

**Membranous Nephropathy:
CALCINEURIN INHIBITOR 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 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. Calcineurin inhibitor duration:

Suggested treatment duration at full dose is between **6 to 12 months**, followed by slow down titration thereafter. The duration of treatment at full dose, and rate of drug tapering, depends on treatment response. Relapse rates approach 50% if calcineurin inhibitors are discontinued abruptly.

4. Corticosteroids:

Concurrent corticosteroids are not recommended with this protocol (see supporting evidence document for this protocol).

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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INSTRUCTIONS:

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

Note: after drug dosing and serum levels have stabilized, ongoing blood work monitoring including a TACrolimus or cycloSPORINE level is recommended and should be ordered 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:

Distribute results to all those ticked below:

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

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