

MEDICATIONS



PREVENT REJECTION

OVERVIEW

This is a general overview of your immunosuppressant regimen. The following medications are your most important medications to prevent rejection of your newly transplanted organ. Please pay special attention to these medications and any changes in the dosages to reduce your chance of rejection and complications.

PREDNISONE

This is a steroid to prevent and/or treat rejection. Your prednisone dose will be changing periodically. The dose may decrease or increase depending upon how far you are from the date of transplant and if you have a rejection episode or viral infection.

MYCOPHENOLATE (CELLCEPT/MYFOTIC)

This is another important immunosuppressant which is used to keep the certain immune cells from dividing. Occasionally we may stop or decrease the dose of this medication temporarily based upon your labs.

TACROLIMUS (PROGRAF)

Tacrolimus is our key anti-rejection medication but it is challenging to dose correctly. We will be monitoring your tacrolimus levels (or troughs) periodically to ensure that your levels are appropriate. On the days that you are getting your labs drawn, please make sure that you take the tacrolimus after your blood is drawn so the levels are accurate. Remember, there are many drug interactions associated with tacrolimus so it is important to notify us of any changes to your medications (including any over the counter medications).

In general, tacrolimus goal levels should be:

0-3 months: 10-15 ng/mL 4-6 months: 8-12 ng/mL

> 6 months: 6-10 ng/mL

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This is a general overview of the medications that prevent infection. Please pay special attention to these medications and any changes in the dosages to reduce your chance of infection and complications.

SULFA- METHOXAZOLE/TRIMETHOPRIM (SEPTA)

You will be on this medication or a similar medication to prevent PCP pneumonia for at least one year. There are reasons that this medication may be held or switched to an alternative. Alternative medications that may be used to prevent PCP include Dapsone, inhaled Pentamidine and Atovaquone.

VALGANCICLOVIR (VALCYTE)

Valcyte is used to prevent a viral disease known as cytomegalovirus (CMV). Your previous exposure and your donor's previous exposure to CMV may affect how long you take this medication. There are reasons that we may temporarily stop this medication.

POSACONAZOLE (NOXAFIL)

Posaconazole will be used for approximately 6 months post-transplant to prevent fungal infections, particularly aspergillus. Depending upon where you live you and your risk, you may take this medication or a similar medications such as fluconazole longer. This medication has a significant interaction with tacrolimus (Prograf®) so whenever we start or stop an -azole medication, your tacrolimus dose will have to be adjusted. If this medication is stopped or restarted, please contact the transplant nurse coordinator for instructions on how to change your tacrolimus dose.

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GENERAL INFORMATION



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Immunosuppressive medications are given to help prevent and/or treat rejection of your transplanted organ. You will need to take these medications for the rest of your life. Immediately after your transplant, the immunosuppressive doses will be higher because the chance of rejection is greatest at this time. The doses will be gradually lowered if there are no signs of rejection. You will also be taking other medications to prevent bacterial, fungal and viral infections because the immunosuppressive medications can weaken your immune system and make you more susceptible to infections.

As soon as you are able, an individualized medication program will be set up for you. As much as possible, the medication schedule will be tailored to fit your lifestyle and routines.

MEDICATION CHANGES

Most medication changes will be done over the phone. It is very important that you understand which medication is being discussed and the dose being changed.

Because there is more potential for miscommunication working over the phone, please follow these instructions:

Get your medication card and pencil out to make the changes immediately. If you wait, there is a strong likelihood you will forget or misremember the dose.

Repeat back to the person the change being made. An example: "So my Tacrolimus level is a little low. I will change my dose from 0.5mg twice daily to 0.5mg in the am and 1mg in the pm. Correct?"

We will only call to make medication changes. Therefore, on lab days if you do not get a call to make a dosage change then continue to take all medications as instructed by the medication card.

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MISSED DOSES

It cannot be stressed enough that missing a medication alters the drug levels in the body which can have detrimental effects. It is very important that medications are not missed. If you accidentally miss one dose, follow the half way rule (below). If you miss two or more doses, call the transplant coordinator (during work hours) or the on-call physician (415-353-4145 after 5pm) for instructions. The half way rule: you can take a medication up to half way to the next scheduled time. An example: if a medication is taken every 12 hours (9am and 9pm), you would be able take the dose up to 6 hours from the missed time (by 3pm) and skip the dose if longer than 6 hours(after 3pm).

SIDE EFFECTS

All medications have side effects. You may experience side effects, especially in the beginning when immunosuppressive doses are high. However, you may experience some symptoms that are very general and may not be caused by medications. Inform the transplant team if you think a medication is causing a particular side effects.

MEDS PRIOR TO TRANSPLANT

Your pre-transplant medication list will be analyzed at the time of transplant. The transplant team will continue only the medications which are still appropriate. Only those approved medications will be written on your medication card. If you are concerned about any of your old medications being stopped after transplantation, please talk to the transplant team. If we decide you will need one of your old medications after transplant, it may be difficult to get that medication filled at the transplant pharmacy especially if you just filled it. Therefore, please bring all medications from home. Please keep them local so they are available at the time of discharge.

