

# DRUG CARDS | DAILY



**NAME(S): Generic:** prednisone (PRED ni sone) | **Brand:** Deltasone

**PHARMACOLOGIC & THERAPEUTIC CLASS:** Glucocorticoid (w/ minimal mineralocorticoid activity) | Corticosteroid

**DOSAGE FORM & STRENGTH:** **Soln:** 5 mg/5 mL | **Conc Soln:** 5 mg/1 mL | **Tab:** 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg

## INDICATION(S) & DOSING(S): ADULTS

- Conditions that are Corticosteroid-Responsive:** Dose Range 5-60 mg PO w/ food qd. The freq varies by conditions. Gradual taper if discontinuing a pt off high dose use or long term therapies.
- Adrenal Insufficiency:** Tx Dose 1-5 mg/m<sup>2</sup>/dose PO w/ food qd.
- Acute Exacerbation of Multiple Sclerosis:** Tx Dose 1250 mg PO w/ food for 3-5 days.
- Acute Asthma:**
  - Emergency Dept or Hospital Management:** Tx Range 40-80 mg/day PO w/ food divided 1-2 times daily. Continue until peak flow is 70% predicted.
  - Burst Treatment in Outpatient Setting:** Tx Range 40-60 mg/day PO w/ food divided 1-2 times daily for 3-10 days
- Severe Persistent Asthma:** Tx Range 7.5-60 mg PO w/ food every day or every other day. If d/c'ing gradually taper if d/c'ing high-dose or long-term therapy.
- Acute Gout:** Tx Dose 0.5 mg/kg/day PO w/ food for 5-10 days.
  - OFF LABEL | **Exacerbation of COPD:** Tx Dose 40 mg PO qd w/ food for 5 days.
  - OFF LABEL | **Acute Alcoholic Hepatitis:** Tx Dose 50 mg PO w/ food and gradually taper dose when d/c'ing
  - OFF LABEL | **Type 1 Reversal Rxn, Leprosy Reaction:** Tx Dose 1 mg/kg/day PO w/ food 1-2 time daily for 12 wks. The alternative dosing range is 40-60 mg/day PO w/ food divided 1-2 times daily. If severe rxn consider a 3-9 month course. Reassess every 2 weeks w/ a gradual d/c of dose.
  - OFF LABEL | **Type 2 Erythema Nodosum Leprosium, Leprosy Reaction:** Tx Dose 1 mg/kg/day PO w/ food 1-2 times daily. Alternative dosing range is 40-60 mg/day PO w/ food divided 1-2 times daily. May use with thalidomide if the neuritis is moderate to severe and may use w/ clofazimine in the severe refractory cases. Reassess every 2 weeks w/ a gradual taper when d/c'ing.
  - OFF LABEL | **Adjunct Pneumocystis jiroveci Pneumonia (PCP) Treatment:** Treatment Dose w/in 72 hours of antimicrobial treatment initiate 40 mg PO w/ food bid for 5 days, then 40 mg PO qd for 5 days, then 20 mg po qd for 11 days.

## INDICATION(S) & DOSING(S): PEDIATRICS

- Conditions that are Corticosteroid-Responsive:** Tx Range 0.05-2 mg/kg/day PO w/ food divided 1-4 times daily. The dosing freq is determined by conditions. D/c gradually if high-dose or long-term therapy.
- Acute Asthma:**
  - **Emergency Dept or Hospital Management:** Tx Range 1-2 mg/kg/day PO w/ food divided 1-2 times daily up to a max of 60 mg/day until peak flow 70% predicted.
  - **Burst Treatment in Outpatient Setting:** Tx Range 1-2 mg/kg/day PO w/ food divided 1-2 times daily up to a max of 60 mg/day.



3. **Severe Persistent Asthma:** Tx Dose 0.25-2 mg/kg/dose PO w/ food every day to every other day with a max of 60 mg/day. Gradually taper when d/c'ing if high-dose or long-term therapy.
4. **Adrenal Insufficiency:** Tx Dose 4-5 mg/m<sup>2</sup>/dose PO qd w/ food. Gradually taper when d/c'ing.
5. **Nephrotic Syndrome:** Tx dose 2 mg/kg/dose PO w/ food qd w/ a max of 80 mg/day for the first 3 episodes. Taper dose gradually when d/c'ing.
- OFF LABEL | **Infantile Hemangioma:** Tx Range 2-3 mg/kg/dose PO w/ food qd with gradual taper when d/c'ing.
- OFF LABEL | **Adjunct PCP Treatment:**
  - **Children <40 kg:** Tx dose 1 mg/kg/dose PO w/ food bid for 5 days starting w/in 72 hours of antimicrobial tx. Then 0.5 mg/kg/dose PO bid for 5 days. Then 0.5 mg/kg/dose qd for 11 days.
  - **Children >40 kg:** Tx dose of 40 mg PO w/ food bid for 5 days starting w/in 72 hours of antimicrobial tx. Then 20 mg PO bid for 5 days. Then 20 mg PO qd for 11 days.
  - **Adolescents:** Tx dose of 40 mg PO w/ food bid for 5 days starting w/in 72 hours of antimicrobial tx. Then 40 mg PO bid for 5 days. Then 20 mg PO qd for 11 days.

#### MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** General actions are anti-inflammatory and immunosuppressive w/ minimal mineralcorticoid properties. Prednisone has ~50% the mineralcorticoid activity when compared to hydrocortisone and cortisone. The **exact mechanism for anti-inflammatory action unknown.** There does appear to be multiple inflammatory cytokines being inhibited. There is a stabilization of leukocyte lysosomal membranes. There are various glucocorticoid and mineralocorticoid effects being produced along with macrophage accumulation inhibition in inflamed areas. Prednisone stimulates erythroid cells and prolongs erythrocytes and platelets. Calcium absorption is reduced in the intestines along with an increase of renal calcium excretion.

#### SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal Impairment:** No adjustments. | **Hepatic Impairment:** No adjustments defined, however pts with cirrhosis show an exaggerated response to glucocorticoid therapy. | **Pregnancy:** Category C and if substantial doses given during pregnancy; observe the infant for signs of hypoadrenalism. | **Lactation:** Use with caution. Distributed in milk. May suppress growth and can interfere w/ endogenous glucocorticoid production. | **Contraindicated** if pt has systemic fungal **infection(s)**. | **Avoid** concurrent administration of **live or live/attenuated vaccines** in pts receiving immunosuppressive corticosteroid doses. | **Caution** if preg (1<sup>st</sup> trimester), HTN, CHF, recent MI, diabetes, diverticulitis, thyroid disorders, and cirrhosis.

#### SIDE EFFECTS

- **Common:** Weight gain (face, upper back, torso), increased or loss of appetite, mood changes, muscle/joint pain, slow wound healing, dizziness, headache, and troubles with sleep/memory/thought.
- **Serious:** Blurred vision, tunnel vision, eye pain, halos around light, severe depression or changes in mood, bloody stools, swelling or rapid weight gain, shortness of breath, and irregular heartbeats.

#### DRUG INTERACTIONS

- **Considerations for DI:** CYP3A4 substrate and minor inducer, affects growth hormone diagnostic test results, GI mucosal injury/bleed risk, hyperglycemic & hypertensive effects, hypokalemia, lowers seizure threshold, and immunosuppressive effects.
- **Some Contraindicated Drug(s) & Drug(s) of Note:** Contraindicated w/ live vaccines. Avoid use or use with caution w/ budesonide, desmopressin, various contraceptives, ritonavir, amphetamine, cisplatin, carvedilol, indomethacin, and others.



### MONITORING PARAMETERS

- If long-term therapy perform baseline ECG. Also BP and ocular evaluations. Monitor, glucose tolerance, height, weight, chest & spinal radiographs, electrolytes, and HPA-axis.

### PATIENT COUNSELING INFORMATION

- Prednisone is a steroid that is commonly used to **reduce inflammation** in the body and used to treat **corticosteroid-responsive conditions, adrenal insufficiency, exacerbation of airway disorders**, and others.
- Doses should be taken **with food** to minimize stomach discomfort.
- If on long-term prednisone therapy **do not discontinue abruptly**.
- **Can weaken and suppress immune system** making the patient more susceptible to infections. **Notify Healthcare Professional of s/sx of infections** such as fever, sore throat, and muscle aches.
- **Do not receive a “live” vaccine while on prednisone** such as measles, mumps, rubella/MMR, polio, typhoid, yellow fever, varicella, zoster/shingles, etc. The **vaccine may not work as well**.

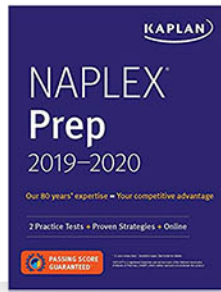
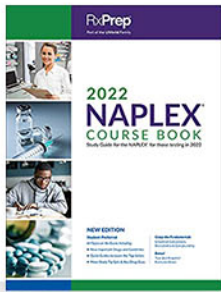
### REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/273/prednisone>
2. <https://www.drugs.com/monograph/prednisone.html>
3. <https://www.drugs.com/pro/prednisone.html>
4. <https://www.webmd.com/drugs/2/drug-6007-9383/prednisone-oral/prednisone-oral/details>

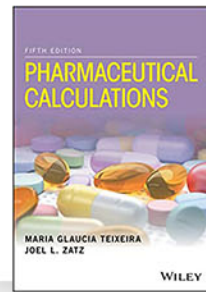
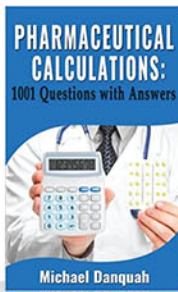
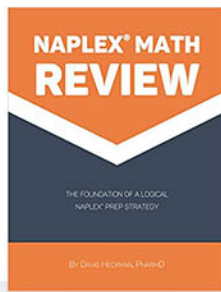
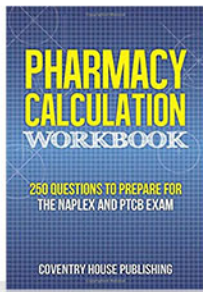


# PREPARE FOR SUCCESS!

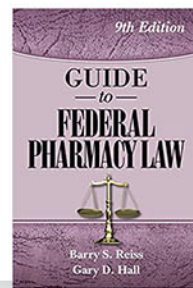
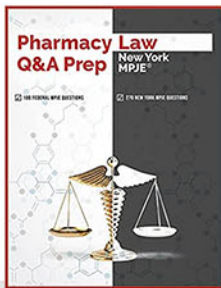
## Comprehensive (NAPLEX)



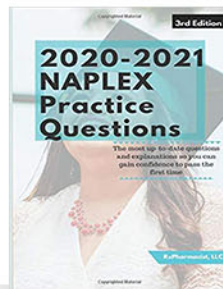
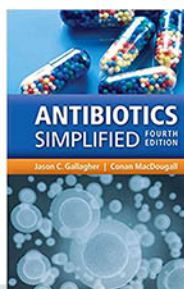
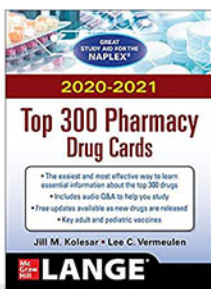
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



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# DRUG CARDS DAILY

Monday at 7 am EST  
(6 am CST, 4 am PST)

## HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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