MUNSON HEALTHCARE

FORM #10499 (03/17)

10499

AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.

Patient Name:	**Date of Birth:**
Diagnosis: ☐ **Anemia in CKD, non-dialysis:** ***Stage:***____ **ICD10 Code:**_____ (if patient is on dialysis, different form must be used) ☐ **Other:**_____ **ICD10 Code:**_____	**Is patient receiving chemotherapy?** ☐ Yes ☐ No *If Yes, REMS ESA APPRISE Form must be on file before treatment initiation **Allergies/Reactions:**

ORDERS:

Epoetin: _____ **units subcutaneously** **Current Weight:** _____ **kg**

(Initial CKD dose recommendations 50-100 units/kg three times a week or equivalent weekly)

☐ weekly ☐ every other week ☐ every 3 weeks ☐ monthly **Refill until:**_____

DOSE ADJUSTMENTS PER PHARMACY		**Date**	**Date**	**Date**	**Date**
	Hemoglobin				
	New Dose (rounded to nearest 500 units)				

LABS: **Send Lab Results to:** _____

Baseline Labs prior to initiating Epoetin therapy:

- Hemoglobin / hematocrit (hemoglobin must be less than 10 g/dL)
- Iron, IBC, % Iron Saturation, Ferritin

Maintenance Labs/Monitoring (box must be checked below):

- Hemoglobin / hematocrit prior to each dose
- Monitor blood pressure prior to each dose
- Iron, IBC, % iron saturation, ferritin (target serum ferritin at least 100 mcg/L, % iron saturation at least 20%):
  - ☐ Monthly until % iron saturation is greater than 20%, then every 3 months
  - ☐ Other:_____

☐ Check if iron replacement is desired (based on maintenance labs ordered above)

Iron Sucrose as follows:

- If % iron saturation greater than 20% - NO IRON
- If % iron saturation 18 - 20% - Iron Sucrose 200 mg IVPB weekly x two doses
- If % iron saturation 15 - 17% - Iron Sucrose 200 mg IVPB weekly x three doses
- If % iron saturation 14% or less – Iron Sucrose 200 mg IVPB weekly x four doses

Epoetin Dosing Parameters *Adjust Epoetin therapy as follows:*

- **If hemoglobin is equal to or greater than 10.6 g/dL**
  - **HOLD Epoetin dose**
  - Recheck hemoglobin/hematocrit at the next scheduled appointment
  - When hemoglobin is less than 10.6 g/dL, restart Epoetin with a 25 % dose reduction
  - Indicate dose adjustment above
- If hemoglobin increases by greater than 1 g/dL in any 2 week period and hemoglobin is below 10.6 g/dL
  - Continue with Epoetin dose with a 25 % dose reduction
  - Indicate dose adjustment above
- After initial 4 weeks of therapy, if hemoglobin remains less than 9.5 g/dL **AND** the hemoglobin has not increased by at least 1 g/dL from baseline **AND** % iron saturation is above 20 %
  - Increase dose by 25 %
  - Inform the ordering provider of the dose increase
  - Indicate dose adjustment above

PATIENT ID LABEL

The physician's full signature, date & time is to follow the order - Abbreviations for names are not acceptable.

_____

Signature Date/Time

ADULT CKD - EPOETIN / IRON ORDERS