

Use of Generic Tacrolimus in Paediatric Transplantation

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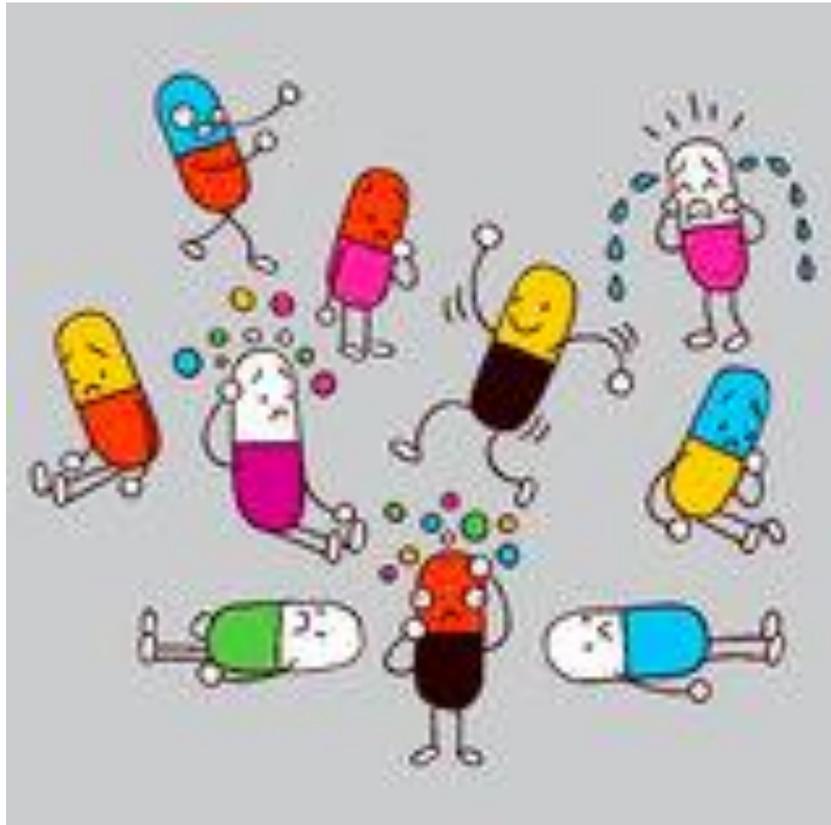
Evelina Children's Hospital London, Guy's & St.
Thomas's Trust



Cost of Drugs problem for everyone!



Generics – saves cost but how good?





Introduction

- Safety and efficacy data of generic immunosuppressive agents has been published for adult patients
- But no similar data for paediatric patients.
- This review is our centre's 21 month experience using Adoport (generic tacrolimus).

Aim

- The introduction of a generic tacrolimus in paediatric transplant recipients





Methods

- Retrospective review of paediatric renal patients who have received generic tacrolimus:
 - De novo for *new* paediatric renal transplants
 - Conversion from branded or liquid to generic tacrolimus in *existing* transplant patients

Results

De novo renal transplants

November 2012 – September 2014

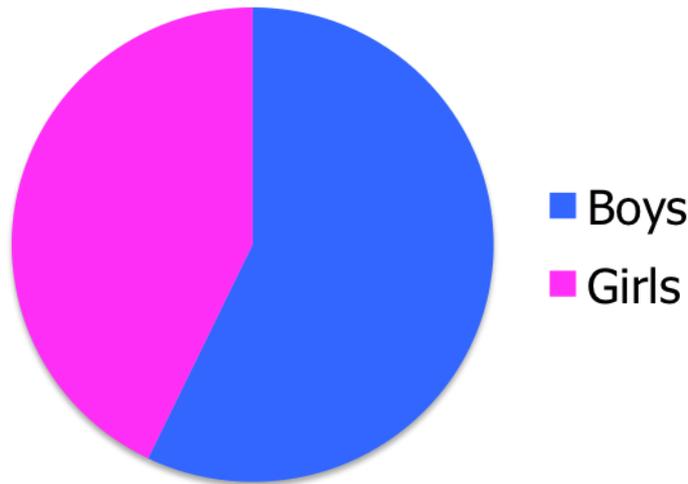
- Mean duration on Adoport: 11.7 months (range 2-21 months)
- Mean daily dose/kg per day: 0.17 (range 0.09 – 0.55) with target 12 hr tacrolimus trough levels of 8-12 μ g/l
- Biopsy proven rejection rate = 28.6% (4/14 patients)

