

Sirolimus

General	
• Class of the drug:	Immunosuppressants
• Synonym(s):	Rapamycine
• Common trade name(s) in Switzerland:	Rapamune®
• Conversion factors:	$\mu\text{g/l} \times 1.09 = \text{nmol/l}$ $\text{nmol/l} \times 0.91 = \mu\text{g/l}$
Clinical pharmacology	
• Indications for TDM:	Individual dose adaptation, symptoms of rejection or toxicity, CYP3A4 genetic deficiency
• Protein binding:	95 – 97 % localized in erythrocytes; in plasma 92 % bound to albumin
• Elimination half-life:	46 - 78 h
• Volume of distribution:	5 – 19 l/kg
• Metabolism:	
- Main metabolic pathways:	Liver, mainly through CYP3A4
- Active metabolite(s)?	Desmethylmetabolites + hydroxymetabolites represent a maximum of 30 % of sirolimus activity
- Inhibitor or inducer of the cytochrome P450 system?	Inductor of CYP3A4
- Other significant pharmacokinetic interactions:	PGP substrate and inhibitor
• Elimination of parent drug:	Hepatic > 90% Renal < 3 %
• Typical therapeutic range:	Dependent on combination therapy and indication
• Potentially toxic concentration:	> 30 $\mu\text{g/l}$
Pre-analytics	
• Time to steady-state since beginning of treatment or change of posology:	~ 4 days
• Time for blood sampling:	Before next dose at steady state
• Type(s) of sample:	Whole blood on EDTA
• Stability:	1 day at 25°C, 2-3 days at 4°C, for longer conservation freeze at -20°C

Analytics	
<ul style="list-style-type: none"> Position(s) in the analysis list/Method: 	8634.01 Immunoassay 8634.03 LC-MS
Remarks	Samples should be shipped frozen
References	<ul style="list-style-type: none"> • <i>Compendium suisse des médicaments, 2005</i> • Napoli KL, Taylor PJ; <i>Therap Drug Monit</i> 23 (2001) 559 • Macphee IAM et al., <i>Transplantation</i> 74 (2002) 1486 • Ingle Gret al, <i>Ann Pharmacother</i> 34 (2000) 1044 • Marzolini C, et al, <i>Clin Pharmacol Ther</i> 75 (2004) 13