

**PATIENT INFORMATION**

Name:

Address:

PHN:

Phone number:

**FSGS or MCD  
CALCINEURIN INHIBITOR PROTOCOL**

Rev: Jan/19

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**DRUG AND FOOD ALLERGIES**

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

**To obtain calcineurin inhibitor coverage under the BCR GN Formulary:**

- ☼ Ensure the patient is registered in PROMIS, or if already registered, ensure address and phone number are accurate for medication delivery
- ☼ Fax this prescription along with an application form to Macdonald's Pharmacy at **1-866-685-0305**

**1. Calcineurin inhibitor regimen (choose ONE):**

**cycloSPORINE** (1.5 mg/kg, round **DOWN** to the nearest 25 mg) \_\_\_\_\_ mg PO BID  
 ☼ Dispense 25 mg and 100 mg capsules to allow for dose titration

**TACrolimus** (0.025 mg/kg, round **DOWN** to the nearest 0.5 mg) \_\_\_\_\_ mg PO BID  
 ☼ Dispense 0.5 and 1 mg capsules to allow for dose titration

**2. Target calcineurin inhibitor serum levels:**

- ☼ Target **cycloSPORINE** trough level between 125 to 175 ng/mL
- ☼ Target **TACrolimus** trough level between 4 to 8 ng/mL

**3. Concurrent corticosteroid recommendation (if applicable):**

- Patient is corticosteroid resistant, taper off **predniSONE**
- Patient is corticosteroid sensitive, continue minimum dose that maintains remission for at least 6 months while on calcineurin inhibitor, then taper off **predniSONE** as clinically indicated

Note: each **predniSONE** taper should be individualized.

- |                               |                                |
|-------------------------------|--------------------------------|
| 1. _____ mg PO daily x 1 week | 9. _____ mg PO daily x 1 week  |
| 2. _____ mg PO daily x 1 week | 10. _____ mg PO daily x 1 week |
| 3. _____ mg PO daily x 1 week | 11. _____ mg PO daily x 1 week |
| 4. _____ mg PO daily x 1 week | 12. _____ mg PO daily x 1 week |
| 5. _____ mg PO daily x 1 week | 13. _____ mg PO daily x 1 week |
| 6. _____ mg PO daily x 1 week | 14. _____ mg PO daily x 1 week |
| 7. _____ mg PO daily x 1 week | 15. _____ mg PO daily x 1 week |
| 8. _____ mg PO daily x 1 week | 16. _____ mg PO daily x 1 week |

**4. Calcineurin inhibitor duration:**

Suggested treatment duration at full dose is at least **12 months after finishing corticosteroids**, followed by slow down titration of the calcineurin inhibitor thereafter as flares are common if stopped abruptly. The duration of treatment at full dose, and rate of drug tapering, depends on treatment response.

**Quantities: New prescription fill quantity shall be for 30 days and if tolerated, refill in quantities of 80 days times four.**

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER

**REQUEST FOR LABORATORY SERVICES**  
**For GN patients starting a calcineurin inhibitor**

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**DRUG AND FOOD ALLERGIES**

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**INSTRUCTIONS:**

- ☼ Complete the following blood work at your local laboratory **one week** dafter starting cycloSPORINE or TACrolimus and repeat weekly for a total of 4 weeks unless otherwise specified by your nephrologist.

**Note:** After drug dosing and levels have stabilized, ongoing blood work monitoring including a TACrolimus or cycloSPORINE level is recommended as clinically indicated.

**LABORATORY TESTS:**

- Trough TACrolimus level (12 hours after the last dose)
- Trough cycloSPORINE level (12 hours after the last dose)
- ☼ CBC with differential, creatinine, urea, sodium, potassium, bicarbonate, chloride
- ☼ AST, ALT, ALP, GGT, total bilirubin, uric acid, creatine kinase

Additional tests:

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**Distribute results to all those ticked below:**

- Ordering Nephrologist:
- Copies to:
- Computer Download PROMIS** (BC Bio-Med LEAD4, LifeLabs H0762)

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**The prescriptions on this page can be filled at any community pharmacy.**

**5. 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 \_\_\_\_\_

**6. 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 two. It is recommended that calcium and vitamin D be purchased over the counter.**

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