

**FSGS or MCD
CORTICOSTEROID PROTOCOL
For initial therapy**

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, 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**

This protocol is designed for the initial treatment of Focal Segmental Glomerulosclerosis or Minimal Change Disease. Subsequent treatment of flares should be individualized.

1. Corticosteroid regimen:

predniSONE _____ mg (recommend: 1 mg/kg/day to a max of 60 mg) PO daily

2. Duration of predniSONE and patient instructions:

16 weeks, but this needs to be individualized (recommend: continue full dose therapy for 2 weeks after achieving proteinuric remission as long as a minimum of 4 weeks of **predniSONE** is completed, or a maximum of 16 weeks is not exceeded).

☛ **THEN** taper **predniSONE** (recommend: reduce dose by 5 mg/day/week until 20 mg PO daily, then reduce dose by 2.5 mg/day/week until off):

- | | |
|-------------------------------|--------------------------------|
| 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 | |

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

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.

3. 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 D₃** 400 units PO daily
- vitamin D₃** _____ 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 _____

4. GI prophylaxis while on corticosteroids:

- ranitidine** 150 mg PO BID
- ranitidine** 150 mg PO daily if eGFR less than 50 ml/min/1.73 m²
- 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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