

Tacrolimus

Immunosuppressive medicine

Pronounced: tack-raw-lim-us (brand name: Prograf); also called FK506

What is tacrolimus?

Tacrolimus helps prevent rejection of your new heart. It suppresses the cells that cause rejection without affecting your entire immune system. It can also help reverse rejection once it has started, if the rejection is found early enough.

Your Dose

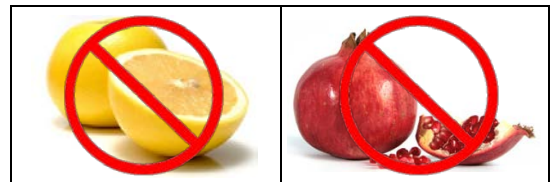
Tacrolimus comes in capsules of 0.5 mg, 1 mg, and 5 mg. Your dose depends on:

- Your body weight
- How well your kidneys are working
- How long it has been since your transplant
- The blood level of tacrolimus we are trying to reach
- If you have had any rejection episodes

The blood level goal for most patients is 5 to 15 nanograms per milliliter (ng/mL). Your dose may be changed if any of the factors listed above change, especially if you have an episode of rejection.

How do I take it?

- Tacrolimus is taken 2 times a day – once in the morning and once in the evening.
 - When your tacrolimus level is checked, you need to have your blood drawn 12 hours after your last dose. We ask you to get this test done in the morning, before you take your morning dose of the medicine. Be sure to bring your pills with you so you can take your morning dose as soon as your blood is drawn.
- While taking tacrolimus, do **NOT**:
 - Eat grapefruit or drink grapefruit juice.
 - Eat pomegranates or any foods made with pomegranate juice.



Do NOT eat grapefruit or pomegranate in any form while you are taking tacrolimus.

Immunosuppressive medicines help to prevent rejection, but they can also have side effects. Tell your transplant team if you have any of these side effects.

How is it stored?

- Do **not** store tacrolimus in the refrigerator.
- Do **not** store it at temperatures above 85°F (29.4°C).

What are the side effects?

Tacrolimus has several side effects. Over time, your dose should be lowered, and the side effects will lessen as your dose goes down. Some of the side effects are:

Risk of Infection

Because tacrolimus weakens your immune system, it also makes you more likely to get infections. Chapter 4, “Infections,” explains common infections in transplant patients, and offers some tips to help prevent infections.

Kidney Damage

Your doctor will measure a substance called *creatinine* (kree-**at**-in-in) in your blood to check for kidney damage caused by tacrolimus. Your muscles make creatinine and your kidneys remove it from your blood. If your kidneys are not working as well as they should, the level of creatinine in your blood will go up. If we find this increase early enough, we can change your tacrolimus dose to lessen the harm to your kidneys.

Liver Toxicity

Tacrolimus can cause a type of liver damage called *liver toxicity*. A healthy liver removes waste products and toxins from your blood. If your liver is not working well, these substances are not removed. Liver toxicity can occur.

Liver toxicity is a rare side effect, and can be reversed if it is found early. It can be very harmful if it is not treated. We will check your liver function often with blood tests.

Call your transplant team **right away** if you have:

- Loss of appetite
- Yellow skin or eyes
- Dark-colored urine
- Pale-colored stools
- Nausea and vomiting

High Blood Pressure (Hypertension)

Tacrolimus may cause your blood pressure to go up, so you will need to check your blood pressure often. After you go home from the hospital, we

want you to check your blood pressure and pulse rate 2 times a day. Tell your transplant team if you have changes in your vision or if you start having headaches. These can be signs of high blood pressure.

Low Magnesium

Tacrolimus causes your body to lose magnesium, which is an important element for your health. You may need to take magnesium tablets to keep up the proper levels in your body.

High Potassium

Tacrolimus can cause your body to hold onto potassium. This can be unhealthy if your levels get too high. You will probably not need to take potassium pills, even if you are taking *diuretics* (water pills).

Sinus Congestion or Drainage

You may have a stuffy or runny nose. If it is runny, the mucus should be clear. Mucus is not usually a sign of an infection unless it is cloudy or colored, or you have other cold or flu symptoms. Talk with your transplant team **before** you take any medicine for these symptoms.

Hair Growth

You may have more hair growth on certain parts of your body, including your face. This is not harmful, but if it bothers you, try bleaching, shaving, waxing, hair removal cream, laser removal, or electrolysis.

Gum Swelling

Brush your teeth and floss every day to lessen gum swelling. See your dentist every 6 months. And, tell your transplant team if you have swelling, sensitivity, or overgrowth of your gums.

Tremors

Some patients have hand tremors, or shaking, early after transplant when tacrolimus doses are very high. This usually goes away as the doses go down. Other patients may have tingling in their hands, feet, and around the mouth. Be sure to tell your transplant team if you have tremors or tingling.

Acne

Tacrolimus can cause changes in your skin. If you get acne:

- Wash your face 2 or 3 times a day with mild soap. Do not use harsh or perfumed soap.
- Do not pick at your skin.
- Ask your transplant team **before** you use any acne medicines.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Cardiology Clinic:
Weekdays 8 a.m. to 5 p.m.,
call 206-598-4300.

After hours and on weekends and holidays, call 206-744-2500. Say you are a heart transplant patient. A nurse will assess your problem and help you.