

# RPG – February Q&A



## Welcome!

Trusts Represented today include:

Newcastle, Oxford University Hospitals, Cambridge, Wolverhampton,  
Cornwall, Northampton, Manchester, Reading, Ayrshire

# Feb – Q&A Themes

- **Supply issues**

- Mupirocin nasal
- Chlorhexidine 4%
- Tolvaptan 45/15 and 90/30 Jinarc and Teva – intermittent issue, not experienced by everyone
- Valganciclovir 450mg tablets - resolved
- Urocit-K 10mEq – not many people using?
- HTK
- Calcichew
  - Plain adcal, calcichew forte, calvive? as alternative
  - For binder switch to calcium acetate

# Feb – Q&A Themes

## • Renal 1

- Markers used for iron stores – Ret Hb used by anybody
  - Manchester has looked at in the past – anaemia nurses have data on this. Would it change management? NICE recommend as a more preferable measure. Cambridge also auditing this.
  - Note widely adopted routinely yet
- Roxadustat progress – robust service in place yet anywhere?
  - Some experience in Cambridge, Newcastle
  - Some required dose reductions
  - Not used for dialysis patients so far
  - Not yet tried for EPO switch
- Suby G infused into nephrostomy - experience
- UK anticoagulant prescribing in CKD published
  - To attach link
  - Next steps – developing UKKA guidelines – hopefully available by end of the year
- Urocit-K 10mEq supply problem – Sibnaya granules instead?
  - Sibnaya not NICE approved for England
- LMWH – porcine origin – alternatives if avoiding for religious reasons
  - Circuit anticoagulation – argatroban, fondaparinux
  - More difficult for VTE prophylaxis – Manchester used fondaparinux with specific Xa monitoring (not done in many places), no need for further circuit anticoagulation (2.5mg alternate days)
- GnRH hormonal treatments for fertility protection
  - Manchester normally speak to fertility team prior to starting treatment in younger females, has some papers
  - Monthly leuprorelin e.g. whilst on treatment
- Tetrabenzine in CKD GFR in the 20's
- Lokelma via NG/NJ – experience
  - Experience on critical care – worked ok (Cambridge)

# Feb – Q&A Themes

## • Renal 2

- Remdesivir use in GFR < 30 but not on dialysis – anybody
  - Not allowed for commissioning?
- Remdesivir timing of doses if used on HD
  - After HD
- Ramipril max dosing of 5mg daily in SPC for CrCl < 60ml/min for some indications. Anybody noticed this – caused any issues GPs?
- Protocol request for AAV
- BlueTeq access for Avacopan – only Rheumatology centres in some parts of the country
  - Only certain centres have access to Blueteq form – commissioning issue?
  - Cambridge – regional MDT to discuss patients as per criteria, 5 patients so far
- Calcium gluconate 10% 10ml over 5 mins or 30ml over 5 mins or somewhere in between
  - RA recommends a rate quicker than is licensed (30mL over 15min on Medusa) – more detail in the WhatsApp thread
  - Guidance review? Will take to guidelines panel
- Potassium binder for hyperkalaemia – Lokelma or Patiromer
  - ?Patiromer potentially cheaper
- Conversion ergocalciferol to colecalciferol
- Avacopan – monitoring schedule LFTs
- Rituximab antibody testing done anywhere

# Feb – Q&A Themes

## • RRT

- Palbociclib in dialysis patient
- IV iron self administration at home
  - Some centres do – 50/50 split
  - Diafer v Venofer – there is a paper regarding differences in free iron release – potentially implications for reactions? Will share
- Hep B vaccination in renal centre – experience: in clinics/on dialysis, brand used – Fendrix, HBVaxPro, Engerix.
- High dose daptomycin 10/10/12 post HD
- Tocilizumab experience Covid and HD
- Denosumab in HD protocol
- Stability data for Ceftazidime IP in 2l extraneal

# Feb – Q&A Themes

## • Transplant

- Generic everolimus from Votubia brand
- Sirolimus to everolimus switch
- Tacrolimus and rifampicin interaction – experience using
  - Oxford has experience – big doses of tac required
- Cidofivir dosing protocols for CMV in transplant
  - New CMV treatment available – maribavir, CMV specific immunoglobulin (life threatening CMV)
- Anybody use IVIG for treatment resistant BK virus
  - Some centres have experience in using with mixed results
- Interpreting tacrolimus levels in patients with low albumin
  - No range for free levels – just use whole levels
- Specific giving set for IV tacrolimus
- Oral to s/l tacrolimus – 1:1 conversion

# Updates

- Membranous GN - NHSE Commissioning
  - <https://www.england.nhs.uk/publication/clinical-commissioning-policy-rituximab-for-idiopathic-membranous-nephropathy/>
- EMPA KIDNEY
  - <https://www.nejm.org/doi/full/10.1056/NEJMoa2204233>
- STOP ACE
  - <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2210639>
- Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis
  - Technology appraisal guidance [TA825]Published: 21 September 2022

# 2023 – On the Horizon

- Finerenone for treating chronic kidney disease in people with type 2 diabetes [ID3773]
  - In development [GID-TA10820] Expected publication date: 22 March 2023
- Difelikefalin for treating pruritus in people having haemodialysis [ID3890 ]
  - In development [GID-TA10793] Expected publication date: 26 April 2023
- Voclosporin with immunosuppressives for treating lupus nephritis [ID3962]
  - In development [GID-TA10878] Expected publication date: 26 April 2023



# RPG Conference

- Save The Date!
- 22<sup>nd</sup>/23<sup>rd</sup> September in Manchester
- Abstract deadline 4<sup>th</sup> August

# Feb Q&A - Close

REMINDER: WhatsApp Q&A platform – 70+ participants; Very useful real time forum for clinical Q's – please consider joining.

Thank you for attending.

Next Q&A: Tuesday 14<sup>th</sup> March @ 1pm