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P030-Introduction of a lower cost branded calcineurin inhibitor for maintenance immunosuppression in kidney transplant recipients at a large UK transplant centre

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The potential cost saving arising through adoption of lower cost, branded calcineurin inhibitors in place of Prograf® for maintenance immunosuppression after kidney transplantation is substantial. Tacrolimus in combination with mycophenolate mofetil and prednisolone has been the principle immunosuppressant regimen for kidney transplant recipients at our centre for 12 years. Until recently, we exclusively used Prograf® for patients receiving immediate release tacrolimus. In 2018/19, as a part of the nationally mandated repatriation of immunosuppressant prescribing, we elected to change from Prograf® to Adoport®, aiming to realise a significant cost saving to the unit and commissioners. Key priorities were: effective communications; avoiding additional outpatient appointments and blood tests; minimizing disruption to service delivery; minimising waste of pre-dispensed drugs and maximising potential cost saving.

The centre has a sizeable post-transplant patient group of over 1500, attending one of 4 weekly clinics and supported by a dedicated transplant pharmacist and administrative team. Patient records were reviewed by the pharmacy team to determine applicability of the switch. Some 900 patients were identified as suitable for conversion from Prograf® to Adoport®. The remainder of the patients were ineligible due receipt of non-calcineurin inhibitor based immunosuppression, extended-release tacrolimus or ciclosporin. The agreed time frame for completing conversion of the group was 12 months. In addition, Adoport replaced Prograf for newly transplanted patients.

The team created a large internal advertising campaign for patients with posters, leaflets and patient letters circulated several months before commencement date. The team devised a simple process utilising separate medication bags and coloured stickers to assist patients in timing the Prograf® to Adoport® switch. The switch was individually planned to ensure that Prograf® stock was used before commencing Adoport® at a structured interval, typically 2 weeks prior to the next scheduled outpatient appointment. This avoided additional appointments arising directly from the switch. The transplant pharmacist was available in clinic to speak to patients where concerns arose.

The switch (on going) has proceeded ahead of plan with 700 of 900 patients converted within the first 4 months of the 12 months implementation window. The process is anticipated to complete within approximately 6 months of commencement. Patients have transferred to Adoport without major incident. The team performed small PDSA cycles throughout, starting with the smallest transplant clinics and adjusting the process for larger clinics. After some initial anxieties, the switch was readily accepted by the large majority of patients. The incidence of failed switch thus far is <1%. The requirement for additional appointments as a consequence of switching has been minimal.

In summary, switching kidney transplant recipients from Prograf to Adoport with minimal disruption to current service and securing cost savings whilst maintaining patient confidence, has proved successful to date.

One-hundred percent of patients were either likely or very likely to recommend the group education session to someone else with chronic kidney disease and the majority felt that the length and content was appropriate. Thirty-five percent felt they were very likely to make dietary changes following the session.

Conclusion: Group education sessions give an opportunity to provide general dietary education to new service users allowing increased time for targeted one-to-one Dietetic input. Patient satisfaction in regards to the content, format and overall experience of the education sessions rated highly making this a viable mode of service delivery.