

Medications after your kidney transplant

Following your kidney transplant, you will take a lot of new medicines. These are vital to the success of the transplant and will become an important part of your life. It is important that you have a good understanding of your medicines including how to take them properly and what side effects to expect.

Anti-rejection medicines

The most important group of medicines following a kidney transplant are those that suppress your immune system; otherwise known as ‘immunosuppressant’ or ‘anti-rejection’ medicines. Without these your body would reject your kidney within a few days.

Our immune system protects the body against infection. It does this by recognising foreign material such as bacteria or viruses which cause infection, and releasing a variety of chemicals and white blood cells to destroy them.

However, following a kidney transplant, your immune system will recognise your new kidney as being foreign, and will respond to destroy it; this is called ‘rejection’. Therefore, we use anti-rejection medicines to prevent rejection of the kidney.

It is important that you never stop taking your anti-rejection medicines, even for a short time.

You will be at risk of losing your kidney due to rejection or shortening the life of it. If, for any reason you cannot take your anti-rejection medicine for example if you are vomiting or if you have left your medicine at home or run out of tablets, contact the transplant unit or your clinic area as soon as possible.

You will be taking a combination of anti-rejection medicines. The most commonly used anti-rejection medicines are:

- Tacrolimus *regular* release (Prograf®) or Tacrolimus *prolonged* release (Advagraf®)

Tacrolimus (Prograf®)



Tacrolimus (Advagraf®)



- Mycophenolate Mofetil (Pharmacor®) or Mycophenolate Sodium (Myfortic®)



250mg



500mg



180mg



360mg

- Prednisolone (Panafcortelone®, Solone®)

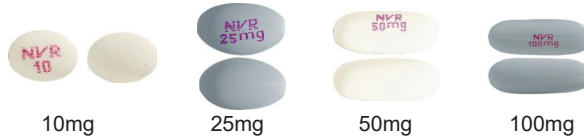


1mg

5mg

Other anti-rejection medicine which may be used include:

- Cyclosporin (Neoral®)



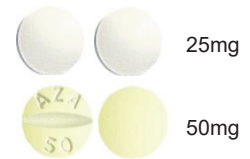
10mg

25mg

50mg

100mg

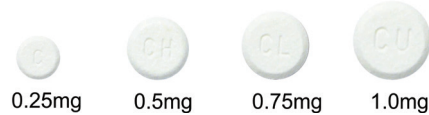
- Azathioprine (Azahexal® / Azamun® / Azapin® / Imuran® / Thioprine®)



25mg

50mg

- Everolimus (Certican®)



0.25mg

0.5mg

0.75mg

1.0mg

- Sirolimus (Rapamune®)



0.5mg

1mg

2mg

Drug interactions

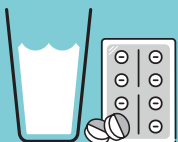
Many medicines can damage your new kidney or interact with your transplant medicines. This could lead to rejection of your kidney or increase the chance of side effects from your transplant medicines.

This includes prescription medicines, 'over the counter' medicines, herbal and natural medicines. It is important that any doctor, pharmacist or dentist who is treating you knows that you have had a kidney transplant and which medicines you are on.

No herbal or natural medicines should be taken unless discussed with your transplant doctor and the pharmacist.

How long will you need to take medication?

You will need to take anti-rejection medication for the life of your new kidney. **Never stop taking your tablets even for a short time.** If you do there is a high risk of rejection and you will be at risk of losing your kidney entirely or at least reducing its health and life.



If you have missed a dose you must inform your clinic nurse or doctor as this may affect your blood levels.



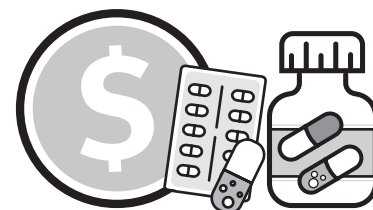
What should I do if I miss a dose?

If you forget to take a dose, take it as soon as you remember unless it is time for your next dose. Do not double up on dose.

Cost and access to medication

Normal PBS prices apply:

- Non- concession patients pay \$30.00
- Concession patients pay \$7.30



The PBS Safety Net threshold applies – ask your pharmacist for more information.

Scripts can be organised through your specialist or general practitioner and supplies can be obtained from your local hospital or community pharmacy.

Medications taken before kidney transplant

Most medications taken before transplant will not be needed after transplant however some may need to be continued. Please bring your current medications when you arrive for your transplant.

Generic alternatives

Generic alternatives are available for many of your anti-rejection medications. **These are not equivalent and therefore not suitable for substitution.** Changing to generic alternatives could result in different medication blood levels and could lead to rejection of your transplant or medication toxicity.

Where can I get more information?

Every person is different. The doctor who looks after your testing or the kidney transplant unit can give you more information.

Contact us:

Transplant Ward (4BT)

24 hours

Phone: (07) 3176 2646

Transplant Outpatients

Monday to Friday, 7 am to 6 pm

Phone: (07) 3176 2615

Pharmacy

Monday to Friday

8 am to 5 pm

Phone: (07) 3176 2557

Transplant Coordinator

Phone: (07) 3176 7769 or (07) 3176 7397

