



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

# **Heart Transplant Medications**

## **Information from Your Transplant Pharmacist**

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Your doctors have started you on many new medications. These medicines are needed to make sure your transplant is successful. We will give you an up-to-date list of your current medications. Before you leave the hospital, we will teach you the following about your medications:

- The purpose or reason for taking the medication
- The dose of each medication
- When to take each medication
- How to take each medication
- Common side effects.

### **How do I order my medications?**

Before going home, you will need a 30-day supply of all your medications. The Transplant Specialty Pharmacy's Financial Coordinator will explain the options for filling your prescriptions and suggest the one that is best for you, based on your prescription coverage. No matter where your prescriptions are filled (at Michigan Medicine or elsewhere), a pharmacist must review your prescriptions/medications before you are allowed to leave the hospital.

### **What medications will I take after my transplant surgery?**

The following medications are the most prescribed after a heart transplant at Michigan Medicine. Unless you are instructed otherwise, it is OK to take all your morning medication doses together with breakfast.

## **Medications Used to Prevent Rejection (Anti-rejection Medications, also known as Immunosuppressants)**

**Purpose:** Help prevent your immune system from recognizing your new heart as foreign.

**Frequency:** Take twice a day, 12 hours apart (9 am and 9 pm in the hospital):

- Tacrolimus (Prograf®). The blood levels of people taking this medication need to be monitored frequently. Too little of the drug will put you at risk for rejection, while too much might mean side effects.
  - **Note:** If you have a visiting nurse come to your house to draw your blood or if you use a laboratory/blood draw site that is not associated with Michigan Medicine, you will get mailing boxes to send in your tacrolimus level blood draws.
- Mycophenolate mofetil (CellCept®)
- Prednisone (Deltasone®)

## **Medications to Prevent Infection (Anti-infective Medications)**

**Purpose:** Help protect you against certain infections.

- Valganciclovir (Valcyte®) or Acyclovir (Zovirax®)
  - Usually taken for 3 to 6 months
- Sulfamethoxazole/trimethoprim (Bactrim®, Bactrim DS®) or Dapsone or Pentamidine (Nebupent®) inhalation or Atovaquone (Mepron®)
  - Usually taken for 12 months
- Nystatin oral suspension (Mycostatin®)
  - Usually taken for 3 to 6 months

## **Other Medications**

**Purpose:** Medicines that prevent or control the side effects of the anti-rejection medications and manage other medical conditions. Your doctor will decide which of these medications are appropriate for you.

- **Medications to protect your transplanted heart**
  - Aspirin 81mg
  - Pravastatin (Pravachol®) or atorvastatin (Lipitor®) or rosuvastatin (Crestor®) - lowers cholesterol
  - Vitamin C
  - Vitamin E
- **Medication to protects your stomach and gut**
  - Omeprazole (Prilosec®)
- **Medications that prevent osteoporosis and bone weakening**
  - Alendronate (Fosamax®) once per week
  - Calcium citrate with vitamin D (Caltrate with D®)
- **Medication that prevents low magnesium levels**
  - Magnesium oxide (MagOx®)
- **Medication to control blood pressure and help increase tacrolimus levels**
  - Diltiazem extended release (Cardizem CD®)
- **Medications to reduce swelling and fluid buildup (diuretics or “water pills”)**
  - Bumetanide (Bumex®), furosemide (Lasix®), or torsemide (Demadex®)
  - Doses may be much lower than prior to transplant and are often stopped as steroid doses are decreased
- **Medication to control blood sugars**
  - Insulin

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Reviewers: Claire Walters, PharmD  
Bethany Lee-Lehner, RN, MSN

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