We’re fighting in the states for you

The American Kidney Fund (AKF) is currently working on more than 100 bills in 33 states, and thanks to our dedicated AKF Ambassadors, we are making great progress in the fight against kidney disease! Halfway through 2021, 29 bills we worked on have been signed into law, with another 15 awaiting governors’ signatures.

Arkansas, Connecticut, Kentucky, Oklahoma and Tennessee have passed accumulator ban bills this year, and we’re working on similar bills in Louisiana, Michigan and Ohio. Copay accumulators—or accumulator adjustment programs—are used by health insurers and pharmacy benefit managers to stop manufacturer copay assistance coupons from counting toward your annual deductible and maximum out-of-pocket costs, leading to higher costs for you. We have spearheaded these accumulator ban bills to ensure your copay assistance is counted toward your deductible and out-of-pocket costs.

We are also working on legislation to create a kidney disease task force in each of the following states: Colorado, Louisiana, Massachusetts, Nevada and Oregon. These task forces would work to create policy proposals for lawmakers to consider that will help reduce the prevalence of kidney disease in those states. Connecticut has already enacted kidney disease task force legislation this year.

AKF is also spearheading the nationwide effort to pass living donor protections at the state level, and since 2019, 17 states have signed living donor protections into law—including Kentucky, Maryland, New Jersey, Pennsylvania, Texas and Washington so far this year.

Increasing living donor protections is a key part of our policy agenda. These protections remove barriers to living organ donation and save lives by increasing the number of organs available for transplantation. Earlier this year, we released our first annual State of the States: Living Donor Protection Report Card, which measures seven types of legislation states should enact to provide protections for living donors and encourage living donations. We continue to advocate for the federal Living Donor Protection Act of 2021, but until that becomes law, we have an uneven patchwork of protections across the nation, with some states providing no protections at all. The average Report Card grade for the U.S. is a D.

You can learn more about living donor protections, see how your state’s laws compare to others, and take just two minutes to contact your members of Congress through our website to ask them to support the federal Living Donor Protection Act at livingdonor.KidneyFund.org.

To stay updated on what we’re working on in the states, check out our monthly What’s happening in the states series on our Advocacy blog at KidneyFund.org/advocacy-blog.
AKF staff spotlight

Name: Hope
Hometown: Baltimore

What do you do at AKF?
I am the associate director of marketing. I manage our email program, so if you are signed up to receive emails from AKF, I'm the one who sends them! Email is a great way to keep up with AKF news and events, receive invites to our monthly webinars and learn more about ways you can get involved. I also love responding to messages from the AKF community and hearing your feedback about the emails we send. This helps me know what topics you're most interested in and helps me improve what and how I communicate with you!

If you aren't already on our mailing list, you can sign up at KidneyFund.org/stayinformed.

Why are you passionate about fighting kidney disease?
Before joining AKF, I worked in the communications department at a hospital with a large transplant center. I got to meet so many transplant recipients, living donors and their family members who inspired me with their stories of courage and resilience. Receiving a new diagnosis, especially one as life-changing as kidney disease, can be very overwhelming. I want to use my writing and communication skills to help people understand complicated medical terms and concepts, and empower them to take charge of their health.

What is the best part of your job?
The best part of my job is being able to promote kidney disease awareness to the public. Kidney disease doesn’t get the attention it deserves, so it’s very important to spread the word about living a healthy lifestyle and getting routine blood work to know how well your kidneys are functioning. I also enjoy sharing patient stories with the AKF community so people know they aren’t alone in their kidney disease journey.

What are your hobbies outside of work?
So many! If I had to pick a few, it would be baking sourdough, reading and listening to my collection of vinyl records. I also picked up a jump rope obsession in the past year and have been enjoying that as a form of low-impact cardio exercise!
Women, advocate for yourself to face Fabry disease

While doctors once thought that only men could get Fabry disease, we now know this is not true. Women can get Fabry disease too.

What is Fabry disease?

Fabry disease is a rare genetic disorder that can be passed down from parent to child. It runs in families, so several members of the same family often have it.

