

**ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN**

**Allergies/Reactions:**

Fax all infusions to: 833-380-8800  
Please mark the appropriate infusion center:

- |   |   |
|---|---|
| <input type="checkbox"/> Allenmore Infusion Center    | <input type="checkbox"/> DHEC Infusion Center             |
| <input type="checkbox"/> Auburn Infusion Center       | <input type="checkbox"/> North Spokane Infusion Center    |
| <input type="checkbox"/> Gig Harbor Infusion Services | <input type="checkbox"/> North Star Lodge Infusion Center |
| <input type="checkbox"/> Puyallup Infusion Center     |   |

**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 and Epoetin or biosimilar**

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 AND EPOTEIN OR  
BIOSIMILAR**

**MultiCare** 

