UCMC – Kidney Transplant Belatacept Conversion Guidelines

Immediate Tacrolimus Discontinuation or Conversion < 1 month post-transplant

Belatacept Conversion (Considerations for KIDNEY TRANSPLANT RECIPIENTS ONLY)

I. Patient requirements for belatacept conversion
   - EBV positive serology
   - No history of lymphoma or PTLD
   - No history of HIV
   - No IV access issues

II. Patients at higher immunologic risk should be carefully considered prior to conversion:
   - Currently receiving rejection treatment
   - Unresolved rejection
   - High grade rejection

III. Financial implications of belatacept conversion should be assessed and discussed with the patient prior to initiation of therapy.

IV. Plasmapheresis may accelerate removal of belatacept from systemic circulation. Patients receiving plasmapheresis will require supplemental dosing of belatacept (refer to *Belatacept Dosing in Plasmapheresis Protocol)*

Belatacept Conversion (from Tacrolimus):

Belatacept Dosing Day	Belatacept	Tacrolimus Dosing		Monitoring
		Immediate Discontinuation due to toxicity	< 1 month post-transplant	
Day 1	10 mg/kg	Discontinue	No change	• Patients should be closely monitored and on adequate immunosuppression in addition to belatacept during the conversion period. • Closely monitor for viral infections, especially following the completion of standard prophylaxis ○ Check CMV and BK PCR at week 4 of belatacept initiation, then every 4 weeks x 2 or until 1 year post-transplant (unless more frequently as indicated by prophylaxis protocol)
Day 5-7	10 mg/kg		No change	
Day 15 (Wk 2)	10 mg/kg		Reduce to 40-60% of day 0 dose	
Day 22 (Wk 3)	-		Reduce to 20-30% of day 0 dose	
Day 29 (Wk 4)	5 mg/kg every 4 weeks		Discontinue	

Biopsy criteria after conversion: increase in SCr ≥ 20% or ≥ 0.3 mg/dl above baseline (defined as the median of 5 consecutive SCr measurements immediately preceding the elevated SCr result), after exclusion of causes other than rejection

Conversion > 1 month post-transplant

Belatacept Conversion (Considerations for KIDNEY TRANSPLANT RECIPIENTS ONLY)

V. Patient requirements for belatacept conversion
- EBV positive serology
- No history of lymphoma or PTLD
- No history of HIV
- No IV access issues

VI. Patients at higher immunologic risk should be carefully considered prior to conversion:
- Currently receiving rejection treatment
- Unresolved rejection
- High grade rejection
- Recent acute rejection (within 3 months)

VII. Financial implications of belatacept conversion should be assessed and discussed with the patient prior to initiation of therapy.

VIII. Plasmapheresis may accelerate removal of belatacept from systemic circulation. Patients receiving plasmapheresis will require supplemental dosing of belatacept (refer to *Belatacept Dosing in Plasmapheresis Protocol)*

Belatacept Conversion (from Tacrolimus):

Belatacept Dosing Day	Belatacept	Tacrolimus Dosing	Monitoring
Day 1	**10 mg/kg**	**No change**	• Patients should be closely monitored and on adequate immunosuppression in addition to belatacept during the conversion period. • Closely monitor for viral infections, especially following the completion of standard prophylaxis o Check CMV and BK PCR at week 4 of belatacept initiation, then every 4 weeks x 2 or until 1 year post-transplant (unless more frequently as indicated by prophylaxis protocol)
Day 15 (Wk 2)	**5 mg/kg**	**Reduce to 40-60% of day 0 dose**	
Day 22 (Wk 3)	**-**	**Reduce to 20-30% of day 0 dose**	
Day 29 (Wk 4)	**5 mg/kg every 4 weeks**	**Discontinue over 1-3 months per clinician discretion**	

Biopsy criteria after conversion: increase in SCr ≥ 20% or ≥ 0.3 mg/dl above baseline (defined as the median of 5 consecutive SCr measurements immediately preceding the elevated SCr result), after exclusion of causes other than rejection