When you have Fabry disease, your body does not make enough of an enzyme called alpha-galactosidase A (alpha-GAL). Alpha-GAL helps break down and remove globotriaosylceramide (GL-3), a fatty substance found in your cells. With Fabry disease, your body does not make enough alpha-GAL to break down the GL-3. Over time, GL-3 buildup can cause damage to organs like your kidneys, heart, skin and brain.

What are the symptoms of Fabry disease?

Fabry disease symptoms can be mistaken for other well-known conditions, meaning people can be misdiagnosed or not diagnosed at all. Symptoms of Fabry disease can also vary from person to person, even within families, and they may range from mild to severe. Some people do not even know they have Fabry disease until they experience serious health problems such as stroke, heart attack or kidney failure.

Symptoms of Fabry disease can include:

- Kidney, heart, stomach and nervous system problems
- Feeling tired or weak
- Not sweating enough
- Reddish or very dark purple-black spots on the skin
- Abnormal patterns on your cornea (the outer layer of the eye)—these usually do not impact vision
- Frequent fevers
- Being sensitive to hot and cold temperatures
- Depression and anxiety

Does Fabry disease affect women and men differently?

While each Fabry patient’s experience will differ, most men with Fabry disease will have all or most of the symptoms described above. However, symptoms will vary more from one woman to another. Women who show symptoms often develop brain, heart and kidney abnormalities later compared to men. Fabry disease may lower life expectancy by approximately 20 years in men and approximately 15 years in women if symptoms are not managed.

How can I advocate for myself to face Fabry disease?

If you are a woman with Fabry disease, the first thing you can do to advocate for yourself is to know that it is especially important for you to prioritize your own health, even if you are not experiencing symptoms. When it comes to Fabry disease, many women are already empowering themselves with information—a powerful tool that can lead to better health outcomes for yourself and help you know how to start discussions with your family members about Fabry disease. In fact, 60% of the people who read information about Fabry disease on the American Kidney Fund’s website are women. Prioritizing your health can include learning more about Fabry disease and its symptoms, monitoring your disease progression with regularly scheduled doctors’ appointments, sharing new symptom developments with all of the doctors and specialists you see, and ensuring that you follow the treatment schedule determined by your doctor.

If you are a woman with a family history of Fabry disease, you should consider visiting your doctor regularly and getting tested for Fabry disease. If you already know you have Fabry disease or just received a diagnosis of Fabry disease, you can discuss the right treatment option with your doctor to become an empowered participant in your care. Become an advocate for yourself and your health by making sure to schedule your Fabry disease test, schedule doctor’s appointments to monitor any symptoms you have and by keeping a log of symptoms you are experiencing in between appointments.

To learn more about Fabry disease, visit KidneyFund.org/fabry.

AKF’s Fabry disease education content has been made possible by Sanofi Genzyme.
I’m a pediatric nephrologist and two-time kidney transplant recipient. I was vaccinated against COVID-19.

By Ken Sutha

As a pediatric nephrologist, lifelong kidney patient and two-time kidney transplant recipient, I am grateful that I had the privilege of being one of the early people to get vaccinated against the coronavirus. I received my first dose of the COVID-19 vaccine on Christmas Day last year, and my second dose a few weeks later. I chose to become vaccinated so I could protect myself and my patients from COVID-19.

Like everyone else, my life has been turned upside down since the start of the pandemic. I was terrified of getting sick because those of us living with kidney disease are at increased risk of catching, becoming severely ill and even dying from COVID-19. I saw the impact of COVID-19 around the country, and also firsthand on patients in the hospital where I work and with my own family members and friends hospitalized with severe infections. I was anxiously awaiting the results of the first vaccine clinical trials from both Pfizer/BioNTech and Moderna, and the results could not have been better, ultimately leading to FDA approval of both vaccines.

Understandably, many people with kidney disease have concerns about whether or not to receive the vaccine when it is available to them. You should ask questions and have a discussion with your doctor about the vaccines and your specific health condition to decide what is right for you. You can also educate yourself by reading information from reputable resources, like AKF’s COVID-19 Vaccine FAQ page (KidneyFund.org/vaccine) or information put out by your doctor, dialysis clinic, transplant center or hospital.

