Induction Therapy:
Rabbit Antithymocyte globulin (Thymoglobulin) will be the primary induction agent used in the majority of hand transplant recipients. It may also be used to treat more severe rejection episodes. **No patient will receive more than 2 courses of rabbit antithymocyte therapy in a 30 day period.**

Rabbit Antithymocyte globulin (Thymoglobulin) Induction

Dose: 1.5mg/kg/dose rounded to the nearest 25mg
- Available as 25mg vials only.

- All patients should receive a total of 5 doses as tolerated.

- First dose given in OR via central line over 6 hours. Second dose on floor usually also given over 6 hours and subsequent doses are given over 4 hours as tolerated.

- Adjust dose for leukopenia and thrombocytopenia per product information guidelines:
  - White blood cell count 2000-3000 cells/mm$^3$ or platelet count 50,000-75,000 cells/mm$^3$: Reduce dose by 50%
  - White blood cell count less than 2000 cells/mm$^3$ or platelet count less than 50,000 cells/mm$^3$: Consider discontinuing treatment

- Pre-medications prior to each dose administered outside of the operating room include:
  - Acetaminophen 650mg orally once at least one hour prior to dose
  - Diphenhydramine 50mg orally once at least one hour prior to dose
  - Hydrocortisone 100mg intravenous once at least one hour prior to dose.
<table>
<thead>
<tr>
<th>Calcineurin Inhibitor: Tacrolimus (Prograf)</th>
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<tbody>
<tr>
<td>Tacrolimus will be the primary calcineurin inhibitor used in the majority of hand transplant recipients. Tacrolimus is available as brand and generic formulations, and generic formulations will be utilized both inpatient and outpatient. <strong>Tacrolimus (Prograf)</strong></td>
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<tr>
<td>- <strong>Dose:</strong> 0.15 mg/Kg/day given orally in two divided doses 12 hours apart within 24 hours post-transplant.</td>
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<td>- <strong>Available as:</strong> 0.5mg, 1mg and 5mg capsules and can also be compounded as a 0.25mg capsules.</td>
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<td>- <strong>Target trough levels:</strong></td>
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<tr>
<td>8-12ng/mL for the first six months post-transplant</td>
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<tr>
<td>4-8ng/mL after six months post-transplant if no rejection has occurred in first six months.</td>
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</table>
| Antiproliferative Agents: Mycophenolate mofetil (CellCept) | Mycophenolate mofetil (CellCept) will be the primary anti-proliferative agent used in hand transplant recipients.  

**Mycophenolate mofetil (CellCept)**  
-Dose: 1000 mg orally twice daily 12 hours apart with dose adjusted for hematologic, infectious and gastrointestinal adverse effects as needed.  
-Available as 250mg and 500mg capsules.  
-Routine mycophenolic acid level monitoring not performed. |
| Corticosteroids | Corticosteroids will be utilized initially in all hand transplant recipients. However, doses may be tapered or discontinued at the discretion of the transplant clinician. Generic formulations are most often utilized. Pulse methylprednisolone intravenous doses or an increase in oral maintenance steroid dose may also be used to treat rejection episodes. -Dose: Methylprednisolone 500 mg IV in OR (Available as 500mg vial)  
Prednisone 160 mg day 1  
Prednisone 120 mg day 2  
Prednisone 80 mg day 3  
Prednisone 40 mg day 4  
Prednisone 20 mg day 5-30  
Prednisone 15 mg day 31-45  
Prednisone 10 mg day 46-on.  
Further steroid taper may be performed at the discretion of the transplant clinician. -Available as 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg tablets |