Holland Hospital

AMBULATORY TREATMENT UNIT

Phone (616) 394-3547
Fax (616) 394-2139

Epoetin alfa-epbx (Retacrit) Protocol

Epoetin (ESA) is contraindicated in patients with uncontrolled hypertension (190/110), pure red call aplasia that begins after treatment of ESA or other ESA protein drugs, and serious reactions to ESA. ESAs increased the risk of serious cardiovascular events, MI, stroke, venous thromboembolism, vascular access thrombosis, and mortality in clinical studies when administered to target hemoglobin levels >11 g/dL (and provide no additional benefit); a rapid rise in hemoglobin (>1 g/dL over 2 weeks) may also contribute to these risks.

Note: Patients with anemia related to end stage renal disease and on dialysis, drug must be administered in a Renal Dialysis unit or self-administered at home by self dialysis patient. Note: Patients with anemia induced by cancer chemotherapy are not treated in ATU. Please reconsider use of ESA for patients with active malignancies.

☐ = Optional Order • = Routine Order (Cross out and initial BULLETED ORDERS that do not apply)

Date: _____ **Time:** _____

Patient Name: _____ **Date of Birth:** _____ **Patient Weight:** _____**(kg)**

Diagnosis Code: (ICD-10): _____ **Allergies:** _____

Anemia of Chronic Kidney Disease: ☐ Stage 3 ☐ Stage 4 ☐ Stage 5

☐ **Other** _____

Lab requirements prior to therapy Initiation (except for MDS):

Hgb (must be ≤10gm/dL **within 4 weeks prior** to initiation) = _____ gm/DL Date: _____

Hct (must be ≤30% **within 4 weeks prior** of initiation) = _____% Date: _____

Transferrin = _____% Date: _____ *Serum Ferritin* = _____ng/mL Date: _____

*****Notify physician if serum ferritin is <100ng/mL **or** Transferrin saturation is <30%. Iron infusion is recommended if **BOTH** are below stated values.

Epoetin Level = _____ International units/L Date: _____ **(Anemia of chronic disease only)**

Exclusion criteria: If **YES** to **ANY** of the following, the patient **DOES NOT** meet criteria for Epoetin alfa-epbx (Retacrit) therapy: Major active bleeding requiring transfusion (within 1 week), Uncontrolled hypertension (190/110), Patient's lab results do not meet provided criteria

Additional Lab Orders: ☑ Draw CBC monthly as needed for Retacrit dosing
☑ Draw Ferritin & Iron studies every 3 months
- Administer Epoetin alfa-epbx (Retacrit)) dose according to the following protocol.

General Dosing Guidelines:

☐ Initial Dose: _____ Units Subcutaneously Start Date: _____ (Typical starting dose 50-300 Units/Kg – round to the nearest 1000 units)

☐ New Dose: _____ Units Subcutaneously Start Date: _____

☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Other: _____

ATU & Pharmacy Use: For subsequent doses see flow sheet for adjustment per algorithm

- Increase dose no more than monthly. Do not exceed dose of 40,000 units. Notify Physician if indicated.
- Notify physician if Hgb does not reach 10.5 within 6 weeks of initiation of therapy.

Hgb Level	Hgb Trend	Dosage Adjustment (max 300 units/kg three times weekly) Round to the nearest 1000 Units
< 9	Up	Increase 25%
	Flat	Increase 25%
	Down	Increase 50%
9 - 9.5	Up	Increase 10%
	Flat	Increase 10%
	Down	Increase 25%
9.6 - 10.5	Up	No change
	Flat	No change
	Down	Increase 25%
10.6 - 11	Up	Decrease 50%
	Flat	Decrease 50%
	Down	Decrease 25%
> 11	Up	Hold until Hgb <10. Decrease 50%
	Flat	Hold until Hgb <10. Decrease 50%
	Down	Hold until Hgb <10. Decrease 50%

- When Hgb reaches 9.5, change to every other week dosing by doubling the weekly dose. If the double dose is >40,000 units, continue with the previous dose weekly.
- Hold epoetin alfa-epbx (Retacrit) and contact physician if calculated epoetin alfa-epbx (Retacrit) dose is 1000 units or less. Discontinue epoetin alfa-epbx (Retacrit) protocol and notify physician if no epoetin alfa-epbx (Retacrit) given in 6 months.
- If the Hgb declines >0.7g/dL/week despite continued epoetin alfa-epbx (Retacrit) usage, or if serum ferritin levels are markedly elevated, consider evaluation for pure red cell aplasia.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____