I cannot tell you what is right for you and your health, but I can share my experience of getting the vaccine with you and why I decided to get vaccinated. We know for a fact from other diseases that vaccines save lives. The COVID-19 vaccines were tested on people with a wide range of health conditions and were shown to be safe and effective. The vaccine trials only included a few people with kidney disease and none with transplants, so it’s true that we don’t have a lot of direct data in kidney patients yet.* However, as doctors and scientists, we can still make recommendations based on the data we do have, along with our experience and judgement.

Based on a combination of information about these new vaccines in the general population and what is known about other types of vaccines in kidney patients, several national groups representing kidney, dialysis, transplant and infectious disease doctors have recommended the vaccine for people with kidney disease. These experts believe the benefits of vaccination in preventing the known dangers of COVID-19, especially in high risk kidney patients, outweighs the small, potential risk of side effects from the vaccines themselves, as has already been shown to be true in the general population. Since the FDA’s approval of both the Pfizer and Moderna vaccines, millions of doses have been given around the world, including to people with kidney disease, on dialysis and with kidney transplants, like me.

We still need more data in people living with kidney disease and transplants, but after reviewing studies and talking with my doctors, other health care workers with transplants, immunologists and infectious disease experts, I was very comfortable with my decision to get vaccinated as soon as I could. The benefits of taking the vaccine outweighed the potential risks for me!

I had only mild arm soreness after my first and second doses. Even though some people have a fever, fatigue and aches for a short amount of time after getting vaccinated, these reactions are much milder and last much shorter than the potential symptoms of a full-blown coronavirus infection. In fact, these reactions are a sign that your immune system is responding well to the vaccine and is prepared to fight the actual virus when if and when it comes. I believe in the science and research behind the vaccines and am super excited to participate in studies that are already happening to understand how well these new vaccines work in people with kidney disease. By being a part of a research study, my experience getting the vaccine can continue on next page >
help inform and reassure doctors and other people with kidney disease about the safety and efficacy of the vaccine.

It is perfectly fine to have questions and to talk with your doctor about what is right for you at this time. New information will continue to come out about COVID-19 infections, the vaccines and treatments, and the medical advice doctors give may change with the new information. If you and your doctor decide it’s not the right time for you to get the COVID-19 vaccine yet, that just makes it even more important for those around you, including friends and family, to receive the vaccine when they are able, so they can reduce the risk of carrying the infection and protect you as much as possible.

Even now after being fully vaccinated, I will continue the things I have been doing all along to protect myself from COVID-19, including staying home as much as possible, social distancing, wearing a mask and washing my hands. These precautions will continue to be important whether or not you choose to receive the vaccine now, as we continue to learn more about how the vaccines are working in people with kidney disease and how long their protection lasts.

*Additional studies have come out since the time I originally wrote this article. New data suggests that the vaccines are safe in kidney transplant recipients, but they may not provide complete protection against COVID-19 for us as they do for the general public. More complete studies in transplant recipients are still going on. I still believe that some protection against COVID-19 is better than no protection at all. If you are living with a kidney transplant, please remember to continue to practice safe social distancing, mask wearing and hand washing techniques, even after you get vaccinated, to ensure your safety.

**Kidney Kitchen**

This dessert is perfect for satisfying your sweet tooth! Bring it along to a BBQ this summer to wow your vaccinated friends and family. Check out many more kidney-friendly recipes at KidneyFund.org/kitchen. As always, please speak with your doctor and dietitian to come up with a food and fluid plan that is healthy for your unique needs.

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### Pineapple Strawberry Upside Down Cake

**Makes:** 8 low-phosphorus, low-potassium, low-sodium, low-protein servings

| Prep time: 20 min | Cook time: 50 min | Total: 1 hr 10 min |

*Recipe contributed by FamilyCook Productions*

**Ingredients**

- 1 whole, small (452 grams) pineapple, peeled and cored, cut into ½-inch thick rings
- ½ cup (76 grams) strawberries, halved
- 1 tablespoon and ⅓ cup brown sugar, divided
- ⅔ cup white sugar
- ⅔ cup milk
- 3 tablespoons sunflower oil
- 1 medium egg
- 1 teaspoon lemon juice, freshly squeezed
- ½ teaspoon vanilla extract
- 1 ¼ cups cake flour
- 1 ¼ teaspoons baking powder
- ¾ teaspoon sea salt

