South East London Area Prescribing Committee
Formulary recommendation

Reference:	**079**
Intervention:	**Sucroferric oxyhydroxide (Velphoro®) 500mg chewable tablets for the treatment of hyperphosphatemia in adult renal dialysis patients** (Sucroferric oxyhydroxide is an iron-based phosphate binder)
Date of Decision:	**November 2017**
Date of Issue:	**December 2017**
Recommendation:	**Red – suitable for prescribing and supply by the hospital only**
Further Information:	• Sucroferric oxyhydroxide is a **last line** treatment option for the management of hyperphosphatemia in adult chronic kidney disease (CKD) patients on renal dialysis (haemodialysis or peritoneal dialysis). • Phosphate-lowering treatment includes the use of both non-pharmacological (dietary education and support), and pharmacological interventions (phosphate-lowering agents or phosphate binders). • Phosphate binders should be prescribed in a stepwise approach, titrating dose according to serum phosphate and calcium levels. • The first line treatment option is calcium acetate, this includes chewable and dispersible alternatives for those with swallowing problems. • For patients who do not tolerate calcium-based binders or who remain persistently hyperphosphatemic despite adherence to the maximum recommended or maximum tolerated dose, consideration should be given to switching to a non-calcium-based binder in the following order: – The second line treatment choice is sevelamer carbonate tablets. Sevelamer carbonate sachets may be considered as an alternative to the tablets for patients not tolerating the tablets e.g. due to swallowing issues or poor adherence first. – Lanthanum chewable tablets should be considered as a 3rd line option after sevelamer. – Sucroferric oxyhydroxide may be considered after the treatment options outlined above. • Choice of agent should take into consideration patient preference and suitability for administration. At each step, consider offering an alternative formulation e.g. chewable tablet or sachet where appropriate to aid adherence to treatment. Cost effectiveness of treatment should also be considered when selecting the most appropriate phosphate binder. • This recommendation is subject to review once a SEL treatment pathway for managing hyperphosphatemia has been developed, along with supporting shared care for approval by the Committee. • Funding will need to be confirmed at individual Trust level as sucroferric oxyhydroxide will be prescribed and supplied by the hospital until transfer of care to primary care is agreed. • A report summarising outcomes in relation to the use of sucroferric oxyhydroxide will be presented back to the Committee after 1 year (December 2018). This report will be coordinated across all trusts in SEL by the original formulary applicant and will include: – The total number of patients treated with sucroferric oxyhydroxide across SEL – Whether use is in line with this recommendation and reasons for deviating – Impact on tablet burden for patients - average number of sucroferric oxyhydroxide tablets per day vs. sevelamer and lanthanum. – Impact on patient related outcomes, such as (i) adverse effects (ii) compliance (iii) impact on hyperphosphatemia (iv) the number of patients discontinuing treatment and reasons for stopping

Shared Care/ Transfer of care required:	Shared care will be developed along with a treatment pathway to support future re-categorisation to amber 3. Until this time, sucroferric oxyhydroxide will be categorised as red in SEL.
Cost Impact for agreed patient group	• Based on costing in the evidence review, it is estimated that between 60 - 120 patients in SEL per year might be suitable for treatment with sucroferric oxyhydroxide. • The cost of treating 60-120 patients with 3 tablets per day of sucroferric oxyhydroxide is between £130,000 to £260,000 compared to £25,000 to £50,000 with 8 tablets per day of sevelamer carbonate. This equates to an additional cost vs. sevelamer carbonate tablets of approx. £100,000 to £200,000 per annum for SE London; should this number of patients be switched to sucroferric oxyhydroxide from sevelamer carbonate. Costs of sucroferric oxyhydroxide are however not significantly more than lanthanum, which is an alternative option already approved on the formulary.
Usage Monitoring & Impact Assessment	**Acute Trusts:** • Monitor usage and report back to the APC as requested, including the outcomes report at 1 year - to be provided no later than February 2019.
	CCGs: • Monitor ePACT data • Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.
Evidence reviewed	**References (from evidence review)** 1. National Institute of Clinical Excellence (NICE) Evidence Summary [ESNM51]. Hyperphosphatemia in adults with chronic kidney disease on dialysis: sucroferric oxyhydroxide, January 2015. Available here (Accessed 26.10.17) 2. UK Renal Association. Clinical practice guidelines on chronic kidney disease mineral and bone disorders, 5th Edition December 2010. Via www.renal.org (Accessed 26.10.17) 3. NICE. Clinical guideline number 157: hyperphosphatemia in chronic kidney disease, March 2013. Via www.nice.org.uk (Accessed 26 October 2017) 4. Velphoro 500 mg chewable tablets summary of product characteristics. Last updated 19 September 16. Via www.medicines.org.uk (Accessed 26 October 2017) 5. Floege J, Covic AC, Ketteler M et al. (2014) A phase III study of the efficacy and safety of a novel iron based phosphate binder in dialysis patients. Kidney International; 86: 638–47 6. European Medicines Agency (2014) European public assessment report for Velphoro. Via www.ema.europa.eu (Accessed 26 October 2017) 7. Chiu YW et al. (2009) Pill burden, adherence, hyperphosphatemia, and quality of life in maintenance dialysis patients. Clin J Am Soc Nephrol; 4: 1089-1096 8. NHS England. Medicines not reimbursed through national prices and directly commissioned by NHS England. Version 12, published April 2017. Available here (Accessed 07 November 2017)

NOTES:

a) Area Prescribing Committee recommendations and minutes are available publicly on member CCG websites.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**