

## Prior Authorization Drug Guidelines

### **THYMOGLOBULIN (anti-thymocyte globulin)**

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**Description:** **Thymoglobulin** is a purified, pasteurized gamma immune globulin obtained by immunizing rabbits with human thymocytes resulting in several clones of antilymphocytes capable of inhibiting the proliferative responses to several mitogens. It does this by acting on T-cell surface antigens and depleting CD4 lymphocytes

**Authorization Criteria:** Treatment of acute rejection in renal transplants in conjunction with other immunosuppressants

**NOTE:** Should only be used by physicians experienced in immunosuppressive therapy in transplantation. Should be used under strict medical supervision in a hospital setting, and patients should be carefully monitored during the infusion.

#### **Dosing:**

**Renal transplant acute rejection:** 1.5 mg/kg daily for 7-14 days (infused over a minimum 6 hours for the first infusion and at least 4 hours on subsequent days) reduce dose by one-half if the WBC count is between 2,000 and 3,000 cells/mm<sup>3</sup> or if the platelet count is between 50,000 and 75,000 cells/mm<sup>3</sup>; stopping treatment should be considered if the WBC count falls below 2,000 cells/mm<sup>3</sup> or platelets below 50,000 cells/mm<sup>3</sup>

**Renal transplant induction therapy:** IV: 1.5 mg/kg/day for 4 to 7 days; the first dose should be administered prior to reperfusion of the donor kidney

**NOTE:** Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

**How Supplied:** Lyophilized: 25mg/10 mL vial (reconstitute with sterile water)

**Major Adverse Reactions:** Acute infections; reactivation of latent infectious agents; sepsis; increased risk of malignancy; inflammatory reaction at the infusion site; lymphopenia; thrombocytopenia; Serious immune-mediated reactions, e.g. anaphylaxis or severe cytokine release syndrome (CRS; “cytokine storm”);

## REFERENCES

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