**Special Equipment**

- Parchment paper
- 9-inch round cake pan

**Instructions**

1. Preheat oven to 350°F.
2. Place pineapple rings onto the parchment paper lined cake pan, distribute evenly. Cut additional slices in half to line sides of pan.
3. Fill centers of pineapple rings and gaps with strawberry halves in an attractive and even pattern.
4. Sprinkle 1 tablespoon of brown sugar over the strawberries, distributing evenly.
5. Whisk together remaining brown sugar, white sugar, milk, oil, egg, lemon juice and vanilla extract in a large mixing bowl.
6. Whisk together cake flour, baking powder and salt in a separate medium mixing bowl. Add to moist ingredients and mix until all ingredients are incorporated.
7. Pour batter into cake pan on top of pineapple and strawberries.
8. Bake for 50 to 55 minutes, or until a toothpick comes out clean.
9. Invert cake immediately and carefully by placing a plate on top of the cake pan and flipping over so the cake drops down.
10. Remove parchment paper very carefully.
11. Cool for 10 minutes, then cut evenly into 8 pieces.

**Nutrition facts** (1 serving = 1 slice)

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<tr>
<td>Fiber = 1 g</td>
<td>Protein = 4 g</td>
<td>Potassium = 215 mg</td>
</tr>
</tbody>
</table>

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Dr. Ken Sutha is a pediatric nephrologist, researcher and two-time kidney transplant recipient from Menlo Park, California. He was honored as AKF’s 2019 Hero of Hope at The Hope Affair. In addition to his professional career, Dr. Sutha is an AKF Ambassador, advocating for public policy that supports patients, funds kidney disease research, increases kidney transplants and improves care.
What's new in Kidney Kitchen®

One of the best things you can do to manage or slow down the progression of kidney disease is to eat and drink healthy, kidney-friendly foods and fluids. AKF’s Kidney Kitchen® is a great resource to help you get started, and we’ve cooked up some exciting updates over the past few months.

New great look, same great kidney-friendly recipes

We are constantly working to improve your Kidney Kitchen experience, and we recently made some big behind-the-scenes changes that we are excited to share with you! Visit KidneyFund.org/kitchen to meet our Kidney Kitchen contributors, discover featured recipes that fit your nutrient goals and use our improved search bar to find your favorite kidney-friendly eating resources, recipes, guides and videos.

Improved recipe searching

We made it easier for you to search for recipes based on your exact needs. Need a side dish that is low in sodium and phosphorus, high in protein, gluten free and also easy to make? We have you covered! You can now search by meal type, nutrient type, dietary preference and difficulty level. Head over to the Find Recipes page and filter your searches to see only the recipes that match what you are looking for.

600 recipes and counting

Kidney Kitchen is now home to more than 600 kidney-friendly recipes that cover a wide variety of tastes, cuisines and dietary preferences. If you can’t decide which recipe to make first, try our Black Forrest Dessert—the 600th recipe to be added to the site.

New recipe collections

We added more recipe collections to Kidney Kitchen, which you can find by hovering over the Recipe Collections menu option at the top of every page on the website. Through our partnership with the National Heart, Lung, and Blood Institute and its The Heart Truth® program, we have added more than 30 kidney-friendly recipes that are also healthy for your heart. Find them all in our Heart Healthy collection.

Our new Latin American and Asian American/Pacific Islander collections feature traditional and new takes on your favorite dishes, including Huevos Rancheros and Teriyaki-Glazed Salmon with Stir-Fried Vegetables. By popular demand, we also added vegetarian and vegan recipe collections so it’s easier than ever to tell which recipes fit your lifestyle. Try our vegetarian Honey Dijon Cobb Salad for a filling lunch and our vegan Spicy Miso Ramen Soup for dinner.

Updated nutrient and stages pages

Our nutrient pages have important information on the nutrients people with kidney disease should pay attention to, and these pages all have a new look and feel to them. You can find important information and guidance on sodium (salt), protein, potassium, phosphorus, carbohydrates, fats, sugar and fluid to help you stick to the kidney-friendly food and fluid plan recommended by your doctor and dietitian.

