

### Epoetin Alfa (Epogen®, Procrit®, Retacrit® or biosimilar)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

<p><b>Patient Name:</b> _____</p> <p><b>Patient Address:</b> _____</p> <p><b>Patient Phone Number:</b> _____</p> <p><b>Date of Birth:</b> ____/____/____</p> <p><b>Weight:</b> ____ kg <b>Height:</b> ____ cm</p> <p><b>Allergies:</b> _____</p>	<p><b>Primary Insurance:</b> _____</p> <p><b>Member ID:</b> _____</p> <p><b>Secondary Insurance:</b> _____</p> <p><b>Member ID:</b> _____</p>
<p style="text-align: center;"><b>Diagnosis</b></p> <p>Diagnosis Code (ICD-10): _____</p> <p>Indication: _____</p> <p>Target start date: _____</p> <p>For patients with CKD not on dialysis, Epoetin alfa treatment may be initiated only when all the following apply:</p> <ul style="list-style-type: none"> <li>▪ Scr greater than 3.0 or GFR below 60 ml/min</li> <li>▪ Blood Pressure is less than 180/90</li> <li>▪ Hemoglobin level is less than 10 g/dL</li> <li>▪ No deficiencies in B12, folate or Iron</li> <li>▪ Erythropoietin level below 100</li> </ul>	<p style="text-align: center;"><b>Labs</b></p> <p>Baseline: Prior to first treatment (within 45 days): Physician office to order initial lab work</p> <p style="padding-left: 40px;">CBC, Creatinine serum, Iron, Ferritin, Transferrin, Folate, Vitamin B12, Erythropoietin</p> <p>Every 7 days:</p> <p style="padding-left: 40px;">CBC</p> <p>Every 12 weeks: Pharmacist to place an order in Therapy</p> <p>Plan CBC</p> <p style="padding-left: 40px;">Ferritin</p> <p style="padding-left: 40px;">Transferrin</p> <p>Every 52 weeks: Pharmacist to place an order in Therapy</p> <p>Plan CBC</p> <p style="padding-left: 40px;">Folate</p> <p style="padding-left: 40px;">Vitamin B12</p> <p>Other: _____</p> <p>Target Hgb: 10-10.9 g/dL</p>

**Epoetin Alfa (Epogen®, Procrit®, Retacrit® or biosimilar) Subcutaneous Injection**

Initial dose:

For hemoglobin 8-9.9 g/dl, Epoetin alfa or biosimilar dose = 50 units/kg: Dose = \_\_\_\_\_ units subcutaneous

☐ Weekly ☐ Biweekly ☐ Monthly for \_\_\_\_\_ months (max 12 months).

For hemoglobin below 8 g/dl, Epoetin alfa or biosimilar dose = 100/units/kg: Dose = \_\_\_\_\_ units

subcutaneously ☐ Weekly ☐ Biweekly ☐ Monthly for \_\_\_\_\_ months (max 12 months)

OR Specify Initial dose: \_\_\_\_\_ units subcutaneously ☐ Weekly ☐ Biweekly ☐ Monthly for \_\_\_\_\_ months (max 12 months)

Dose adjustments to be done by pharmacists for target hemoglobin of 10-10.9:

If hemoglobin does not increase by 1g/dL in 4 weeks and hemoglobin remains below 10 g/dL:

    Increase dose by 25% \*

Hemoglobin equal/above 11 g/dL:

    Reduce dose by 25%\*

Hemoglobin equal/above 11.6 g/dL:

    Hold dose. Recheck CBC in 4 weeks. Resume epoetin alfa when hemoglobin below 10. If dose is on hold for 3 months in a row, notify physician office by phone and fax and discontinue algorithm with patient to return to physician office for monitoring.

    If the hemoglobin rises more than 1 g/dL in any 2-week period: Reduce dose by 25%\*

\* Dose will be rounded to nearest vial size per EMR orderable

Do not increase the dose more frequently than once every 4 weeks.

A dose can be decreased more frequently than every 4 weeks.

If patient requires more than 90,000 units twice a month of epoetin alfa or biosimilar please notify physician office via fax

An Outpatient Department of Trinity Health Oakland  
9400 Village Place Blvd, Brighton, MI 48116-2084  
Phone: 810-844-7373  
Fax: 810-844-7366

<b>Pre-Medications and Pre-Protocol</b> (ordered at physician discretion)	<input type="checkbox"/> Acetaminophen 650 mg PO once <input type="checkbox"/> Loratadine 10 mg PO once <input type="checkbox"/> Diphenhydramine once <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Famotidine 20 mg IV once <input type="checkbox"/> Hydrocortisone 100 mg IV once <input type="checkbox"/> Methylprednisolone 125 mg IVP once <input type="checkbox"/> Other: _____	<b>Hydration</b> <input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other _____  _____ mL at _____ mL/hr <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following
<b>Flushing Protocol</b> <i>as needed for line care</i>	<input type="checkbox"/> <b>Sodium Chloride 0.9%</b> <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL <input type="checkbox"/> <b>Heparin 100 Units/mL</b> <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	
<b>Hypersensitivity Panel</b> Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> <li>• <b>Sodium chloride</b> 0.9% bolus 500 mL once as needed for hypotensive management (SBP &lt;90mmHg)</li> <li>• <b>Acetaminophen</b> 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping</li> <li>• <b>Albuterol</b> 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses</li> <li>• <b>Albuterol HFA</b> inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea</li> <li>• <b>Epinephrine</b> injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses</li> <li>• <b>Famotidine</b> injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> <li>• <b>Diphenhydramine</b> injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom</li> <li>• <b>Diphenhydramine</b> injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> <li>• <b>Hydrocortisone</b> sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure</li> </ul>	
<div> <div> Provider Name: _____ </div> <div> Provider Signature: _____ </div> </div> <div> <div> Attending Physician Name: _____ </div> <div> Provider NPI: _____ </div> </div> <div> <div> Office Phone Number: _____ </div> <div> Office Fax Number: _____ </div> </div> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>		