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| **PROTOCOL TITLE:**  **Kidney and Pancreas Post Transplant – Weight based dosing of MMF** | |
| **APPLICABLE FACILITIES:**  EHC EDH EHH EHI EHN EJCH ELTAC ESJH  EUH EUHM EUHS EUOSH EWWH RJV-ERH RJV-ESOP TEC/ESA | |
| **EFFECTIVE DATE:** | **ORIGINATION DATE:** 06/10/2020 |

**CATEGORY:** Diagnostic/Therapeutic/Preventive, Medication Guidelines

**LEVEL:** Independent

**SCOPE:** All transplant program physicians, practitioners and clinical staff members are responsible for compliance with this clinical protocol.

**PURPOSE:** The purpose of this protocol is to minimize MPA related toxicities (leukopenia, GI toxicity, infections) which are often dose‐dependent, leading to reductions, interruptions, or discontinuations of MMF.

**PROPOSAL:** Dose MMF based on body weight (BW) instead of generally administered fixed dose of 2 g/d in kidney and kidney pancreas transplant patients.

**TARGET PATIENT POPULATIONS:** Patients with Kidney and Kidney Pancreas Transplant

**PROTOCOL:**

All patients irrespective of risk status will be started on MMF 1g BID immediate post-transplant. MMF dose will be adjusted at the time of discharge.

**Risk Stratification**

**High Immunologic Risk - consider 2g/day dosing**

* Re-transplant
* PRA>90%
* Low level DSA
* HIV
* Rejection immediately post-transplant, during initial hospital admission
* Kidney-Pancreas recipients
* DGF

**Standard Immunologic Risk- consider weight-based dosing:**

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| Weight | MMF Dose |
| 38-52kg | 500mg |
| 53-70kg | 750mg |
| >71kg | 1000mg |

**Living donor recipient:** All living donor recipients will receive MMF 1g dose pre transplant

**RELATED POLICIES / PROCEDURES:**

**DEFINITIONS:** N/A

**REFERENCES AND SOURCES OF EVIDENCE:**

1.Yamada S, et al. Transplantation Proceedings. 2016; 48:35‐41.

2.Yau W, et al. Nehpro Dial Transplant. 2007; 22:3638‐3645.

3. Kaplan, B, Gaston, RS, Meier‐Kriesche, HU, et al. Mycophenolic acid exposure in high‐and low‐weight renal transplant patients after dosing with mycophenolate mofetil in the Opticept trial. Therapeutic drug monitoring. 2010; 32(2):224‐227.

**KEY WORDS:**