

MOTP CLINICAL DIRECTIVES

Program:	Liver Transplantation		
Title:	Liver Transplant Recipient Management: Immunosuppression		
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Original Issue:	April 30, 2019	Last Review:	Last Revision:

	0-3 months	3-12 months	1-5 years	>5 years	
Low Risk Recipients	<ul style="list-style-type: none"> • Non autoimmune etiology of liver disease, first transplant, uneventful 1st 3 months, normal renal function, NDD or LD donor • Monotherapy after 3 months with Tacrolimus – if Tacrolimus not tolerated, consider Cyclosporine 				
	Induction	Corticosteroids			
	Prograf® / Tacrolimus	Trough target: 6-10 ng/mL	Titrate to target 5 ng/mL	Titrate to target 3 ng/mL	Low dose Drug level less important
	Cyclosporine	If Tacrolimus not tolerated Start 100-200 mg BID Trough target: 150-200 ng/mL	Titrate to target 100 ng/mL	Titrate to target 50-100 ng/mL	Low dose Drug level less important
	MMF / CellCept®	Off	Off	Off	Off
	Prednisone	Start 20 mg OD Liver Transplant Taper Protocol*	Off	Off	Off
	Sirolimus	Optional second line if required			

	0-3 months	3-12 months	1-5 years	>5 years	
High Risk Recipients	<ul style="list-style-type: none"> • AKI, retransplant, autoimmune diseases, previous rejection, DCD donor • Trial of conversion to monotherapy immunosuppression may be considered with close observation 				
	Induction	Corticosteroids & Simulect® (Basiliximab)			
	Prograf® / Tacrolimus	Trough target: 6-10 ng/mL	Titrate to target 5 ng/mL	Titrate to target 3 ng/mL	Low dose Drug level less important
	Cyclosporine	If Tacrolimus not tolerated Trough target: 150-200 ng/mL	Titrate to target 100 ng/mL	Titrate to target 50-100 ng/mL	Low dose Drug level less important
	MMF / CellCept®	1 g q12 hours as tolerated	1 g q12 hours as tolerated	1 g q12 hours as tolerated	1 g q12 hours as tolerated
	Prednisone	Start 20 mg OD Liver Transplant Taper Protocol*	Off	Off	Off
	Sirolimus	Optional second line if required			

Special patient populations:

- Patients with cancers:
 - Non-melanoma skin cancer, recurrent HCC, non-Hodgkin's lymphoma, lung cancer, RCC
 - Consider switching CNI to Sirolimus after 1 month
 - Patients transplanted for alcoholic liver disease or PSC are particularly at risk
- Patients with renal dysfunction:
 - Delay initiation of CNI and aim for low end of trough level target
 - Maintenance immunosuppression with MMF
 - Consider switching CNI to Sirolimus after 1 month

Prednisone Taper Protocol	
Start:	20 mg
Week 4:	15 mg
Week 6:	10 mg
Week 8:	5 mg
Week 12:	0 mg

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