

RPG – August Q&A

Welcome!

Trusts Represented today include:

Oxford University Hospitals, North Bristol Trust, Cambridge, Newcastle, Sheffield, Royal Liverpool, Kilmarnock, Reading, Leicester, Derby

Aug – Q&A Themes

- **Supply issues**

- Alteplase – new restrictions with the larger vials, will affect other medical teams more, may be issues with urokinase but hopefully not going to affect renal.

- **Renal**

- Liquid phosphate binders – can use dispersible calcium supplement Cacit down an NG tube, not often used, would increase calcium levels but can be used as a binder. Sevelamer sachets also used.
- Headache with Tolvaptan
- IV cyclophosphamide protocols
- Monofer experience
- Gittlemans – potassium supplementation
- Alfacalcidol – avoiding ethanol / gelatin
- Baracitinib for Covid in low GFR
- Covid treatment in PD
- Shingrix vaccine
- Nalfurafine uraemic itch

- **RRT**

- High dose paricalcitol IV
- Teicoplanin administration

- **Transplant**

- Perfusion fluid – cases of high potassium
- Covid booster timing post transplant
- CMV post transplant prophylaxis protocols

Aug – Q&A Themes

- **Procedural/Guidelines**
 - JD MMT
 - Self-checking
 - Tolvaptan
 - Kidney research UK grant applications
 - Lokelma guidelines for primary care
 - Urokinase
- Argatroban for HIT
- Ofatumumab for ANCA refractory to ritux
- SGLT2i
- Potassium supps for gitelmans

Aug – Important Updates

- Roxadustat for treating anaemia in people with chronic kidney disease
 - Expected 13.7.22
- Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease
 - Expected 20.7.22
- Finerenone for treating chronic kidney disease in people with type 2 diabetes
 - Expected 14.9.22

Unanswered Q's - 1

Sibnayal – slow release potassium bicarbonate for tubular renal acidosis, reviewed by NICE currently, due October 2022. Newcastle Trust has been asked about it, no other trusts on the call yet. Await NICE review.

Unanswered Q's - 2

Rituximab for membranous nephropathy – most trusts are using but having to pay for it, still awaiting national funding for this, likely cheaper than 1 year's worth of CNIs. Often using prior to ponticelli/cyclophosphamide. Royal Free and Leeds, do two doses and await response.

Unanswered Q's - 3

APD patient with exit site infection, patient administered an IV vancomycin dose, need to await levels then give. Take levels 24 hourly as per usual IV dosing in haemodialysis.

Aug Q&A: New Q

Tolvaptan – patient complaining of getting thrush soon after starting treatment, oral spread to genital. No other trusts have noticed this.

Wash-out period for patients who want to get pregnant, no information in the literature but consensus of 4 weeks. Confirmed in Teva literature.

Aug Q&A: New Q

Roxadustat – what are other centres doing in renal anaemia protocol. Costing – substantial reduction but likely more expensive than EPO still, depending on trust reductions. Most trusts looking at small numbers. Need to look into cost pressures re nursing costs. On the patient access scheme, will likely take time to get through to primary care. Homecare providers think it will be possible but dose changes will be challenging while getting used to the new medication, response etc. ICS funded pass-through, blood testing funded by secondary care.

Aug Q&A: New Q

Burosumab on free of charge scheme – are any trusts using it and if so please could we send any information onto NBT.

Aug Q&A: New Q

- Shingrix vaccine - ?okay for transplant patients. Some trusts are using it post-transplant and have been okay. Non-live vaccine. Only in over 70s as per commissioning.

Aug Q&A: New Q

- Acetazolamide in renal impairment – renal Drug Database says to avoid in $< 10\text{ml/min}$ but used in risk vs benefit situations and no issues noted in those who have used it.

Aug Q&A: New Q

- 9 Regional Operational Delivery Networks (ODN's)
- North East subdivided into Transplant and haemodialysis meetings, no other pharmacists yet
- Recommendation from GIRFT and subsequently RSTP
 - *'Provide strategic oversight and direction for local renal services including the design, guidance and promotion of optimal renal care pathways'*
- Improve equity of access, reduce unwarranted variation, continuous improvement, increase value for money, manage crises where this arises

Aug Q&A: RPG Conference

- UK RPG Conference 2022
- September 23rd & 24th
 - Arden Hotel Birmingham
 - Face to face
- A draft conference programme can be viewed [here](#)

Aug Q&A - Close

REMINDER: WhatsApp Q&A platform - 53 participants; Very useful real time forum for clinical Q's – please consider joining.

Thank you for attending.

See you in September!

Next Q&A: Tuesday 13th @ 1pm