

## Tacrolimus

<b>General</b>	
• Class of the drug:	Immunosuppressants
• Synonym(s):	FK506
• Common trade name(s) in Switzerland:	Prograf®
• Conversion factors:	$\mu\text{g/l} \times 1.24 = \text{nmol/l}$ $\text{nmol/l} \times 0.80 = \mu\text{g/l}$
<b>Clinical pharmacology</b>	
• Indications for TDM:	Individual dose adaptation, symptoms of rejection or toxicity, CYP3A4 genetic deficiency
• Protein binding:	92 – 98 % localized in erythrocytes; in plasma 98.8 % bound to albumin
• Elimination half-life:	12 – 15 h
• Volume of distribution:	2.5 l/kg
• Metabolism:	
- Main metabolic pathways:	Liver, high affinity for CYP3A4
- Active metabolite(s)?	31-O-desmethyltacrolimus, has a similar activity to tacrolimus
- Inhibitor or inducer of the cytochrome P450 system?	Strongly inhibitor for CYP1A2 and 3A4
- Other significant pharmacokinetic interactions:	PGP substrate and inhibitor
• Elimination of parent drug:	Hepatic > 99% Renal < 1 %
• Typical therapeutic range:	Dependent on combination therapy and indication
• Potentially toxic concentration:	> 30 $\mu\text{g/l}$
<b>Pre-analytics</b>	
• Time to steady-state since beginning of treatment or change of posology:	~ 3 days
• Time for blood sampling:	Before next dose at steady state
• Type(s) of sample:	Whole blood on EDTA
• Stability:	5 days at 25°C

<b>Analytics</b>	
<ul style="list-style-type: none"> <li>Position(s) in the analysis list/Method:</li> </ul>	8634.01 Immunoassay 8634.03 LC-MS
<b>Remarks</b>	
<b>References</b>	<ul style="list-style-type: none"> <li>-<i>Compendium suisse des médicaments, 2005</i></li> <li>-<i>Holt DW et al, Therap Drug Monit 24 (2002) 59</i></li> <li>-<i>Macphee IAM et al., Transplantation 74 (2002), 1486</i></li> <li>-<i>Armstrong VW, Oellerich M. ;Clin Biochem. 34 (2001) 9</i></li> <li>-<i>Marzolini C et al, Clin Pharmacol Ther 75 (2004), 13</i></li> </ul>