



Welcome to the May Q&A!

Trusts represented today include:

North Bristol, Oxford, Cambridge, Lister,
Wolverhampton, Royal Derby, Cork, Barts,
Manchester, Northampton,

Supply Problems



- 25mg Vanquoral – OOS till May
 - Dose adjustment/brand switches
- Trisodium citrate 30% - seems resolved
- Basiliximab QA product recall – WFI, most trusts now able to get stock, Novartis not releasing until process in place for dealing with WFI,
- Calcichew – may be a cost saving if using Adcal
- Urocit K
- Urokinase/Alteplase – still an issue, nothing new
- Oxycodone Liquid –
 - high strength (10mg/ml) governance issue
 - immediate release capsule available
 - unlicensed available but v pricey
 - risks with oramorph but could consider v low doses
 - Still reasonable stock at wholesalers
 - Resolution June
 - Stock now okay for most trusts, stock should be back in June. Some trusts unable to get until July
- New (Ascot) tiopronin available – Oxford getting in, 100 mg TDS = £7k per year. Being made as a special, currently out of stock.

Q&A Themes - Renal



- Rituximab access for membranous nephropathy in non-commissioned site for renal services.
- Bisphosphonate use in ESRF
- Ofatumumab for minimal change not an option – consider Obinutuzumab
- s/c magnesium replacement for Gittleman's
- Finenerone applications progressing
- Anti-GBM – experience of IVIG or Rituximab (instead of PEX/Cyclophosphamide)?
- Voclosporin – commissioned by NHSE – Blueteq??
- Paxlovid dosing GFR < 30ml/min – unlicensed dosing - Blueteq required until 29th June.
- Nephrotic syndrome – considerably fluid overloaded – LMWH dosing ABW, IBW, AdjBW – Treatment dose or Prophylactic dose – Anti-Xa or not....
 - KDIGO suggests to give Tx dose
 - Disparity between consultants as to whether to use Tx or prophylaxis
 - Some trusts use warfarin instead of DOACs – increasing number of papers looking at apixaban in nephrotic syndrome.
- Dosing weight for calculating CrCl – should use AdjBW for patients > 100 kg

Q&A Themes - Dialysis



- Roxadustat in HD for those with reactions to ESA – tolerated HIF ok.
 - Interactions with statins, more potent with atorvastatin 80 mg. Will monitor ?CK levels
 - No issues with a patient on 10 mg
 - No deranged LFTs or adverse effects
 - Only with higher HIF doses
- VOTE: Line locks via pharmacy stores (20) or general stores (11) – governance concerns
- Stability data for gentamicin added to PD bags
- Anxiolytic suggestions prior to HD – lorazepam 1 mg
- Avibactam/Ceftazidime dosing in HD – suggestion 0.75g/0.1875g 3 x week or 48hourly
- Simplified trial – colecalciferol temperature monitoring in dialysis unit
- VOTE: Pivotal High dose iron used: Yes 11; No 7
- VOTE: Patient's receiving HIFs: Yes 12; No 7.
- VOTE: HIF Numbers: <5 (9), 5 to 9 (3), 10-14 (0), 15-19 (0), 20-24 (0), >25 (0)

Q&A Themes - Transplant



- Imlifidase – supply agreements
- Mycophenolic acid (Myfortic/Ceptava) access – not commissioned?
 - CM taking back to the CRG
- Eculizumab – prior approval aHUS NHSE commissioning
 - Patients on transplant waiting list – can order in eculizumab, NHSE will reimburse if it expires.
- Monkey Pox vaccine (Imvanex) in renal transplant patients – dosing information is available for IS despite appearing to be live vaccine. A centre has used in at least 2 patient

Updates



- Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis
 - Technology appraisal guidance [TA825] Published: 21 September 2022
- Marabivir for treating refractory cytomegalovirus infection after transplant
 - Technology appraisal guidance [TA860] Published 18 January 2023

Updates



- Finerenone for treating chronic kidney disease in people with type 2 diabetes [ID3773] **UKRPG**
 - In development [GID-TA10820]Published: 23 March 2023
 - Chat within ICBs around traffic light status. ICB preferring amber, secondary care asking for green. Concern that applicable patients may not be under either renal/endocrinology, inequitable. Or will primary care referrals -> secondary care will increase. NICE TA vague around secondary care use
- Difelikefalin for treating pruritus in people having haemodialysis [ID3890]
 - In development [GID-TA10793]Expected publication date: 26 April 2023
 - TA out ?next week
 - Can be used for moderate-severe pruritis, not specified in NICE order of treatment.
 - Can have up to four times weekly in wash-back on dialysis
 - Need to use itching scale as per clinical trials.
- Voclosporin with immunosuppressives for treating lupus nephritis [ID3962]
 - In development [GID-TA10878]Expected publication date: 26 April 2023
 - ?monitoring required
 - Blueteq

New Q



- Paxlovid – use in GFR < 30 ml/min
 - Awaiting NICE to change their guidance. Will not be reimbursed if using outside of guidance.
 - Dosing recommendations on UKKA Homepage
 - Once commissioning changes, no longer need Blueteq
 - Most trusts not giving if GFR < 30 ml/min
 - Dose in RDD is different to Liverpool interaction checker – evidence to support higher dose
 - Meeting with Liverpool interaction checker team pending
 - Scotland not using yet but will do once patient cohort that requires.

New Q



New Q



New Q



New Q



May Q&A - Close



Thank you for attending!

Next Q&A: Wednesday 13th June

Keep in touch throughout the month on **WhatsApp Q&A Group**

- 90 participants throughout UK and Ireland
- Useful real time forum for clinical Q's
- Please consider joining!





