

**IgA Nephropathy:  
CORTICOSTEROID REGIMEN  
Pozzi Protocol**

Rev: Jan/19

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**PATIENT INFORMATION**

Name:

Address:

PHN:

Phone number:

**DRUG AND FOOD ALLERGIES**

☼ Mandatory    ☐ Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

**To obtain predniSONE coverage under the BCR GN Formulary:**

- Ensure the patient is registered in PROMIS
- Fax this prescription along with an application form to Macdonald's Pharmacy at **1-866-685-0305**

**1. 6-month corticosteroid regimen (Pozzi protocol):**

- ☼ **methyIPREDNISolone** IV x 3 days at the beginning of months 1, 3 and 5  
(follow medical short stay orders on page 3)

**WITH**

- ☼ **predniSONE** 0.5 mg/kg \_\_\_\_\_ mg PO q2days x 6 months **THEN** taper **predniSONE** as below:

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**Quantity: New prescription fill quantity shall be for 90 days and if tolerated, may repeat times one.**

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER
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**The prescriptions on this page can be filled at any community pharmacy.**

**2. Osteoporosis prevention while on corticosteroids:**

**calcium:** The recommended daily intake is 1000 mg (19 to 50 years old) to 1200 mg of elemental calcium (over 50 years old). Supplement as necessary to reach this target.

- calcium carbonate** 1250 mg (500 mg elemental) 1 tab PO daily
- calcium carbonate** 1250 mg (500 mg elemental) \_\_\_\_\_ tabs PO \_\_\_\_\_

**vitamin D:** The recommended daily intake is 600 units (1 to 70 years old) to 800 units (over 70 years old). Supplement as necessary to reach this target:

- vitamin D<sub>3</sub>** 400 units PO daily
- vitamin D<sub>3</sub>** \_\_\_\_\_ units PO daily

**alendronate:** Is recommended in patients with a history of fragility fracture or an established diagnosis of osteoporosis, in postmenopausal women, in men greater or equal to 50 years old, or in patients greater or equal to 30 years old where the initial predniSONE dose is greater or equal to 30 mg/day and who have been exposed to over 5 grams of predniSONE in the previous year. Additional patients may also qualify based on their FRAX score (see Supporting Evidence).

- alendronate** 70 mg PO weekly
- \_\_\_\_\_ mg PO \_\_\_\_\_

**3. GI prophylaxis while on corticosteroids:**

- ranitidine** 150 mg PO BID
- ranitidine** 150 mg PO daily if eGFR less than 50 ml/min/1.73 m<sup>2</sup>
- pantoprazole magnesium** 40 mg PO daily (note: special authority required)

**Quantities: New prescription fill quantity shall be for 90 days and if tolerated, may repeat times one. It is recommended that calcium and vitamin D be purchased over the counter.**

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☼ **Admit to medical short stay under Dr.** \_\_\_\_\_

☼ **Insert IV in non-dominant arm**

☼ **Vital signs x 1, then PRN**

**methyIPREDNISolone** 1000 mg IV x 3 days at the beginning of months 1, 3 and 5

**methyIPREDNISolone** \_\_\_\_\_ mg IV x 3 days at the beginning of months 1, 3 and 5

The patient is to receive the above **methyIPREDNISolone** doses on the following consecutive dates:

Month 1: \_\_\_\_\_

Month 3: \_\_\_\_\_

Month 5: \_\_\_\_\_

☼ **Remove IV**

☼ **Discharge home**

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