

ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

- | | |
|---|--|
| <input type="checkbox"/> Puyallup Infusion Center - Fax: 253-697-5066 | <input type="checkbox"/> Gig Harbor Infusion Services - Fax: 253-530-8069 |
| <input type="checkbox"/> Allenmore Ambulatory Infusion Services - Fax: 253-864-4052 | <input type="checkbox"/> DHEC Infusion Center - Fax: 509-755-5845 |
| <input type="checkbox"/> Auburn Infusion Services - Fax: 253-876-8282 | <input type="checkbox"/> North Spokane Infusion Center - Fax: 509-232-2531 |

ORDERS WITH CHECK BOXES

When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

Darbepoetin (Aranesp) *MHS preferred / Epoetin alfa-epbx (Retacrit) for Anemia of Chronic Kidney (CKD)**

Patient Name: _____ Requested Date of Service: ____/____/____

Date of Birth: ____/____/____ Patient Phone Number: (____) _____ - _____ May leave message

Diagnosis:

- Anemia of CKD
- AND
- CKD Stage III
- CKD Stage IV
- CKD Stage V, NOT on dialysis
- Other _____

ICD -10 Code:

- D63.1
- N18.3
- N18.4
- N18.5
- _____

Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs and provide review of inclusion and exclusion criteria per Erythropoiesis-Stimulating agents for CKD Guideline

If required documentation not received with order, scheduling of treatment will be delayed until complete information is available

Patient weight = _____ lb/kg (required)

Exclusion Criteria: Uncontrolled hypertension, active bleeding, erythropoietin-stimulating agent (ESA) resistance due to antibody development, or allergy to darbepoetin alfa. *Refer to pharmacy ESA guideline for further details.

Pharmacy Consult for ESA Guideline

- Initiation dose= 0.45 mcg/kg SUBQ every 4 weeks (dose will be rounded to nearest syringe size per ESA guideline)
- Initiation dose for Epoetin alfa-epbx = 10,000 units SUBQ every 2 weeks
- Maintenance dose and frequency adjusted per pharmacy guideline
- Patient's BP will be monitored with each injection, if BP>180/100, if BP >180/100 hold ESA and contact provider for further instructions.

Baseline Labs Required per protocol:

- Anemia labs (Ferritin, transferrin saturation (TSAT), Vitamin B-12, Folate, WNL as described in pharmacy protocol
- Serum Creatinine
- Hgb < 10.0 g/dl for initiation and drawn within 7 days of ESA dose

Maintenance Labs:

- Hgb prior to dose (within 7 days of ESA dose)
- Iron labs (Ferritin, TSAT) every 3 months - **pharmacist to order appropriate replacement per guideline**
- Vitamin B-12 and Folate every 6 months - notify provider if not WNL

IV Access for patients needing iron replacement: Access and/or maintain IV site in accordance with MHS IV Therapy P&P; Peripheral IV Device Site Selection, Insertion, Maintenance and Discontinuation; and Maintenance of Central Venous Catheters- Flushing, Dressing Change and Removal

If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.)

- Consult MultiCare Hypersensitivity guideline for treatment/management
- Notify provider of reaction, assessment and need for further orders

Orders expires in 12 months**

Provider Signature _____

Print Name _____

Date _____

Time _____

Another brand of drug, identical in form and content, may be dispensed unless checked

Patient Identification - Always Attach Patient Label

Name: _____

MRN #: _____

CSN #: _____

Age / Sex and Gender: _____

Pre-printed Order

DARBEPOETIN (ARANESP) FOR ANEMIA OF CHRONIC KIDNEY (CKD)

MultiCare 

