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P046 -2 years' experience of a pharmacist lead tolvaptan clinic

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Introduction :Tolvaptan (Jinarc) is a vasopressin antagonist approved by NICE in 2015 to slow the progression of autosomal dominant polycystic kidney disease (ADPKD). We established a pharmacist lead out-patient clinic to facilitate prescribing and monitoring of tolvaptan treatment and describe 2 years' experience.

Methods : Eligible patients are referred to the tolvaptan clinic by a medical consultant who completes a referral form. The referral process confirms the patient meets NICE criteria, has rapidly progressing disease and has no contra-indications to treatment. The pharmacist is responsible for patient education, treatment initiation, dose titration and ongoing monitoring of tolvaptan therapy. Patients continue to attend nephrology appointments for all other renal care. We have reviewed all referrals to the tolvaptan clinic and collated details of age, sex, eGFR at time of referral and distance travelled to clinic. We have also noted concurrent RAASi therapy. We have reviewed the outcome of all referrals including treatment initiation rates, discontinuation rates and adverse liver events.

Results : The pharmacist lead tolvaptan clinic has taken 32 referrals since December 2016. 29 patients attended the pharmacist lead clinic, of the referrals who have not attended 1 DNA, 1 is awaiting completed paperwork and 1 has been referred back to their consultant. 23 out of 29 patients (79%) choose to start treatment. 12 of the 23 (52%) were male. The median age of those who started treatment was 48.9 years [IQ range 43.7-61]. The median eGFR at time of referral was 41mL/min/1.73m2 [IQ range 33-47]. 21 out of 23, (91%) were prescribed RAASi therapy prior to referal. The median distance travelled to clinic for those who started treatment was 20.6miles [IQ range 8.7-30.7]. 9 patients out of 23, (39%) discontinued treatment. Treatment was discontinued at between 18 and 168 days and reasons for discontinuation included aquaresis often associated with tiredness and concerns around unmanageable impact on work and or lifestyle. No significant association was found between age, baseline eGFR or distance travelled to clinic and treatment discontinuation. Abnormal LFTs ALT>60U/L or AST>35U/L were observed in 7 out of 23 patients (30%). In 4 out of 7 patients who experienced raised LFT'S the result returned to normal when re-checked. Two patients discontinued treatment due to abnormal liver function tests and a third is currently being re-challenged.

Discussion: We have established a pharmacist lead clinic to prescribe and monitor tolvaptan. Patients referred to the clinic were older and had a lower baseline eGFR than those included in the TEMPO studies. Unlike TEMPO total kidney volume has not been routinely assessed in our population. Our population more closely matches those studied in the REPRISE study in terms of age and referral eGFR. Treatment discontinuation rates appear high however we have been unable to demonstrate a significant link between age, distance travelled to clinic or baseline eGFR and treatment discontinuation. 30% of patients experienced a rise in LFT's, alcohol intake was thought to be a factor in isolated LFT rises.