

RPG – June Q&A

Welcome!

Trusts Represented today include:

Oxford University Hospitals, North Bristol, Norfolk and Norwich, Guy's and St Thomas', Royal Liverpool, East and North Hertfordshire, Leeds, Ayrshire

June – Clinical Themes

- Alteplase and high strength urokinase shortages
 - Taurolock U 25,000units
- Citralock shortage
- Tinzaparin Shortage
- Sodium thiosulphate supply?
- Fondaparinux circuit patency in dialysis
- SGLT2i
- Transplant
 - Tacrolimus i/v, alemtuzumab s/c, IS switch to sirolimus
- Cysteamine eye drops
- Uromune vaccine
- I/v alfacalcidol

June – Important Updates

- **Roxadustat for treating anaemia in people with chronic kidney disease [ID1483]**

1 Recommendations

1.1 Roxadustat is recommended as an option for treating symptomatic anaemia associated with chronic kidney disease (CKD) in adults only if:

- they have stage 3 to 5 CKD with no iron deficiency and
- they are not on dialysis at the start of treatment and
- the company provides roxadustat according to the commercial arrangement (see section 2.3).

Unanswered Q's - 1

- 01/06/2022, 10:28 am - Barts Health Trust: Has anyone ever given prophylactic isavuconazole on dialysis days only? Can't find anything about it
- **Limited experience (primarily used in heart and lungs)**
- **Some research been done by consultant pharmacist in Royal Brompton and Harefield**

Unanswered Q's - 2

- 24/05/2022, 9:40 am - East and North Hertfordshire Trust: Morning everyone, micro have advised high dose tazocin for one of our hd patients ie the hd equivalent of 4.5g QDS. Has anyone ever used more than 4.5g bd? Thanks
- 24/05/2022, 10:33 am - Sheffield Teaching Hospitals Trust: Hi East and North Hertfordshire Trust, in patients we used to give TDS Tazocin for acutely unwell patients before stepping down to BD. But this was only ever for 24 hours, not sure we've done higher frequencies for longer periods for a while. Our ITU lot who cover HDU do routinely use TDS though
- **Limited experience in use above 4.5g BD (exception for short period 24-48hours during acute phase)**
- **Some concerns over neurotoxicity above current recommended dose regimen**

Unanswered Q's - 3

- 31/05/2022, 11:08 am - Sheffield Teaching Hospitals Trust: Has anyone given levofloxacin IV in haemodialysis? Renal handbook suggests 250-500mg then 125mg 24-48 hourly. But the "other info" at the bottom suggests max 500mg every 48 hours? Is it just a case of monitoring for neurotoxicity if commencing at high dose?
- 31/05/2022, 12:10 pm - Manchester University Hospitals Trust: We had a patient with severe legionnaires disease who had haemodialysis in ICU. Because of severity of infection we used 500mg loading followed by 48hrs 250mg daily then dropped to 125mg daily. There's also risk of prolonged Qtc and our patient was also on methadone so we were a little cautious.
- **North Bristol - rarely give high doses but have assays available to run levels if needed**

Unanswered Q's - 4

- 26/05/2022, 11:10 am - Lancashire Teaching Hospitals: anyone got protocol for vancomycin line locks with a fibrinolytic?
- **North Bristol – some experience of using vancomycin + heparin**

Unanswered Q's - 5

- 25/05/2022, 1:36 pm - East and North Hertfordshire Trust: Hi all looks like citralock supplies are now an issue. Synermed have emailed this afternoon about an outstanding order we have.....
- **East and North Herts/Oxford – switched to CitraFlow (Valiant)**
- **Leeds – seldomly use CitraLock (only used in patients with heparin allergy)**

June Q&A: New Q

- Any guideline/formulary work being done on Roxadustat in the local units?
- **East and North Herts/Ayrshire:**
 - awaiting to confirm pricing
- **Leeds:**
 - dosing regimen and conversion with ESA/iron therapy under review
 - predictive algorithm for the management of renal anaemia used to review renal anaemia management (ESA/iron therapy); literature will be shared
- **Oxford/Leeds:**
 - concerns over cardiovascular safety
- **All: limited experience so far in clinical practice across most units**

June Q&A - Close

REMINDER: WhatsApp Q&A platform - 45 participants; Very useful real time forum for clinical Q's – please consider joining.

Thank you for attending.

See you in July!

Next Q&A: Tuesday 12th July 1pm