Kidney-friendly eating can mean different things depending on your stage of kidney disease, and our stages pages contain information and general recommendations for people with all stages of kidney disease, including kidney failure (on dialysis) and living with a kidney transplant. We updated these pages with the most recent guidance and to give them a new look and feel. Remember—everyone’s body is different so please be sure to speak with your doctor and dietitian to come up with a food and fluid plan that is healthy for your unique needs.

We regularly add new recipes and features to Kidney Kitchen, so be sure to stop by often. We have a lot of great things planned. Happy cooking!
Keeping the memory alive: KidneyNation spotlight

When Dawn Finley's first kidney transplant failed after just three years, her son, Jose Ortiz, became determined to give his mother another chance at life. He saw how hard dialysis was on her and how she did not travel outside their home state of New Jersey to visit friends because she felt tethered to the machine that sustained her life. “The social impact of dialysis,” he says, “really struck me.”

After a year of setbacks in the process, Jose donated his kidney to Dawn in August 2007. Dawn was extremely grateful to Jose, and he noticed a “remarkable” physical change in her almost right away—she looked 10 years younger and full of life after the transplant. His gift gave his family nearly 10 more years with Dawn, who sadly passed away in October 2016. Her memory lives on, though, thanks to Jose.

Jose started a trivia company, TriviAddiction, in 2017 and he had been hosting many in-person trivia events before COVID-19 made that impossible. Shortly after the pandemic hit the U.S., Jose moved his trivia company online so he could host events for people stuck at home all over the country. Around the same time, he also decided he wanted to give back to a kidney charity in memory of Dawn.

Jose began a fundraiser for AKF through KidneyNation, AKF’s do-it-yourself fundraising program. He thought the program seemed easy—people could pay a small fee to play trivia and have fun, while he honored his mom. He says what struck him about AKF is the fact that 97 cents of every dollar donated is spent giving back to the kidney community, and that “raising just $1,000 can help five kids with kidney disease go to summer camp” and still get the medical treatment they need.

In April, Jose hosted a Dawn Finley Memorial Trivia Benefit and invited AKF staff to play, which was loads of fun and raised $1,800 for our programs and services! Every trivia question he asked was inspired by his mom, from her interests to the music and movies she liked. Jose says Dawn's "lasting legacy" is the importance she placed on spending time with family and friends, so it is no surprise that he planned every aspect of the event with such passion for the woman he was so close to and who still means so much to him. “When I think of her,” he says, “I always think of her working to spend every minute she could with those she loved.”

Aside for raising funds for AKF, Jose wants everyone to know what it is like to save someone’s life through living organ donation. He says that if you are healthy enough and have the chance to donate a kidney to someone in need, you should because “it is an opportunity to give life while maintaining yours.”

For more information about AKF’s KidneyNation do-it-yourself fundraising platform, visit KidneyNation.org.
AKF hosts free monthly webinars on many important topics relating to kidney disease. We record all of our webinars, so if you can't watch them live, you can always watch them later at your convenience at KidneyFund.org/webinars.

The link between Fabry disease and your kidneys

Fabry disease is a rare genetic disorder that damages different organs in the body, including the kidneys. Even though Fabry disease is rare, if one person has it, five of their family members may also be affected by it. It is important to get tested to find out if Fabry disease runs in your family and to take the first step in getting the right care. **What you'll learn:** Signs, symptoms and progression of Fabry disease, how Fabry disease causes kidney disease, treatment for people with Fabry disease, and how Fabry disease affects families.

Anemia chat: Understanding anemia of CKD

Healthy kidneys filter waste and extra fluid from your body, but that is not their only job. When you have kidney disease, your kidneys may not be able to help your body make red blood cells. Anemia happens when there are not enough healthy red blood cells in your body, and it is a common complication of kidney disease, especially for people on dialysis. **What you'll learn:** Anemia signs and symptoms, how kidney disease can cause anemia, and how to manage anemia if you have kidney disease.

Kidney chat: Ask a caregiver

Learning you need to start dialysis can be overwhelming, and you may have to create a new normal for yourself and your loved ones once you start. While you adjust to regular treatments and change your eating habits, you may also have to rely on friends or family members for help with getting to appointments, doing in-home treatments and other daily activities. **What you'll learn:** How you and your caregiver can prepare for the first 30 days of dialysis and beyond, important questions to ask your dialysis treatment team.

