

Coaching Guide

This guide will help you create an ongoing dialogue with your patients, empower them to succeed, and encourage long-term adherence to Velphoro.

Step 1: Assessing readiness for treatment with Velphoro

For patients who are new to phosphate binders

- Assess the patient's knowledge about phosphorus and phosphate binders
- Educate patients about what phosphorus is and what phosphate binders do, using simple terminology
- Explain how diet, dialysis, and phosphate binders all play a role in controlling phosphorus



Engage with open-ended questions

- Tell me what you know about phosphorus
- How is your kidney diet working for you (and your family, if appropriate)?
- What habits do you have that help remind you to take your medicine?
- Tell me what you know about phosphate binders
- Tell me about anything that may keep you from taking a phosphate binder with your meals
- What were your most recent phosphorus lab values?

For patients switching from another phosphate binder

- Encourage the patient to be part of the solution. Shared decision-making helps patients make lasting behavioral changes
- Listen to the patient describe their experience with the phosphate binder they're currently taking



Engage with open-ended questions

- What is working/not working about your phosphate binder treatment regimen?
- Do you take your phosphate binder just before, during, or just after your meal?
- How often are you missing phosphate binder doses?
- What, if anything, is getting in the way of you taking your phosphate binder?
- What side effects, if any, are you noticing that you think might be caused by your phosphate binder?
- What would you prefer in a phosphate binder? For example: How would it help if you could take 1 tablet per meal? How would flexible ways to take it (such as breaking, crushing, or chewing it) work for you?

INDICATION

Velphoro® (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in adult and pediatric patients 9 years of age and older with chronic kidney disease on dialysis.

IMPORTANT SAFETY INFORMATION

- Velphoro chewable tablets must be administered with meals. Velphoro should be chewed or crushed. Do not swallow whole.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Step 2: Setting expectations when starting Velphoro

Prepare the patient to succeed on Velphoro

Educate the patient to take Velphoro as prescribed

- The starting dose of Velphoro is 1 tablet per meal¹
 - Titrate by 1 tablet per day (not per meal) until phosphorus levels are under control
 - In clinical studies, most patients required 3-4 tablets per day to control phosphorus levels
- Velphoro can be taken before, during, or just after a meal or snack¹

Give patients a choice about how to take Velphoro: break, crush, or chew¹

Prepare patients for potential adverse events before they occur

- Velphoro was well tolerated as monotherapy with long-term use^{*1,2}
- Diarrhea or loose stools occurred in some patients early in treatment and resolved with continued use¹
 - Reassess the use of laxatives or stool softeners for constipation, and discuss other concomitant medications that may also cause GI side effects
- Black stools are expected with a medication that contains iron¹
- Nausea was reported during the first 6 months, but diminished over time^{*1,2}

Engage with open-ended questions

- How comfortable are you feeling with what I've shared with you today?
- What thoughts do you have about how and when to take Velphoro?
- On a scale of 1 to 10, how confident are you that you can take Velphoro as prescribed?
- After hearing all I've shared with you about Velphoro, what concerns or questions do you have about what to expect as you're starting Velphoro?

IMPORTANT SAFETY INFORMATION (continued)

- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.
- In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

Step 3: Staying on track during treatment with Velphoro

Celebrate milestones and identify challenges

Make sure patients understand how refills are initiated and know that they need to request them well in advance to account for delivery time

Celebrate every improvement, no matter how small!

Motivate patients by helping them imagine important milestones in the future

- Bring the patient's own goals, family events, or closest family members into the picture to remind the patient of the rewards that lie ahead

Investigate potential challenges that could derail treatment with Velphoro or result in a patient not refilling their prescription

Collaborate with other clinical care team members to keep each other informed and, together, strategize how to address any issues you've uncovered

Engage with open-ended questions

- Tell me about how you're taking Velphoro and why you're doing it that way
- How do you best remember to take Velphoro?
- Tell me how you're feeling about your Velphoro journey so far—what has worked for you and what has not?
- How can we work together to make sure you are getting refills on time, before you run out of Velphoro? What method for requesting a refill works best for you?
- On a scale of 1 to 10, how would you rate how well you're sticking to your Velphoro regimen? Why?

IMPORTANT SAFETY INFORMATION (continued)

- Velphoro can be administered concomitantly with oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin. For oral medications where a reduction of bioavailability would be clinically significant consider separating of the timing of administration. Consider monitoring clinical responses or blood levels of the concomitant medications.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

Step 4: Encouraging long-term adherence to Velphoro

Work with patients to help ensure consistent refills and long-term success

Regularly verify that the patient is refilling their Velphoro prescription on time

- To ensure that patients don't run out of Velphoro, check to see if a refill is needed
- Ask patients about their daily routine to tailor medication to their needs

Keep celebrating patients' improvement or maintenance of their phosphorus levels!

Help ensure the patient's dose of Velphoro remains optimized; titrate if necessary

- Collaborate with the full care team to make sure the patient is receiving an appropriate dose for continued success



Engage with open-ended questions

- What, if anything, has gotten in the way of you refilling your Velphoro prescription?
- How is the process for getting Velphoro working for you?
- What habits are contributing to your long-term success on Velphoro?
- What do you consider to be a successful day with Velphoro?
- How do you feel about your accomplishment when your phosphorus level is at goal?



Thank you for your role in helping patients meet the challenges of phosphorus control.

Visit VelphoroHCP.com for more resources.

*A 52-week, open-label, active-controlled, phase 3 study evaluated the safety and efficacy of Velphoro in lowering serum phosphorus levels in patients (N=1,055) with chronic kidney disease on hemodialysis or peritoneal dialysis. In the titration phase (first 24 weeks), patients were randomized to receive either Velphoro or sevelamer carbonate to establish the noninferiority of Velphoro to sevelamer carbonate in lowering serum phosphorus at 12 weeks (secondary endpoint). The following withdrawal phase (weeks 24 to 27, n=93) established the superiority of Velphoro with an effective maintenance dose over a placebo-like low dose (primary endpoint). During a final long-term maintenance phase (weeks 28 to 52, n=658), patients continued phosphate binder treatment according to their original randomization for the assessment of long-term efficacy, safety, and tolerability.¹

References: 1. Velphoro® [package insert]. Waltham, MA: Fresenius Medical Care North America; 2024. 2. Floege J, Covic AC, Ketteler M, et al; on behalf of the Sucroferric Oxyhydroxide Study Group. Long-term effects of the iron-based phosphate binder, sucroferric oxyhydroxide, in dialysis patients. *Nephrol Dial Transplant*. 2015;30(6):1037-1046.

IMPORTANT SAFETY INFORMATION (continued)

Velphoro is available by prescription only. For additional Safety Information, please see full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Medical Care Customer Service at 1-800-323-5188 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.