Specialised Services Circular

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Renal Transplantation – Use of Immunosuppressants

Circulation

For action	**For information**
Area Team Directors Area Team Directors of Commissioning Area Team Heads of Specialised Area Team IFR Leads Area Team Finance Leads Area Team Pharmacists Area Teams to circulate to: Acute Trust Chief Executives; Acute Trust Medical Directors Clinical Reference Group Chairs: onward circulation relevant CRG members	Regional Directors of Commissioning Regional Heads of Specialised Commissioning Regional Finance Leads

Background

In February 2014 NHS England published Specialised Services Circular (SSC) no. 1405 - Repatriation of patients receiving immunosuppressive drugs post-transplant to specialist centres. This SSC explained how the prescribing of immunosuppressant drugs to patients following solid organ transplantation would be returned to specialist centres. In addition, there would be opportunities to move to prescribing generic

forms of some immunosuppressant drugs instead of the branded versions.

Since the publication of SSC no.1405 there have been queries regarding the potential use of generic renal transplant immunosuppressants. As a result the Renal Transplant Clinical Reference Group has produced guidance for Area Teams, which is given below.

Summary

Renal Transplant CRG

Guidance on Prescribing of Immunosuppressive Therapy for Kidney Transplant Recipients

The CRG cannot make recommendations about the use of specific brands or combinations of immunosuppressants, but the following principles should be used to decide which immunosuppressants are employed in local protocols:

1. All clinicians must make cost effective use of NHS resources. Each transplant unit should initiate and maintain immunosuppression with the most clinically cost effective regimen for that patient.
2. Multiple or frequent changes of supplier of critical dose immunosuppressants should be avoided as they can confuse transplant recipients and may lead to adverse outcomes such as acute rejection or nephrotoxicity.
3. There are sub-groups of transplant patients who may benefit from regimens that are more expensive in the short term but which may be more cost-effective in the long term by maximising graft survival.
4. This guidance should not result in only one brand of a critical dose immunosuppressant being prescribed across the country, where more than one brand is available that fulfils the current European Medicines Agency (EMA) criteria for bioequivalence, and should not be used to facilitate this position. Multiple brands are acceptable, provided cost-effectiveness is the outcome and this does not compromise patient safety.
5. Where switching within a transplant or renal unit from one critical dose immunosuppressant to another occurs, it is recognised that support will be needed to facilitate this change. Resultant savings must be shared across the NHS including the unit where the switch is undertaken.
6. All prescribing of critical dose immunosuppressants must be by brand name.

Action

Area Teams are asked to:

- Note the guidance and implement it with appropriate providers

Further Information

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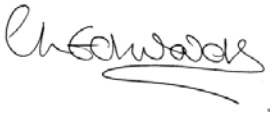

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