Providence HEALTH CARE **PRESCRIBER'S ORDERS**

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED

CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE AND TIME

ANCA Vasculitis Protocol: Induction therapy

Bloodwork and documentation:

- ☐ ANCA *at diagnosis/ baseline and at 2 weeks*
- ☐ Anti-GBM *at diagnosis, / baseline*
- ☐ Pregnancy test *(for females under 40)*
- ☐ Creatinine, urea, electrolytes, baseline, and q 4 weekly x 3 then reassess
- ☐ CBC and differential at baseline, and q 2weekly x 3, then q 4 weekly x 3 and reassess
- ☐ Urinalysis and UACR at baseline, and q 4 weekly x 3, then reassess
- ☐ BVAS (Birmingham Vasculitis Activity Score/Wegener's Granulomatosis version); *Administer at baseline, Week 2, 4, 8, 12 , and induction and then every 26 weeks.*

Overall therapy decisions:

Patient to receive the following therapy as per schedule and dosing below:

☐ Plasma exchange Yes____No____

☐ Cylcophosphamide Yes ___No____

OR

☐ Rituximab Yes___No___(see below for details)

After IV Pulse Solumedrol

☐ Standard dose of Prednisone orally

OR

☐Reduced dose Prednisone orally

Plasma Exchange:

☐ Plasma Exchange 60 mL x _____ kg = _____, 7 exchanges to be performed within 14 days :

See PLEX orders for details (separate sheet)

Glucocorticoids Therapy:

☐ IV Methylprednisolone x 3 doses: Dose per infusion = .500mg____750Mg___1 G___;

☐ **Day 4 start po** prednisone

☐ Dosage as below:

Standard dose schedule _____ Reduced dose schedule ____

pls keep for Dr Zheng

ALL NEW ORDERS MUST BE FLAGGED

FAX COMPLETED ORDERS TO PHARMACY **PLACE ORIGINAL IN PATIENT'S CHART**

	Standard			Reduced-dose		
	<50 kg	50-75 kg	>75 kg	<50 kg	50-75 kg	>75 kg
	pulse	pulse	pulse	pulse	pulse	pulse
1	50	60	75	50	60	75
2	50	60	75	25	30	40
3-4	40	50	60	20	25	30
5-6	30	40	50	15	20	25
7-8	25	30	40	12.5	15	20
9-10	20	25	30	10	12.5	15
11-12	15	20	25	7.5	10	12.5
13-14	12.5	15	20	6	7.5	10
15-16	10	10	15	5	5	7.5
17-18	10	10	15	5	5	7.5
19-20	7.5	7.5	10	5	5	5
21-22	7.5	7.5	7.5	5	5	5
23-52	5	5	5	5	5	5
>52	Investigators' Local Practice			Investigators' Local Practice		

Remission Induction Therapy : *Choose one* prednisone schedule ← dose

☐ IV Cyclophosphamide 15 mg x _____ kg = ____Mg (maximum of 1.2 g/dose, round to nearest 5 mg).

- Administer q 2 weeks x 3, then q 3 weeks every three weeks
- Plex will not occur for at least 24 hours following an IV dose of cyclophosphamide.

OR

☐ Oral Cyclophosphamide 2 mg x _____ kg = ____Mg x day for a maximum of 200 mg/day.

- Daily.
- For patients receiving PLEX and daily cyclophosphamide, on days when PLEX is performed, cyclophosphamide will be given following PLEX.
- Plex will not occur for at least 12 hours following an oral dose of cyclophosphamide.

Standard dosing schedule (adjustments below)

Time (weeks)	Pulse number	Dose
0	1	15 mg/kg
2	2	15 mg/kg
4	3	15 mg/kg
7	4	15 mg/kg
10	5	15 mg/kg
13	6	15 mg/kg
16	7	15 mg/kg
19	8	15 mg/kg
22	9	15 mg/kg
25	10	15 mg/kg

Dosage adjustment Cyclophosphamide: yes ____no____

☐ advanced age, ☐ poor baseline renal function or ☐ cytopenias

If WBC <3.5 or other reasons for adjustment, adjust dose of cyclophosphamide as follows:

	Oral Cyclophosphamide eGFR (ml/min/1.73 m^2)		IV Cyclophosphamide eGFR (ml/min/1.73 m^2)	
Age	>30	≤30	>30	≤30
<60	2	1.5	15	12.5
60-70	1.5	1.25	12.5	10
>70	1.25	1	10	7.5

OR

☐ Rituximab 375 mg x _____ kg = _____/dose Dose 1 / 2 / 3 / 4

- 4 IV doses of 375 mg/kg according to the following:

1. Dose 1 within first 14 days of treatment initiation but not within 48 hours after a PLEX treatment
2. Doses to be arranged 7-14 days, depending on logistics.
3. PLEX should not be given within the first 48 hours after administering rituximab.

☐ 100 mg of IV hydrocortisone or equivalent with or without anti-histamine agent immediately preceding the rituximab infusion.

Immunosuppressive Remission-Maintenance Therapy:

Azathioprine

- ☐ Azathioprine 2 mg x _____ kg = _____/day for patients < 60 years old
- ☐ Azathioprine 1.5 mg x _____ kg = _____/day for patients > 60 years old
- ☐ Azathioprine 1 mg x _____ kg = _____/day for patients > 75 years old
  - Patients receiving cyclophosphamide will be transitioned to azathioprine as maintenance immunosuppression no earlier than 3 months and no later than 6 months after starting CYC provided a remission is induced.
  - Azathioprine will begin immediately after the last dose of oral CYC or 7 days after the last dose of IV CYC with dose reduction fo advanced age, cytopenias, or based on TPMT genetic/activity testing (if performed)
  - Patients intolerant of of azathioprine may use an alternative immunosuppressive agent at the nephrologist's discretion.

Bloodwork monitoring during maintenance phase:

CBC/ WBC to be monitored q 2weekly x 4 after starting Azathioprine, then q 3-4 weekly thereafter
Adjust dosages of Azathioprine to avoid WBC < 3.5

Creatinine, electrolytes and urinalysis q 1 monthly
ANCA q 3 monthly
BVAS questionnaire q visit

Prophylactic Therapies:

TBD :Septra ;Vitamin D ;Calcium; Ranitidine/ Pariet

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