

PATIENT INFORMATION

Name:

Address:

PHN:

Phone number:

**FSGS or MCD
CYCLOPHOSPHAMIDE 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 corticosteroid and cyclophosphamide 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. cyclophosphamide is only recommended in a steroid sensitive patient. Thus, prior to cyclophosphamide:

Taper **predniSONE** to the minimum dose that maintains remission, and then stay on this dose for the duration of **cyclophosphamide** treatment.

- | | |
|------------------------------|------------------------------|
| 1. _____ mg PO daily x _____ | 5. _____ mg PO daily x _____ |
| 2. _____ mg PO daily x _____ | 6. _____ mg PO daily x _____ |
| 3. _____ mg PO daily x _____ | 7. _____ mg PO daily x _____ |
| 4. _____ mg PO daily x _____ | 8. _____ |

2. cyclophosphamide:

- ☛ **cyclophosphamide** (recommended: 2 mg/kg/day, round to the nearest 25 mg) _____ mg (usual max 175 mg) PO every morning with plenty of water throughout the day for
 - 12 weeks (recommended)
 - _____

Recommended cyclophosphamide dosing schedule	
eGFR less than 30 ml/min/1.73 m ² OR age over 70 years	Reduce dose by 25%
eGFR less than 30 ml/min/1.73 m ² AND age over 70 years	Reduce dose by 50%
WBC nadir less than 3.5 x 10 ⁹ /L	Hold until WBC recovers and reduce subsequent doses by 25%

3. Corticosteroid regimen after cyclophosphamide:

Taper **predniSONE** as clinically able with the goal of discontinuation (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 | |

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

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

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**REQUEST FOR LABORATORY SERVICES
For GN patients on cyclophosphamide**

Rev: Jan/19

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INSTRUCTIONS:

Complete the following blood work at **baseline** and then **every week for 4 weeks** on the following dates:

(date): _____ (date): _____ (date): _____
 (date): _____ (date): _____

Note: Subsequent blood work frequency should be based on tolerability and safety and whether a stable dose has been determined, and should be ordered as clinically indicated.

LABORATORY TESTS:

- CBC with differential, creatinine, urea, sodium, potassium, bicarbonate, chloride
- AST, ALT, ALP, GGT, total bilirubin

Additional tests:

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.

4. 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 _____

5. 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)

6. *Pneumocystis jiroveci* prophylaxis while on cyclophosphamide:

- sulfamethoxazole-trimethoprim (e.g. SEPTRA SS)** 400/80 mg 1 tab PO daily
- sulfamethoxazole-trimethoprim (e.g. SEPTRA DS)** 800/160 mg PO 3x/week
- sulfamethoxazole-trimethoprim (e.g. SEPTRA SS)** 400/80 mg PO 3x/week, if eGFR less than 30 ml/min/1.73 m²
- dapsone** 100 mg PO daily (for patients who cannot tolerate sulfamethoxazole-trimethoprim; monitor for hemolysis and test for G6PD deficiency)
- _____ mg PO _____

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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