

**IgA Nephropathy:  
CORTICOSTEROID REGIMEN  
Manno/Lv Protocol**

Rev: Jan/19

Page 1 of 2

**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 (Manno/Lv protocol):**

- predniSONE \_\_\_\_\_ mg (recommended: 1 mg/kg/day to a max of 60 mg) PO daily for  
 60 days (recommended)  
 OR     \_\_\_\_\_

☛ **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 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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