CLINICAL AND ECONOMIC ASSESSMENT AFTER CHANGING BASILIXIMAB PROTOCOL IN HEPATIC TRANSPLANTATION

I. Plasencia García[1], E. Tevar Alfonso[1], A. De León Gil[1], A. González[2], A. Moreno[2], E. Marqués Güell[1], R. Jurado Lopez[1], M.Á. Ocaña Gomez[1], A. Montero Delgado[1], F. Merino Alonso[1]

[1] *Hospital Universitario Nuestra Señora de Candelaria, Farmacia, Santa Cruz de Tenerife, Spain.*
[2] *Hospital Universitario Nuestra Señora de Candelaria, Digestivo, Santa Cruz de Tenerife, Spain.*

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BACKGROUND

Up to 2014, basiliximab was used in our hospital as off label prescription for hepatic transplantation in patients for which, due to their baseline characteristics, beginning of tacrolimus should be delayed. Dosage is two 20 mg perfusions (days 0 and +4 after transplantation). The second dose could be skipped if the patient maintained a stable renal function. From 2014 on, all patients under transplantation receive the first dose in order to delay beginning of tacrolimus and to reduce morbidity and hospitalization time.

PURPOSE

Clinical and economic assessment after protocol change.

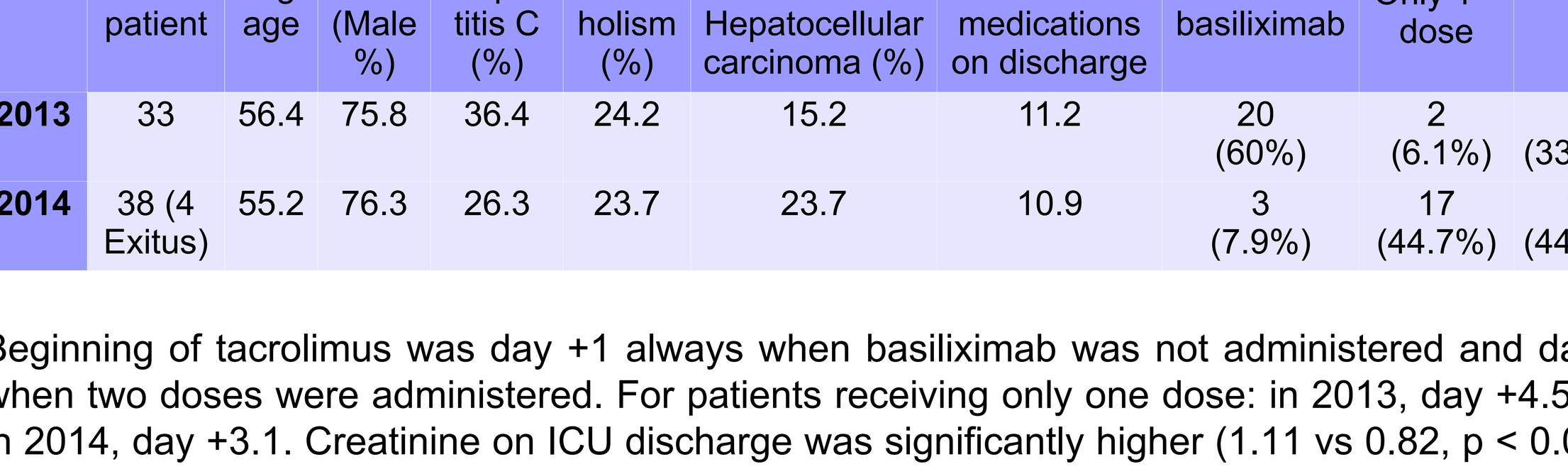
MATERIAL AND METHODS

Retrospective analysis of liver transplanted patients in 2013 vs 2014 (new protocol), registering: age, sex, diagnosis, creatinine on ICU and hospital discharge, ICU stay, global stay, number of basiliximab doses administered, day beginning tacrolimus treatment after transplantation, as well as global and per-patient economic cost.

RESULTS

	Nº of patient	Avg age	Sex (Male %)	Hepa-titis C (%)	Alco-holism (%)	Alcoholism+ Hepatocellular carcinoma (%)	Number of medications on discharge	Nº basiliximab	Only 1st dose	2 doses
2013	33	56.4	75.8	36.4	24.2	15.2	11.2	20 (60%)	2 (6.1%)	11 (33.3%)
2014	38 (4 Exitus)	55.2	76.3	26.3	23.7	23.7	10.9	3 (7.9%)	17 (44.7%)	17 (44.7%)

Beginning of tacrolimus was day +1 always when basiliximab was not administered and day +5 when two doses were administered. For patients receiving only one dose: in 2013, day +4.5; and in 2014, day +3.1. Creatinine on ICU discharge was significantly higher (1.11 vs 0.82, $p < 0.05$) in 2014, with no significant differences being found for creatinine prior the transplantation, on hospital discharge and global or ICU stay. Vials consumption was 0.75/patient in 2013 and 1.5/patient in 2014, with a global cost difference of **31,301.37€**.



Conclusion

In our population, protocol change has not shown clinical benefits in assessed parameters (creatinine and ICU/hospital stay). Preliminary estimation of 50% of patients not receiving second dose after protocol change was fulfilled.

Acknowledgements

Neuberger et al. Delayed introduction of reduced-dose tacrolimus, and renal function in liver transplantation: the 'ReSpECT' study. Am J Transplant 2009

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