Results

De novo renal transplants

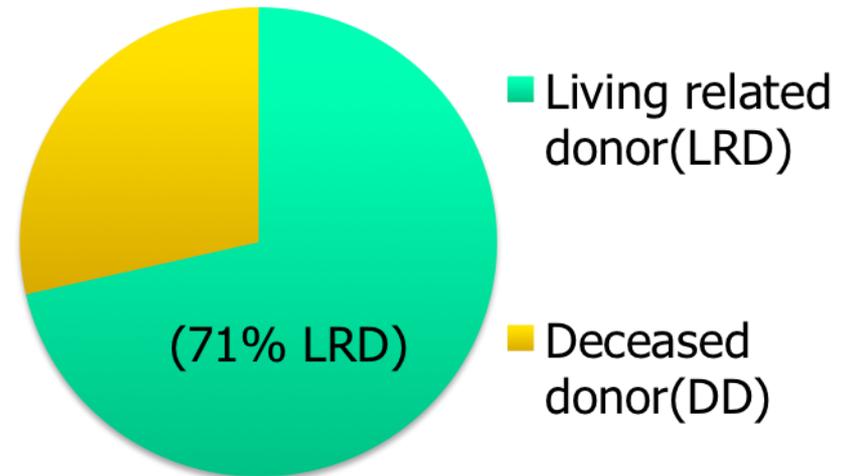
November 2012 – September 2014

Gender



Mean age of 12.4 yrs (range 6-17)

Donor Type





Adult studies

- The use of Adoport in adult
 - Renal (Clin Kidney J (2013) 6: 21–28) and
 - Liver (Clin Transplant. 2014 Aug 21) transplant patients has been reported.
- There is little data in children.
Abdulnour (Pediatric Transplantation, 14: 1007–1011) reported



Discussion

- 4 children who inadvertently switched from Prograf to generic tacrolimus,
 - No difference in measured trough tacrolimus levels in 2 patients
 - Small difference in 1 patient
 - 1 patient who had no change in levels but experienced an acute rejection episode.

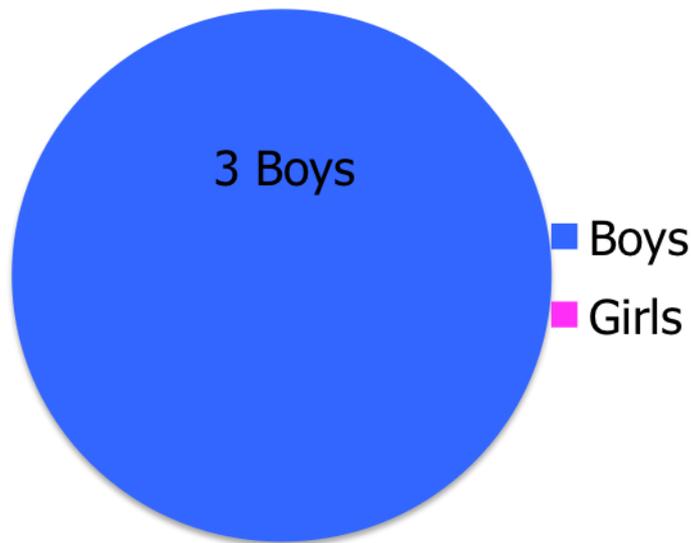


Discussion

- First published data on systematic use of Adoport in children.
- No differences in outcome between transplants maintained on Prograf or Adoport,
- No excess of complications in patients converted from Prograf or liquid tacrolimus to Adoport
 - although our numbers are small.

