Maine Medical Center
Transplant Program
Policies and Procedures
Pre-transplant Medication Transition Protocol

Purpose

To outline the Maine Transplant Program Procedure on medication transition to kidney transplantation.

Background

The transition from either advanced chronic kidney disease or dialysis to successful transplantation is associated with major changes in medication needs. These include:

1. Lack of further need for phosphate binders and “renal” multivitamins
2. Reduced requirement for antihypertensive medications
3. Potential for pharmacokinetic interactions

In addition, decisions need to be made regarding the continuation of some pre-transplant medications such as:

1. Statins
2. Antiplatelet therapy
3. Anticoagulation
4. Psychotropic medications

Policy

Medication verification with specific reference to transition from ESRD to transplantation will be performed prior to transplantation:

1. Living donor transplant recipient medication transition will be performed as part of the preoperative process by the transplant nephrologist at Maine Transplant Program.
2. Deceased donor transplant recipient medication transition will be performed as part of the preoperative process by the nephrologist at Maine Medical Center

Procedures

1. Phosphate binders will be stopped immediately before transplantation. They will only be resumed for hyperphosphatemia due to allograft dysfunction or post transplant AKI.
2. Multivitamins prescribed for the purpose of replacing those lost during dialysis will be stopped immediately before transplantation.
3. ACEI/ARBs will be stopped prior to transplantation.
4. Diuretics will be stopped prior to transplantation
5. Non-dihydropyridine calcium channel blockers (verapamil/diltiazem) are preferably stopped prior to transplantation to prevent predictable pharmacokinetic drug interactions with immunosuppression. An exception may be made if a patient is on such an agent to mitigate atrial fibrillation.
6. Statins prescribed prior to transplantation will be continued to lower the risk of atherosclerotic cardiovascular disease events.
7. Aspirin will be continued peritransplantation
8. Clopidogrel will be continued peritransplantation unless discontinuation is cleared with the patient's cardiologist.
10. Pre-transplant psychotropic medications should be continued peri-transplantation unless advised otherwise by psychiatry.
11. Antiseizure medications such as phenytoin and phenobarbital are to be avoided at all costs due to the risk of rejection induced by PK interactions leading to inadequate IS levels. Carbamazepine analogues are to be avoided if possible due to risk of myelosuppression.

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