Questions about setting up a new Grants Management System (GMS) patient profile?

Need to reclaim your existing profile? See our step-by-step guide at KidneyFund.org/gms-registration.
On dialysis, trying to manage phosphorus?

lighten your day

THE VELPHORO WAY

• Velphoro® (sucroferric oxyhydroxide) is a stronger phosphate binder. Because it’s stronger, you can take fewer pills...and lighten up your whole day.

• Velphoro is easy to take. Most people were able to maintain phosphorus control with only 3 or 4 tablets per day*—not 3 or 4 per meal as with some other binders.

Find out more at www.velphoro.com, and ask your doctor if Velphoro is right for you.

*The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day.

INDICATION
Velphoro® (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

IMPORTANT SAFETY INFORMATION
Velphoro chewable tablets must be taken with meals. Velphoro should be chewed or crushed. Do not swallow whole. Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and other supplements. Velphoro can interact with other medicines.

Tell your healthcare provider if you have any of the following: peritonitis (an infection) during peritoneal dialysis, significant gastric or liver disorder, recent major gastrointestinal [GI] surgery, a history of hemochromatosis or other disease that results in iron build-up in the body. People with these conditions were not included in clinical studies with Velphoro, and your healthcare provider will monitor your iron levels while you are taking Velphoro.

Velphoro can cause side effects. The most common side effects are discolored feces, diarrhea, and nausea. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. To report negative side effects associated with taking Velphoro, contact Fresenius Medical Care North America (FMCNA) at 1-800-323-5188. You are encouraged to report negative side effects of prescription drugs to the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

Before taking Velphoro, tell your doctor if you are pregnant, plan to become pregnant, or breast-feeding. For more information please see accompanying brief summary of full Prescribing Information, or visit www.velphoro.com.
What is Velphoro and how should it be used?
Velphoro (sucroferric oxyhydroxide) is a phosphate binder used to control phosphorus levels in adult patients with chronic kidney disease on dialysis.

How should Velphoro be taken?
Velphoro tablets can be chewed and not swallowed whole. Tablets may also be crushed to help with chewing and swallowing.

The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day, taken as 1 tablet (500 mg) 3 times daily with meals.

Follow all directions on your prescription label. Your physician may adjust your dose, as often as weekly, by 1 tablet per day until you meet your phosphorus goal.

How is Velphoro available?
Velphoro (sucroferric oxyhydroxide) is available as a 500 mg chewable tablet.

Is there any reason that you cannot take Velphoro after being prescribed by your doctor?
No.

Important note
Velphoro has not been studied in patients with peritonitis while on peritoneal dialysis, or those who have stomach or liver disorders, iron diseases, or those who have had abdominal surgeries. Tell your doctor if you have or had any of these.

What are some possible side effects?
The most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

The following adverse reactions were identified after had been on the market by some patients and were reported voluntarily.

Tooth discoloration
Skin rash

The risk information provided here is not comprehensive. To learn more, talk about Velphoro with your healthcare provider or pharmacist. The FDA approved product labeling can be found at www.velphoro.us/ or 1-800-323-5188.

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

What should you discuss with your physician when taking Velphoro?
Some drugs may interact with Velphoro. Tell your health care provider(s) about all medicines you use now and any medicine you start or stop using.

Tell your doctor if:
You are pregnant or nursing

What happens if you take more than prescribed?
There are no reports of overdosage with Velphoro in patients. Low phosphorus levels should be treated by standard clinical practice.

Velphoro has been studied in doses up to 6 tablets per day.

HOW SUPPLIED/STORAGE AND HANDLING
Velphoro is a chewable tablet supplied as brown, circular, bi-planar tablets, embossed with “PA 500” on 1 side. Each tablet of Velphoro contains 500 mg iron as sucroferric oxyhydroxide. Velphoro tablets are packaged as follows:

NDC 49230-645-51 Bottle of 90 chewable tablets

Storage
Keep the bottle tightly closed in order to protect from moisture.

Store at 25°C (77°F) with excursions permitted to 15 to 30°C (59 to 86°F).

Distributed by:
Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451