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OTHER MEDS

Do not take any other medications without first checking with the transplant team. This includes ANY medications prescribed by other doctors, ANY over-the-counter (non-prescription) medications, and vitamins or herbal products. Check with the transplant team **BEFORE** you buy the medication. A simple med like TUMS® can cause issues with your immunosuppressants (Prograf®).

- **If a medication is not on your card, it has not been approved and should not be taken.**
- On rare occasions, it is important for your health to immediately start a medication being prescribed by a non-transplant physician. Please take the medication and then call the transplant coordinators to see if any medication adjustments need to be made.
- Taking medications which are not urgent without checking with the transplant team first may result in serious and dangerous side effects.
- The only over-the-counter pain medication that is allowed is Tylenol® (acetaminophen). **NO ibuprofen (Advil®, Motrin®) or naproxen (Aleve®).** **Not even one dose.**
- All cannabis products (including CBD) are prohibited as they may interact with your immunosuppressive medications.
- Make sure your doctors know all of the medications you are taking, including those prescribed by other doctors.

LABS

Your blood will be drawn twice a week on **MONDAY** and **THURSDAYS** when you leave the hospital. You must get your blood drawn around **8 am** BEFORE you take ANY of your morning medications. This level is ideally drawn 11-12 hours after your evening dose the night before. Therefore make sure you take your evening medications at **9 pm** the night before. If you accidentally forget that it is a lab day and already took your morning medications, then wait until another day to have your labs drawn.

On lab days, please continue to take your tacrolimus (Prograf®) as directed. We will not call unless we need to make a dosage change with you. If you do not hear from us, then continue to take tacrolimus (Prograf®) as instructed on your medication card.

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ORGANIZING MEDICATIONS

Medisets or pill boxes are a great way to keep your medications organized BUT we only recommend using them for 1-2 days at a time. Do not fill them for a full 7 days because the medications are changing too often. After several months, when your medication regimen has stabilized, we recommend filling the full 7 days to help with adherence.

VIDEO TUTORIAL: view video PRIOR pharmacy teaching and anytime after discharge as a refresher.

Organizing Medications and Using a Pill Box:



FILLING MEDICATIONS

A pharmacy close to UCSF Medical Center will be used to fill your medications for the first several months after transplant. This is preferred to your usual home pharmacy because access to your pharmacy is limited since you will be in the Bay Area. If you wish to transfer all prescriptions to another pharmacy once you are released back to your home, have your home pharmacy call the SF pharmacy and transfer the medications. Prior to transferring your prescriptions, please make sure that your home pharmacy can handle transplant medications. If you wish to continue with the SF pharmacy, they will mail medications to your home.

Although, mail order pharmacies are great and can save a significant amount of money, we do not recommend them in the first several months after transplant. During this time, we are usually making a significant amount of medication changes and mail order pharmacies are difficult to coordinate with.

MEDICATION QUESTIONS

If you have medication questions, leave a message with the nurse coordinators and the coordinator will contact one of the pharmacists to call you back. You will also be seeing a transplant pharmacist during your clinic visits and questions can be answered then.

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REFILLING MEDICATIONS

The first 30 days of medications have been coordinated by the transplant pharmacists with a transplant pharmacy and will be delivered to the hospital. Once they have been delivered, the transplant pharmacist will inventory the medications to quickly make sure everything has been filled. We will then ask you and your caregiver to inventory the medications against your finalized medication card. You may think this is redundant but it is a very important process. You and your caregiver must know you have the all medications listed on the card. If there is a different brand name on the bottle compared to the medication card, you may not recognize they are the same medication. If this happens, it can be identified and corrected before you leave the hospital. Refills and delivery of your medications need to be coordinated by you. Always have enough medication on hand; call your pharmacy for refills 7-10 days BEFORE you run out. This is really important. If you keep on top of when you will need refills, it will save you from a lot of worrying.

INSULIN

It might be necessary to give insulin at home to help control your blood sugars. If this is the case, then the pharmacist will provide instructions on how to safely administer insulin. The amount of insulin will be depending on how high the blood sugar becomes. Please watch the following videos to learn more about the different types of insulin and proper administration techniques.

VIDEO TUTORIAL:

Part 1 - Insulin Counseling:



Part 2 - Insulin Injection Tutorial:



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FEEDING TUBE



MEDS GIVEN VIA A FEEDING TUBE

If you are unable to safely swallow your medications, it might be necessary to administer the medications through a feeding tube. In order to safely and properly administer the medications without clogging the tube, you will need to learn how to measure out the correct quantity of the liquid medications and learn proper tablet crushing technique. Please watch the following videos to learn these techniques while you are in the hospital. These videos will also be available after discharge to refer to. In addition to the videos, you and your caregiver will have a chance to practice these techniques with your the hospital nurse before discharge.

VIDEO TUTORIAL:

Part 1 - Learning Concentrations



Part 2 - Measuring Liquids



Part 3 - Crushing and Dissolving Tablets



Part 4 - Adding Medications to the Feeding Tube .

