Poster

[P26-6] P26-6: Immunosuppressive drugs (5): Clinical practice

Chair: Hege Christensen, Norway

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[P26-6-1] Evaluation of the conversion from Advagraf to Envarsus in stable kidney transplant patients

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Background

Tacrolimus is part of the Immunosuppressive agents used in kidney transplant patients. Both Advagraf® and Envarsus® are a once daily oral formulation of tacrolimus and both requires therapeutic drug monitoring (TDM). Limited data published of conversion between both formulations of tacrolimus. The aim of study was to evaluate the trough concentration of tacrolimus and doses after conversion of Advagraf ®to Envarsus®in stable kidney transplant patients.

Methods

Observational retrospective study (January 2015-March 2017). We included adults, stable kidney transplant patients (> 6 months) switching from Advagraf®to Envarsus®. We collected: Sex, age and weight, transplant date, Advagraf® and Envarsus® prescribed doses, tacrolimus concentration pre and after conversion and glomerular filtration rate using CKD EPI.
Two periods were defined: Basal (Advagraf®) and conversion (Envarsus®). Mean trough concentration of tacrolimus and mean doses in each period were calculated.

Results

23 patients (35 % / 65 % w/m) were included. The average age was 43.2 years (CI95%: 32.9 - 53.5) and the mean weight was 69.8 kg (CI95%: 64.9 - 74.7). The median time post-transplantation was 111 months (CI95%: 1-221). Basal and conversion mean trough concentration of tacrolimus were 6.68 ng/ml (CI95%: 5.99 - 7.38) and 6.69 ng/ml (CI95%: 6.25 - 7.12), without significant differences between groups (p=0.997). The basal and conversion daily dose of tacrolimus were 5.57 mg (CI95%: 4.46 - 6.69) and 3.49 mg (CI95%: 2.85 - 4.12). CKD EPI was stable before and after conversion of the tacrolimus formulation (46.2 (CI95%: 38.8 - 53.5) vs 46.4 (CI95%: 38-54.9) ml/min/m2) (p=0.96).

Conclusions

In our study, the tacrolimus trough concentration of tacrolimus was stable after conversion from Advagraf® to Envarsus®, without altering the renal function. Dose of envarsus® was 33% lower than with Advagraf®.

In stable patients converting from Prograf®immediate release, to once daily Envarsus®,on a 1:0.7 (mg:mg) total daily dose basis, mean systemic exposure was founded similar, according to summary of product characteristics. However no studies have been performed to assess the conversion from Advagraf®to Envarsus®.