CRITERIA FOR THE USE OF SEVELAMER CARBONATE (RENVELA®) OR LANTHANUM CARBONATE (FOSRENO®)
JUNE 2020

Preamble:
Due to the expense and available scientific evidence, the decision has been made to provide lanthanum or sevelamer carbonate to facilitate maximal vitamin D use that will potentially protect patients from parathyroidectomy.

Sevelamer carbonate and lanthanum have been approved by Health Canada for the control of hyperphosphatemia in patients with ESRD on hemodialysis or peritoneal dialysis. These drugs are not approved for use in predialysis patients.

While it is recognized that sevelamer carbonate and lanthanum are potentially useful agents in conjunction with other therapeutic modalities, including calcium based phosphate binders, at this time the BC Renal is only able to fund the use of sevelamer carbonate **or** lanthanum under the following criteria. Except when hypercalcemia exists, there is currently insufficient outcome evidence to support the cost utility of prescribing sevelamer carbonate or lanthanum over calcium-based phosphate binders for treatment of chronically elevated serum phosphate. Should physicians wish to prescribe sevelamer carbonate or lanthanum outside of these criteria, the BC Renal is unable to fund either agent. Sevelamer carbonate and lanthanum are extremely expensive (approximately $1,000 to over $9,000 per year depending on dosage). Sevelamer carbonate is the preferred non-calcium based phosphate binder. Further, BC Renal will not fund treatment with both sevelamer carbonate and lanthanum concomitantly, as there is no literature evidence to support this practice. **Note that lanthanum is significantly more expensive than sevelamer carbonate.**

The maximum funded lanthanum regimen is 1000 mg PO TID ($4900 per year).
The maximum funded sevelamer carbonate regimen is 4 x 800 mg tablets PO TID
The typical sevelamer carbonate regimen is 3 x 800 mg tablets PO TID.

The WHO comparative dose of 2.25 g (4.5 x 500mg) lanthanum is 6.4 g (8x 800mg) sevelamer carbonate.

CRITERIA FOR APPLICATION

All of the following must be documented on the application form:
Failure of conventional therapy to maintain acceptable serum levels of phosphate, calcium and parathyroid hormone.

- Hypercalcemia (Serum Ca > 2.6 mmol/L or iCa > 1.35 mmol/L) on at least two consecutive readings
- Diet and drug therapy must be reviewed by renal team to ensure that treatment failure is not resulting from these or other factors:
  - Lanthanum or sevelamer carbonate will be funded for patients with reasonable dietary adherence.
  - Correctable adverse effects (e.g. palatability), timing of drug dosage (e.g. calcium between vs. with meals/snacks)
  - Limit calcium load through trial of calcium acetate (with minimal effective Vitamin D analogue dose)
  - Potentially avoidable interactions (e.g. proton pump inhibitors) with prescribed diet and drug therapy.

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Mechanism for ordering sevelamer carbonate or lanthanum

1. Fill out the application form completely.
2. Ensure nephrologists OR renal pharmacist AND renal dietitian have signed the application.
3. Send the application with prescription to community contract pharmacy.

The community contract pharmacy will not be reimbursed by BC Renal for sevelamer carbonate or lanthanum unless a completed application accompanies the prescription.

Mechanism to provide supply of sevelamer carbonate or lanthanum

- Once the application form and prescription are received by the community contract pharmacy, therapy will be approved.
- Lanthanum: Dosage may be titrated to a maximum of 1g TID based on usual laboratory monitoring and nephrologist's judgment.
- Sevelamer carbonate: Dose may be titrated to a maximum of 4 tablets PO TID based on usual laboratory monitoring and nephrologist's judgment.
- Community pharmacist will refill sevelamer carbonate or lanthanum prescription according to the trial prescription amount protocol in maximum 60-day quantities as required over the initial 6- month titration period.

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