NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE SHARED CARE PROTOCOL AGREEMENT

Phosphate Binders for the Treatment of Hyperphosphataemia in Adults with Chronic Kidney Disease

OBJECTIVES

- To outline referral criteria for shared care
- To define the responsibilities of the Specialist and the GP
- To provide prescribing information.

PROCESS FOR TRANSFERRING PRESCRIBING TO PRIMARY CARE

- Prescribing responsibility will only be transferred when it is agreed by the Specialist and the primary care prescriber that **the patient's condition is stable**.

- Requests for shared care should include information about all relevant aspects of the patient's care and include directions to access prescribing information sheets at www.nottsapc.nhs.uk.

- If the GP does not agree to share care, they will inform the Specialist of their decision in writing within 14 days.

- In cases where shared care arrangements are not in place or where problems arise with the agreement that affect or impact patient care, the responsibility for the patient's management, including prescribing, will revert back to the Specialist.

BACKGROUND INFORMATION

A number of oral phosphate binders (including calcium carbonate (Calcichew®), calcium acetate (Phosex® and Renacet®), sevelamer (generic), lanthanum (generic) and sucroferric oxyhydroxide (Velphoro®) are available, which may be used in multiple therapeutic approaches, in conjunction with dietary phosphate restriction. Phosphate binders are often used in combination with active vitamin D analogues (e.g., alfacalcidol or calcitriol) and/or cinacalcet to control the development of hyperparathyroidism and renal bone disease.

Calcium-based phosphate binders or generic sevelamer are generally used as first-line binder therapy for patients because they are cheap and relatively efficacious. Second-line therapy includes lanthanum or sucroferric oxyhydroxide, usually in addition to other therapies. They may also be required to improve patient concordance by reducing the tablet burden associated with other phosphate binders. Third-line therapy may require the use of aluminium hydroxide; aluminium hydroxide can only be sourced as an unlicensed preparation (Alu-Tabs®) from Australasia, **so will only be prescribed and supplied from Nottingham University Hospitals NHS Trust.**

NATIONAL/ LOCAL GUIDANCE

NICE. Chronic kidney disease: assessment and management. Guideline 203. November 2021. Available from https://www.nice.org.uk/guidance/ng203.

Detailed guidelines exist within NUH for the management of bone and mineral metabolism in patients with CKD. These include guidance on the use of oral phosphate binders, activated vitamin D compounds and analogues and calcimimetics.

CLINICAL INFORMATION

See Phosphate Binders Prescribing Information Sheet

AREAS OF RESPONSIBILITY

Specialist's Roles and Responsibilities

1. The Specialist will confirm the working diagnosis.
2. The Specialist will recommend and initiate treatment.
3. The Specialist will ensure that the patient has an adequate supply of medication (usually 28 days) until shared care arrangements are in place. Further prescriptions will be issued if, for unseen reasons, arrangements for shared care are not in place at the end of 28 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication from.
4. If shared care is considered appropriate for the patient, and the patient's treatment and condition are stable, the Specialist will contact the GP.
5. The Specialist will provide the patient's GP with the following information:
   - diagnosis of the patient's condition and the relevant clinical details.
   - details of the patient's treatment to date
   - details of treatments to be undertaken by GP*
   - details of other treatments being received by the patient that are not included within the shared care agreement
   - details of monitoring arrangements

   *Including reasons for the choice of treatment, drug combination(s), frequency of treatment, and the number of months of treatment to be given before review by the Specialist.
6. Whenever the Specialist sees the patient, he/she will:
   - send a written summary within 14 days to the patient's GP
   - record test results in the patient-held monitoring booklet (if applicable)
   - communicate any dose changes made to the patient
7. The specialist team will be able to provide training for primary care prescribers if necessary to support the shared care agreement.
8. Contact details (including out-of-hours contact details) will be made available to primary care
9. Details for fast-track referral back to secondary care will be supplied.
10. The Specialist will provide the patient with details about their treatment, follow-up appointments, monitoring requirements and nurse specialist contact details.
11. Should there be a need to switch to an alternative phosphate binder, this may be requested as part of the same Shared Care agreement as long as the product requested is listed within this Shared Care protocol.

