

4CPS-253 COMMUNITY PHARMACY-BASED EGFR SCREENING FOR EARLY DETECTION OF CHRONIC KIDNEY DISEASE IN HIGH-RISK PATIENTS

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Background Chronic kidney disease (CKD) is a condition presenting with long-term slow progression of structural and/or functional damage to the kidneys. Early detection is key to improved outcomes. Point-of-care eGFR screening technology allows for detection of abnormal kidney function in the community pharmacy setting.

Purpose To evaluate the effectiveness of a community pharmacist-directed point-of-care screening programme and to identify the prevalence of CKD in high-risk patients.

Material and methods Patients with at least one CKD risk factor were identified at four community pharmacies in British Columbia. They provided a sample of peripheral blood via a self-administered finger-prick and analytical data to assess kidney function that was reported including BUN, serum creatinine, and electrolytes by the HealthTab screening system. The eGFR was calculated according to the CKD-EPI formula. Once results were available the pharmacist conducted a comprehensive review with the patient and recommended certain follow-up actions if appropriate.

Results Six-hundred and forty-two participants were screened over a 6 month period. Mean age was 60 years and females accounted for 55% of the study population. CKD risk factors included diabetes (30%), hypertension (45%), cardiovascular disease (12%), family history of kidney disease (13%), age over 55 years (68%) and an Aboriginal, Asian, South Asian or African ethnic background (82%). 11.5% of patients had eGFR values lower than 60 mL/min (abnormal renal function) and 34% had an eGFR between 60 mL/min and 89 mL/min (minimally reduced renal function). Overall pharmacists' actions included blood pressure check (98%), education on CKD and risk factors (89%), medication review (72%) and physician follow-up (38%).

Conclusion These results illustrate the prevalence of abnormal renal function among undiagnosed, high-risk patients in the community. Pharmacists, as the most accessible health-care practitioners, are ideally positioned to utilise novel point-of care technologies to improve access to CKD screening and increase awareness around the importance of early detection.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-254 BIOSIMILAR RITUXIMAB – A YEAR BEYOND

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Background The introduction of a biosimilar drug represents similar efficacy at lower cost, providing savings without

compromising patient treatment. In oncology, biological therapies account for more than 33% of health expenses.¹

Rituximab has a particular profile of first infusion-related reactions (IRR), such as hypersensitivity reactions, hypotension and cardio-respiratory compromise, which may lead to treatment discontinuation.²

Purpose To evaluate the safety profile of biosimilar rituximab in the approved indications and the economic impact of the introduction of biosimilar rituximab.

Material and methods Retrospective analysis of first IRR reported to the pharmacy services or described in the patient file with biosimilar rituximab, between July 2017 and July 2018. The switch to biosimilar rituximab was performed in all patients.

Results During the analysis period, 127 patients had been treated with biosimilar rituximab. According to their pathology, they were classified into two categories: oncological, 48% and non-oncological disorders, 52%, which included rheumatoid arthritis (RA) and off-label use.

In the oncological group, the switch was carried out in 9.8% of patients, 90.2% were naïve. The mean time between the last administration of rituximab and the first administration of biosimilar rituximab was 34 days [(21–58 days). Three suspension cases of biosimilar rituximab have been reported, resulting in two successful re-challenges and one permanent discontinuation. The rate of first IRR was 6.5% in oncological disorders, with three severe reactions (4.9%).

Regarding the non-oncological group, the switch was performed in 39.4% of patients, 60.6% were naïve. The mean switch time was 13.6 months (0.9–48 months). One case of suspension was reported, which resulted in a successful re-challenge. The rate of first IRR was 2.9% for RA, with no severe reactions.

Biosimilar rituximab introduction translated into a 64% cost reduction of € 1 71 000.

Conclusion Biosimilar rituximab introduction resulted in significant savings (64%) with no major changes in safety profile (4.5% oncological disorders and none for RA of severe first IRR), when compared with the summary of product characteristics of the originator (12% and 0.5%).² The difference may be associated with an underestimated report, since it is a commonly used drug with a known IRR profile.

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4CPS-255 THE EFFECT OF AN ENHANCING MEDICATION ADHERENCE PROGRAMME FOR A TYPE 2 DIABETES MELLITUS NETWORK

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Background The record of Rayong Hospital's Tapong branch between October 2015 – September 2016 showed that there were 399 patients with HbA1C \geq 8 mg% and a mean 14.72% among total patients. The hospital team discovered this problem and created the programme to educate patients and consult them case-by-case.