



### ADULT CKD - EPOETIN/IRON ORDERS

**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.**

<b>DIAGNOSIS (required):</b> <input type="checkbox"/> <b>Anemia in CKD, non-dialysis</b> (If patient is on dialysis, different form must be used.)  <input type="checkbox"/> <b>Other:</b>	<b>ICD-10 CODE (required):</b>	Is patient receiving chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Allergies/reactions:</b>
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**ORDERS:**  
 Epoetin-Alfa-epbx (Retacrit): \_\_\_\_\_ units subcutaneously Current Weight: \_\_\_\_\_ kg  
 weekly  every other week  every 3 weeks  monthly Refill until: \_\_\_\_\_

DOSE ADJUSTMENTS PER PHARMACY	Hemoglobin	Date	Date	Date	Date
New Dose <i>(round per pharmacy)</i>					

**LABS:** Send lab results to: \_\_\_\_\_

**Baseline Labs** prior to initiating epoetin therapy:  
 Hemoglobin/hematocrit (hemoglobin must be less than 10 g/dL)  
 Iron, IBC, TSAT, ferritin

**Maintenance Labs/Monitoring (box must be checked below):**  
 Hemoglobin / hematocrit prior to each dose (see frequency selected under "Orders" section above)  
 Iron, IBC, TSAT, ferritin:

**Please check one box below to indicate the frequency:**

<input type="checkbox"/> Every 3 months (please circle starting month): → (**iron studies to be drawn ONCE during the scheduled month)	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td>JAN</td><td>FEB</td><td>MAR</td></tr> <tr><td>APR</td><td>MAY</td><td>JUN</td></tr> <tr><td>JUL</td><td>AUG</td><td>SEPT</td></tr> <tr><td>OCT</td><td>NOV</td><td>DEC</td></tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	OR <input type="checkbox"/> Other: _____
JAN	FEB	MAR												
APR	MAY	JUN												
JUL	AUG	SEPT												
OCT	NOV	DEC												

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

**Iron Sucrose (Venofer) IV Dosing Protocol:**

- Target serum ferritin at least 100 ng/mL, TSAT at least 20%
- Hold Iron Sucrose dose if ferritin > 700 ng/mL

TSAT %	Iron Sucrose Dosing
> 20%	NO IRON
18-20%	200 mg IV weekly x 2 doses
15 - 17%	200 mg IV weekly x 3 doses
< 14%	200 mg IV weekly x 4 doses

**Epoetin-Alfa-epbx (Retacrit) Dosing Protocol (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 from the last dose administered.
  - Indicate dose adjustment above.
- If hemoglobin increases by greater than 1 g/dL in any 2-calendar week period:
  - Continue with epoetin dose with a 25% dose reduction from the last dose administered.
  - Indicate dose adjustment above.
- After any 4-calendar 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** TSAT > 20 %:
  - Increase dose by 25% (using the last dose administered).
  - Inform ordering provider of the dose increase.
  - Indicate dose adjustment.

**THE PROVIDER'S FULL SIGNATURE, DATE & TIME IS TO FOLLOW THE ORDER - ABBREVIATIONS FOR NAMES ARE NOT ACCEPTABLE.**

 \_\_\_\_\_  
 PATIENT NAME

 \_\_\_\_\_  
 DATE OF BIRTH

 \_\_\_\_\_  
 PROVIDER PRINTED NAME

 \_\_\_\_\_  
 PROVIDER SIGNATURE

 \_\_\_\_\_  
 DATE

 \_\_\_\_\_  
 TIME