium acetate 667 mg: Convert to 800 mg Renagel/Renvela

-Calcium acetate 1334 mg: Convert to 1600 mg as Renagel/Renvela (800 mg tablets x 2) **or** 1200 mg as Renagel (400 mg tablets x 3)

-Calcium acetate 2001 mg: Convert to 2400 mg as Renagel/Renvela (800 mg tablets x 3) **or** 2000 mg as Renagel (400 mg tablets x 5)

**Common side effect:**

Gastrointestinal: Vomiting, nausea, diarrhea, dyspepsia

**Pregnancy Risk Factor:** C