

 Methodist Dallas Medical Center	Title: PJP Prophylaxis Protocol	Effective Date: 02/19/2003
	Section: Liver	
Approved by: <hr/> Lori Kautzman, M.D., Surgical Director Liver Transplant <hr/> Edward Dominguez, M.D Infectious Disease Transplant <hr/> Jeffrey Weinstein, MD, Medical Director Liver Transplant <hr/> Melody Holder, Director of Transplant Clinical Operations		Revision Date(s): 01/22/2009; 10/22/2015; 07/23/2019; 9/2022; 11/2025 Next review Date: 11/2028

Purpose: To ensure uniform prophylaxis of liver transplant patients at risk for PJP (formerly, PCP)

Policy:

- 1) The primary agent used for prophylaxis against PJP post liver transplant will be sulfamethoxazole/trimethoprim 400/80 (Bactrim SS) PO daily x 6 months (unless allergic or has a history of severe side effects)
 - Therapy will be continued or reinitiated for an additional 6 months if the patient receives pulsed steroids or Thymoglobulin for rejection or if the patient has an episode of PJP
- 2) Alternative medication regimens will include:
 - Sulfamethoxazole/trimethoprim 800/160 (Bactrim DS) PO on Monday, Wednesday and Friday
 - Aerosolized Pentamidine 300 mg dissolved in 6 cc sterile water monthly
 - Dapsone 100 mg PO daily
 - Atovaquone 1500 mg PO daily
- 3) In patients who have received Thymoglobulin infusion or have profound immunosuppression determined clinically and/or with immune markers, consider desensitization to sulfa **if** sulfa allergic. Consult with Infectious Disease Specialist prior to initiating desensitization. Daily sulfa prophylaxis may also prevent Toxoplasma and Nocardia infection