Primary Care Prescriber's Roles and Responsibilities

The GP will be responsible for:

1. Ensuring that he/she has the information and knowledge to understand the therapeutic issues relating to the patient's clinical condition.
2. Undergoing any additional training necessary in order to carry out a practice-based service.
3. Agreeing that, in his/her opinion, the patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain within secondary care.
4. If the GP does not agree to shared care, he/she will inform the Specialist of his/her decision in writing within 14 days.
5. Prescribing maintenance therapy in accordance with the written instructions contained within the GP information sheets and communicating any changes of dosage made in primary care to the patient. It is the responsibility of the prescriber that makes a dose change to communicate this to the patient.
6. Where applicable, keep the patient-held monitoring booklet up to date with the results of any investigations, changes in dose, alterations in management, and take any actions necessary. It is the responsibility of the clinician actioning the results from monitoring, in accordance with this shared care guideline, to complete the patient's record with the necessary information.
7. Reporting any adverse effect in the treatment of the patient to the Specialist.
8. The GP will ensure that the patient is monitored as outlined in the information sheet(s) and will take the advice of the referring Specialist if there are any amendments to the suggested monitoring schedule.
9. The GP will ensure that the patient is given the appropriate appointments for follow-up and monitoring and that defaulters from follow-up are contacted to arrange alternative appointments. It is the GPs

responsibility to decide whether to continue treatment in a patient who does not attend appointments required for follow-up and monitoring

Community Pharmacist's Roles and Responsibilities

The community pharmacist will

1. Professionally check prescriptions to ensure that the prescription is safe for the patient and contact the GP, if necessary, to clarify their intentions.
2. Fulfil legal prescriptions for medication for the patient unless they are considered unsafe.
3. Counsel the patient on the proper use of their medication.
4. Advise patients suspected of experiencing an adverse reaction to their medicines to contact their GP or Renal Dietitian for further advice.

Patient's Roles and Responsibilities

The patient will:

1. Take their medication as agreed unless otherwise instructed by an appropriate healthcare professional.
2. Attend all follow-up appointments and regular blood tests with their GP and/or Specialist. If they are unable to attend any appointments, they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
3. Inform all healthcare professionals of their current medication prior to receiving any new prescribed or over-the-counter medication.
4. Report all suspected adverse reactions to their medicines to their GP.
5. Ensure that they do not run out of their medications and that they request supplies of maintenance therapy in a timely manner.
6. Store their medication securely out of the reach and sight of children.
   Read any written information supplied by their GP, Specialist and Pharmacist and contact the relevant practitioner if they do not understand any of the information given.
7. If the patient has a monitoring booklet, they should bring this with them to all appointments.

REFERENCES

Detailed guidelines exist within NUH for the management of bone and mineral metabolism in patients with CKD. These include guidance on the use of oral phosphate binders, activated vitamin D levels and calcimimetics.

NICE. Chronic kidney disease: assessment and management. Guideline 203. November 2021. Available from https://www.nice.org.uk/guidance/ng203.

CONTACT DETAILS (In Hours and Out of Hours)

	Base	In hours contact	Out-of-hours contact
Dr Simon Roe, Consultant Nephrologist	City Hospital Campus, NUH	0115 9691169 Ext. 74462	On Call Renal StR or Consultant via the NUH switchboard
Bruno Mafrici, Specialist Renal Dietitian	City Hospital Campus	0115 9691169 Ext. 77139	N/A
Ian Hogg, Renal Pharmacist	City Hospital Campus	0115 9691169 Bleep: 284-1395	N/A

Phosphate Binder			
	Author(s)	Date	Changes
V1.0	Dr Simon Roe, Consultant Nephrologist, & Judith Gregory, Renal Pharmacist, NUH Nicky Bird, Pharmacist Manager, NHS Nottinghamshire County	2013	- This shared care protocol has been adapted from the Derbyshire Joint Area Prescribing Committee Shared Care Agreement for Phosphate Binders in the Treatment of Hyperphosphataemia in Patients on Dialysis. - **ORIGINAL AUTHORS 2010 IN CONSULTATION WITH** Consultant Nephrologists, Nottingham University Hospitals NHS Trust
V2.0	Dr Simon Roe & Ian Hogg, Renal Pharmacist, NUH	Aug 2015	- Phoslo® to Renacet® due to discontinuation
V2.1		Oct 2016	- Renvela® to generic sevelamer carbonate
V3.0	Ian Hogg & Laura Catt, Prescribing Interface Advisor, NHS N&N ICB	Oct 2021	- Updated to reflect changes made to NUH mineral bone disease guidelines in CKD patients. Alu-caps® have been removed from shared care as discontinued in the UK, and Sucroferric oxyhydroxide (Velphoro®) has been added to the guideline.

V4.0	Updated by Shary Walker, Interface and Formulary Pharmacist, in consultation with Dr Simon Roe.	30/01/23	- minor reformatting and minor typographical errors corrected - references updated, no change to any clinical information or intent of the recommendation
V4.1	Updated by Karen Robinson, Interface and Formulary Technician	07.06.23	Minor amendment. Brand name Fosrenol® removed as a generic product is now available
V4.2	Updated by Lynne Kennell, Interface and Formulary Pharmacist	23/07/23	Clarification added to specialist responsibilities about switching phosphate binders as agreed at APC July 23.