

Table 3. Commonly Used Maintenance Immunosuppressive Medications

Medication	Dosing*	Common Adverse Effects	Drug interactions
Cyclosporine and tacrolimus (calcineurin inhibitors)	Cyclosporine: dosed to achieve a whole blood trough level of 250-350 ng/dl (1 st year), then 200-300 ng/dl [†] Tacrolimus: dosed to achieve a whole blood trough level of 10-20 ng/dl	nephrotoxicity hypertension neurotoxicity (tremor, seizures, white matter disease, headache) hyperlipidemia hyperkalemia, hypomagnesemia hemolytic-uremic syndrome hirsutism, gingival hyperplasia (cyclosporine) osteoporosis (cyclosporine) gastroparesis (cyclosporine) hyperglycemia (tacrolimus)	Increased levels: macrolide antibiotics (except azithromycin) azole antifungals verapamil, diltiazem grapefruit juice Decreased levels: Phenytoin phenobarbital rifampin
Azathioprine (purine synthesis inhibitor)	2 to 2.5 mg/kg/d	leukopenia macrocytic anemia thrombocytopenia hepatotoxicity pancreatitis	Synergistic bone marrow toxicity with allopurinol
Mycophenolate mofetil (purine synthesis inhibitor)	1000 to 1500 mg BID	diarrhea emesis leukopenia anemia	No significant interactions
Prednisone (corticosteroid)	0.5 mg/kg/d for 3-6 months, then tapered to a dose of 0.15 mg/kg/d	hyperglycemia hypertension hyperlipidemia weight gain osteoporosis myopathy mood changes, insomnia cataracts	No significant interactions

Sirolimus
mTOR
inhibitor)

Dosed to achieve a whole blood
trough level of 6-12 ng/ml

Thrombocytopenia
anemia
hyperlipidemia
peripheral edema
rash
impaired wound healing
interstitial pneumonitis

Same as calcineurin inhibitors
