



Tacrolimus Switch for Renal Transplant Patients

Tacrolimus is a critical dose drug used first-line for prophylaxis against rejection in adult renal transplant patients. Due to the narrow therapeutic index of tacrolimus the MHRA recommends that formulations and brands are NOT interchangeable and that tacrolimus must be prescribed by brand name. Any changes in formulation or brand must be supervised closely by a Renal Consultant.

Immediate Release Tacrolimus - Switch from Prograf® to Adoport®

From March 2019 onwards, the renal unit in Ninewells will perform a controlled switch of patients prescribed immediate-release (twice daily dosing) tacrolimus from **Prograf®** to **Adoport®**. [Note: Patients on modified-release (once daily dosing) tacrolimus will continue to be prescribed **Advagraf®**]

It is anticipated that undertaking this switch will achieve significant cost savings for NHS Tayside. The experience from other hospitals is that it is safe to switch and patients experience very few issues when the switch is tightly controlled by Renal Unit staff.

The Tayside renal department will be sending letters to community pharmacists, GPs and transplant patients prescribed Prograf® advising them of the switch. We are asking GPs to change the patients' chronic prescription from Prograf® to Adoport®, keeping the dose the same. Patients will be asked to use up whatever stock of Prograf® they currently have and advised that when they collect their next prescription they will be supplied with Adoport®. We are asking patients to attend for a blood test for a trough tacrolimus level 2 weeks after switching. The results of this blood test will be reviewed by the renal team and the patient and the GP will be advised of any dose adjustment required.

Tacrolimus Therapeutic Drug Monitoring

The Renal Consultants are responsible for monitoring all tacrolimus levels and adjusting doses. Each patient has an individualised tacrolimus range based on time since transplant, history of rejection and adverse effects. If you have any concerns regarding tacrolimus monitoring, or suspect a patient is having an adverse reaction, or is non-compliant please contact the Renal Unit at Ninewells Hospital.

Any Questions?

Please contact the Renal Unit on 01382 633913 or Tay-UHB.dundeerenalunit@nhs.net if you have any queries regarding the Prograf® to Adoport® switch or regarding renal transplant medication in general.

Reminder: Tacrolimus Drug Interactions

Tacrolimus is metabolised by hepatic CYP3A4 and interacts significantly with a number of medications. An increase in tacrolimus levels is associated with nephrotoxicity, whereas a decrease is associated with transplant rejection. Grapefruit juice and grapefruit greatly increase tacrolimus levels and should be avoided.

Please discuss with a Renal Consultant if the following medications require to be started:

| Interacting drug | Effect on tacrolimus level |
|---|----------------------------|
| Erythromycin and clarithromycin | Increased ↑ |
| Diltiazem, verapamil, felodipine, nifedipine | Increased ↑ |
| Antifungals, e.g. fluconazole, itraconazole, ketoconazole | Increased ↑ |
| HIV protease inhibitors, e.g. ritonavir, nelfinavir, saquinavir | Increased ↑ |
| Antiepileptics, e.g. carbamazepine, phenobarbital, phenytoin | Decreased ↓ |
| Rifampicin | Decreased ↓ |
| Orlistat | Decreased ↓ |
| St. John's Wort | Decreased ↓ |

Reminder: Mycophenolate Generic Prescribing

Mycophenolate is commonly used in combination with tacrolimus for prophylaxis against renal transplant rejection. A switch from Cellcept® to generic mycophenolate tablets has previously been undertaken as the Renal Consultants agree there is no clinical benefit to be gained from remaining on the Cellcept® brand. Given the significant cost saving, we would encourage any patients remaining on Cellcept® to be switched over, if possible.

[Information adapted from The Pink One, NHS Highland Sept 2017]

Authors: Dr Graham Stewart, Renal Consultant, Dr Claudine Jennings, Renal Consultant.
Editors: Carol Telfer, Specialist Renal Pharmacist, Karen E Harkness, Principal Pharmacist Clinical Effectiveness

Do you wish to write a Tayside Prescriber?

Do you already have a suitable topic for a Tayside Prescriber?

For further information contact: Carol Walkinshaw, Business Manager, Pharmacy Service, Kings Cross
Tel: Direct Dial (01382) 835149 | Internal Extension 71317 | E-mail carol.walkinshaw@nhs.net

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