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## Induction Immunosuppression Medication Information

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### **What is induction immunosuppression?**

Induction immunosuppression refers to the potent IV medications that are given during and immediately after your transplant for a few days to prevent rejection. These medications are called monoclonal or polyclonal antibodies. The names of these medications are Thymoglobulin® (anti-thymocyte globulin, ATG, Thymo), Simulect® (basiliximab), Zenapax® (daclizumab), or Orthoclone OKT3® (OKT3). Induction agents are typically given through the vein while you are in the hospital.

### **How long will I have to be on these agents?**

How long you will need to take these medications depends on the drug and the indication. Thymoglobulin® can be used immediately after your transplant to prevent rejection or it can be used to treat rejection if you develop a rejection episode. You will only have to be given Thymoglobulin® for 3-5 days after your transplant. If Thymoglobulin® is used to treat a rejection you may need to take it for longer, up to 7-10 days. The majority of kidney or kidney/pancreas transplant recipients receive Thymoglobulin® for the first few days after their transplant. Simulect® and Zenapax® can only be given to prevent rejection, they are not used to treat rejection. These agents are usually only used in recipients with HIV or those who are at a very low risk of rejecting their kidney. Simulect® is given once in the operating room and once on day 4 after your transplant. Zenapax® is given once in the operating room and then every two weeks as an outpatient. OKT3® can be used to prevent or treat rejection. It is usually used only to treat severe rejections that do not respond to IV steroids or Thymoglobulin®. It is also commonly used to treat pancreas rejection. OKT3® is usually given for a total of 7-10 days for both indications.

### **What are the side effects of these medications?**

The most common side effects with all of these agents are infusion reactions. Before these medications are given you will receive a dose of steroids or Tylenol® or Benadryl® to prevent the reaction. If you have a reaction you may feel some flushing, shortness of breath, headache or chest pain. If you experience one of these symptoms be sure to tell your nurse. All of these medications are very potent immunosuppressants, if you are given one of these to treat a rejection episode it is important to know that you will be at a higher risk of getting infections afterwards. You will be restarted on your Valcyte® so you do not develop a viral infection after the rejection treatment. Repeated exposure to these medications may put you at an increased risk of developing certain types of cancers such as skin cancer, cervical cancer and lymphoma (lymph node cancer).

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Please direct your medication questions to  
your transplant coordinator or transplant pharmacist.