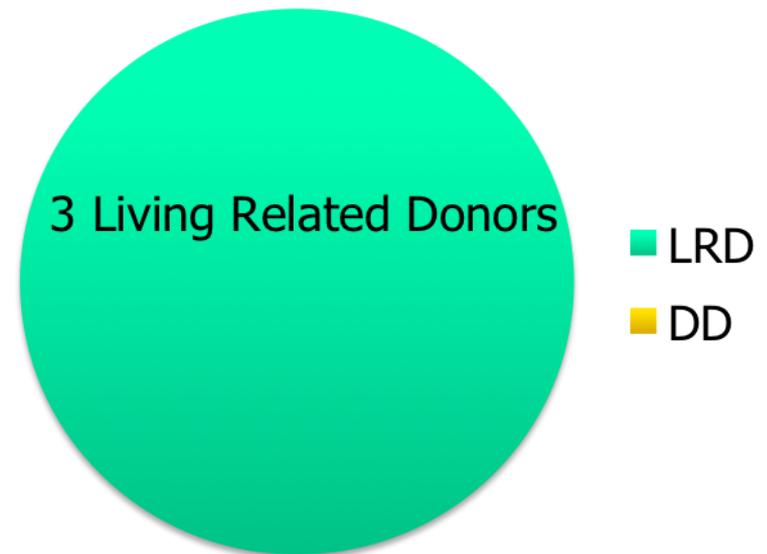
Switch from Prograf to Adoport

Gender



Mean age of 15 yrs (range 15-17)

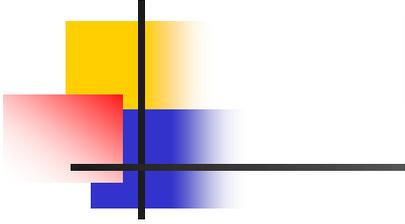
Type of Donor





Switch from Prograf to Adoport

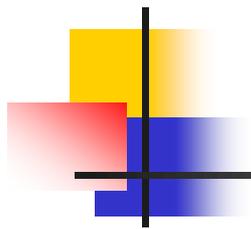
- Mean time since transplant: 149 months
 - (range 136 -164 months)
- Mean time on Adoport: 5 months (range 1-11 months)
- Mean daily dose/kg/day: 0.17 (range: 0.07-0.32)
- Biopsy proven rejection rate = zero since switch





Switch from Tacrolimus liquid to Adoport Capsules

- 5 patients, 4 boys: 1 girl
- Mean age; 8.6 yrs (range 6-12 yrs)
- LRD: DD = 4:1 (80% LRD)
- Mean time since Transplant: 72 months (range 35-144 months)
- Mean time on Adoport: 10 months (range 1-20 months)
- Mean daily dose/kg/day: 0.11 (range =0.04-0.19)
- Biopsy proven rejection rate: 20 % (1 child with borderline changes)
- Zero graft loss in series of 28 patients.



dreamstime.com



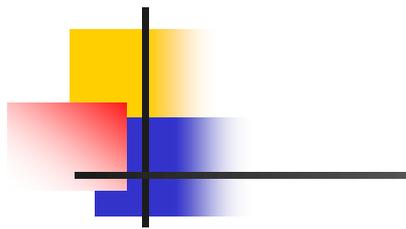
Conclusion

- The use of generic tacrolimus
 - manufactured by a reputable pharmaceutical company
 - safe and effective
 - small series of paediatric renal transplant recipients.
- Despite the small numbers,
 - the financial savings have been impressive with a 4.5 x cost reduction
 - compared with the predicted cost of the branded version in our institution.



Conclusion

- This has a significant impact not just on drug budgets
 - Well-resourced countries – cost is becoming more of a concern
 - Provides the possibility of treatment for patients who live in poorly-resourced countries where these drugs were previously unavailable due to cost





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