



Sevelamer (Renagel) 800 mg tablets PBS listed for adults with chronic kidney disease who are on dialysis



Sevelamer (Renagel) was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 December 2007 for the treatment of hyperphosphataemia in adults with chronic kidney disease who are on dialysis*.¹ Until this listing, sevelamer had been available only on private prescription.

Sevelamer is a polymer that reduces serum phosphate concentration by binding phosphate in the gut.^{2,3} Calcium-based phosphate binders are first line for the treatment of hyperphosphataemia (unless serum calcium concentration is > 2.4 mmol/L).⁴ Sevelamer may be an alternative for people taking calcium carbonate (Caltrate, Cal-Sup) for whom hypercalcaemia is a problem.^{2,4}

Monitor serum phosphate concentrations every 2–3 weeks until stable, then at regular intervals.^{2,3} As with any new drug, the full toxicity profile and long-term effects of sevelamer are unknown.

Other available phosphate binders include aluminium hydroxide (Alu-tab) and lanthanum (Fosrenol) but these are not PBS-listed.^{2,5}

Randomised trials have found no difference in efficacy between sevelamer and calcium (acetate or carbonate) or aluminium hydroxide in reducing serum phosphate concentrations.⁶⁻⁸ However, these trials were small (n = 36-200), unblinded, and short (8-52 weeks). While another trial showed no difference between sevelamer and calcium-based phosphate binders in reducing all-cause mortality (hazard ratio 0.93, 95% confidence interval 0.79 to 1.10, p = 0.40), only half of the randomised patients completed the trial.⁹

* Hyperphosphataemia in an adult with chronic kidney disease who is on dialysis and whose serum phosphate is not controlled with other products and when:

- (a) serum phosphate is > 1.6 mmol/L, or
- (b) the serum calcium (mmol/L) times phosphate (mmol/L) product is > 4.0 mmol²/L²

References

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