

## UCMC Kidney Transplant Guidelines Kidney Transplant Immunosuppressant Guidelines HLA Identical Guidelines

### EBV seropositive recipient

Applies to patients with all of the following:

- 2 haplotype match (0 mismatch for A, B, C, DR, DQ, DP)
- Current CDC PRA < 25% and Peak CDC PRA < 50%
- Recipients of first transplant (any organ)
- Recipients of a living-related kidney transplant
- No pre-existing DSA or positive crossmatch

Exclusion criteria

- Recipient is EBV seronegative
- Current CDC PRA > 25% or peak CDC PRA > 50%
- Repeat transplant
- Recipient of another transplanted organ
- Recipients of deceased donor kidney transplants

Day	Basiliximab	Steroids	Mycophenolate mofetil	Belatacept
0	20mg IV intraoperatively	Methylprednisolone 500mg IV	1000mg PO BID from PM	10mg/kg IV intraoperatively prior to reperfusion
1		Methylprednisolone 250mg IV	1000mg PO BID	
2		Methylprednisolone 125mg IV	1000mg PO BID	
3		Methylprednisolone 80mg IV	1000mg PO BID	
4	20mg IV <sup>1</sup>	Prednisone 60mg PO	1000mg PO BID	10mg/kg IV <sup>2</sup>
5		Prednisone 40mg PO	1000mg PO BID	
6		Prednisone 30mg PO	1000mg PO BID	
7		Prednisone 20mg PO	1000mg PO BID	
14 ± 2			1000mg PO BID	10mg/kg IV
28 ± 2			1000mg PO BID	10mg/kg IV
56 ± 2			1000mg PO BID	10mg/kg IV
84 ± 2			1000mg PO BID	10mg/kg
112 ± 3			1000mg PO BID	5mg/kg
140 ± 3			1000mg PO BID	5mg/kg
168 ± 3			1000mg PO BID	5mg/kg
≥180			If no rejection, decrease to 500mg PO BID <sup>3</sup>	Continue 5mg/kg every 28 days

<sup>1</sup>Second basiliximab dose can be administered on Day 3 or 4 and can be given peripherally as an outpatient

<sup>2</sup>Second belatacept dose can be administered on Day 4 ± 2 and can be given as an outpatient

<sup>3</sup>Mycophenolate mofetil dosing can be further individualized guided by MPA AUC as needed

## EBV seronegative recipient

Applies to patients with all of the following:

- 2 haplotype match (0 mismatch for A, B, C, DR, DQ, DP)
- Current CDC PRA < 25% and Peak CDC PRA < 50%
- Recipients of first transplant (any organ)
- Recipients of a living-related kidney transplant
- No pre-existing DSA or positive crossmatch

Exclusion criteria

- Recipient is EBV seropositive (consider belatacept-based regimen instead)
- Current CDC PRA > 25% or peak CDC PRA > 50%
- Repeat transplant
- Recipient of another transplanted organ
- Recipients of deceased donor kidney transplants

Day	Basiliximab	Steroids	Mycophenolate mofetil	Tacrolimus
0	20mg IV intraoperatively	Methylprednisolone 500mg IV	1000mg PO BID from PM	
1		Methylprednisolone 250mg IV	1000mg PO BID	0.05 mg/kg/day in 2 divided doses (target trough 6-10ng/ml)
2		Methylprednisolone 125mg IV	1000mg PO BID	Target trough 6-10ng/ml
3		Methylprednisolone 80mg IV	1000mg PO BID	Target trough 6-10ng/ml
4	20mg IV <sup>1</sup>	Prednisone 60mg PO	1000mg PO BID	Target trough 6-10ng/ml
5		Prednisone 40mg PO	1000mg PO BID	Target trough 6-10ng/ml
6		Prednisone 30mg PO	1000mg PO BID	Target trough 6-10ng/ml
7		Prednisone 20mg PO	1000mg PO BID	Target trough 6-10ng/ml
8-179			1000mg PO BID	Target trough 6-10ng/ml
≥180			If no rejection, decrease to 500mg PO BID <sup>2</sup>	Target trough 4-8ng/ml. Alternatively, change to mTORi target trough 4-8ng/ml

<sup>1</sup>Second basiliximab dose can be administered on Day 3 or 4 and can be given peripherally as an outpatient

<sup>2</sup>Mycophenolate mofetil dosing can be further individualized guided by MPA AUC as needed