

Anti-rejection medications are prescribed after transplantation to prevent the body from rejecting a transplanted organ. The medications work by preventing the immune system from identifying the transplant as foreign or “non-self”. In simple terms, the medications weaken or “place a blindfold” on the immune system so the immune system is unable to “see” the transplanted organ. Without the medications, the immune system will identify the organ as foreign and will then start a cascade of organ destruction and antibody production that is difficult to stop and, even more so, reverse.

- Tricia Bockenstedt, PharmD, BCTXP

Every patient and every organ require different doses of medications to maintain the balance between the risk of rejection and infection. When we have the medication doses too high, this increases the risk for side effects and infections. When they are too low, this increases the risk for rejections. The transplant team will use lab work to measure the level of medications in your body. The lab work will also tell the transplant team how well your immune system is functioning and will assess how well the transplanted organ is functioning. For example, serum creatinine (Cr) is monitored to assess how well a transplanted kidney is functioning.

Medications dosed too low

Medications dosed too high

Rejection

Side Effects
(headache,
tremors)

Infections

Kidney Injury

Recommended monitoring while taking anti-rejection medications

The transplant team works with your other health care providers to monitor for side effects and risks associated with taking anti-rejection medications. Routine lab monitoring and attending scheduled clinic follow ups with the transplant team is necessary for monitoring these risks.

Transplant is a life-saving treatment that requires a commitment to a lifelong medication routine and its associated follow up. The transplant team and your caregivers are there to help you along the way and to provide the safest and most effective treatment options. The transplant team has pharmacists available to discuss your medication concerns and to assist with questions about drug interactions, side effects, and any issues you may have organizing your medications at home.



Skin: Transplant patients are 250x more likely to get a non-melanoma skin cancer than the general population. It is recommended that you wear sunscreen with SPF 30 or higher when outdoors, complete monthly self-exams, and annual skin exams with a health care provider.



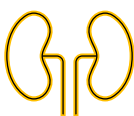
Heart: Blood pressure and cholesterol may be worsened by the anti-rejection medications. High blood pressure occurs in 65-90% of transplant patients. Cholesterol can also be increased by the anti-rejection medications and may modify treatment regimens due to a drug interaction with cyclosporine.



Bones: Transplant patients' risk for osteoporosis is five times higher than the general population. The anti-rejection medications increase your risk for osteoporosis. Work with your health care team to test your bone density and start treatment if indicated.



Diabetes: Diabetes may require more monitoring and additional treatment after transplant. Sometimes patients who are pre-diabetic or no longer requiring medications to treat diabetes will need to resume treatment and/or need insulin after a transplant.



Kidneys: Unfortunately, with long term use, some of the anti-rejection medications can be harmful to your kidneys. It is important to follow your routine lab schedule to monitor your kidney function. Your transplant team has some strategies to improve or lessen the kidney injury if identified early.

ADDITIONAL INFORMATION

This section of our monthly newsletter will focus on support and resources offered both by the Organ Transplant Center and throughout the nation. Please utilize these as you need them and reach out with any questions.

Kidney and pancreas line: 319-356-1136

Heart line: 319-356-1028

Liver line: 319-356-1137

Lung line: 319-356-2016

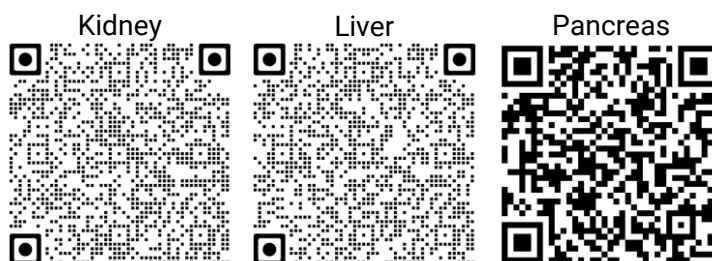
Medicare and Transplant

Medicare eligibility is based on age, disability, having end-stage kidney failure, or receiving a kidney transplant. No other organ transplant or need for organ transplant qualifies one for Medicare. There is a 1-year enrollment window for Medicare from date of kidney transplant. Delaying enrollment can increase chances of higher out-of-pocket expenses for anti-rejection medication. Medicare Advantage plans cover anti-rejection medications, and out-of-pocket expenses are subject to plan.

* For further questions or coverage changes, please contact the Organ Transplant Center Financial Counselors.

Video Resources

The Organ Transplant Center has put together videos to better explain the transplant evaluation process and provide additional patient education. Please scan the QR codes below to access these videos.



Organ Transplant Support Group

The Organ Transplant Center hosts a hybrid support group every other month—in-person and by Zoom. Each group is focused on a specific topic with speakers followed by time for discussion. If you have any questions, please contact 319-467-8385.

Location:

Iowa Donor Network
550 Madison Avenue
North Liberty, IA 52317

Date:

August 14, 2025

Speaker: UI Health Care
pharmacist

Zoom Information:

Meeting ID: 972 5761 0102
Passcode: 153533

Additional Resources

Social Security Disability

- [Adult Disability Starter Kit](#)
- [SSI Child Disability Starter Kit](#)

National Living Donor Assistance Center (NLDAC): [How to Apply](#)

Iowa Anatomical Gift Fund: [Application](#)

Iowa Donor Network / Writing Your Donor Family:
<https://www.iowadonornetwork.org/transplant-recipients/writing-your-donor-family>

University of Iowa Telepsychology Training Clinic offers free, short-term counseling to Iowans with limited access to mental health care.

- [Click here](#) to see if you qualify