



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Epoetin Alfa (PROCRIT)
Maintenance for Non-Oncology

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

****This order set is for MAINTENANCE DOSING ONLY. Patients should have received first dose via the INITIATION order set with a non-oncology indication checked ****

****If your patient has an ONCOLOGY INDICATION, DO NOT use this form. Please use the form for maintenance in oncology patients**** Indication: _____

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. OHSU's formulary erythropoiesis stimulating agent (ESA) is darbepoetin alfa (ARANESP). All orders for epoetin alfa (PROCRIT) will be converted to darbepoetin alfa using equivalent therapeutic interchange dosing listed in the table below. **Providers who prefer to use epoetin alfa must specify a reason for its use. REASON FOR EPOETIN USE:** _____
3. Patients receiving concurrent treatment with Iron Sucrose (VENOFER) and/or Vitamin B12 cannot receive ESA treatment on the same day. Patients may be on prophylactic oral iron supplementation concurrent with ESA treatment as long as supplementation for the prevention of iron deficiency is necessary due to ESA therapy alone.
4. Serum ferritin and transferrin saturation (TSAT) must be performed every month during initial (ESA) treatment and at least every 3 months during stable ESA treatment (serum ferritin >100 ng/mL, and TSAT >20%). Therapy with epoetin alfa may continue **only if hemoglobin DOES NOT exceed 11 g/dL.**
5. **For patients with anemia of CKD:** The medical record must display documentation that anemia is clearly attributed to a CKD diagnosis. The specific CKD stage must be moderate (stage III) to end stage

LABS:

- Hemoglobin & Hematocrit, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – *Circle One*
- CMP, Routine, ONCE, (every 12 weeks) or every _____ (visit)(days)(weeks)(months) – *Circle One*
- Ferritin (serum), Routine, ONCE, (every 12 weeks) or every _____ (visit)(days)(weeks)(months) – *Circle One*
- Iron and TIBC (serum), Routine, ONCE, (every 12 weeks) or every _____ (visit)(days)(weeks)(months) – *Circle One*
- Labs already drawn. Date: _____ (Must have been drawn at least 14 days after the last dose)



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MEDICATIONS:

- **epoetin alfa (PROCRIT), subcutaneous, ONCE**

Pharmacist will round dose to nearest vial size if within 10% of original dose during verification

Weight based regimen:

Dose

_____ units/kg = _____ units

Interval:

Weekly x _____ weeks

_____ times per week x _____ weeks

Fixed dose regimens:

Dose:

- 2,000 units
- 3,000 units
- 4,000 units
- 10,000 units
- 20,000 units
- 40,000 units

Interval:

Weekly x _____ weeks

_____ times per week x _____ weeks

OTHER:

Conversion from epoetin alfa (PROCRIT) to darbepoetin alfa (ARANESP): Initial adult dosing

Epoetin alfa dose (units/week)	Darbepoetin alfa dose (mcg/week)
<1500	6.25
1500-2499	6.25
2500-4999	12.5
5000-10,999	25
11,000-17,999	40
18,000-33,999	60
34,000-89,999	100
≥90,000	200

In patients receiving epoetin alfa 2-3 times weekly, darbepoetin should be given once weekly. If epoetin is administered once weekly, darbepoetin should be given once every 2 weeks. Darbepoetin dosing every 2 weeks should be determined by adding the 2 weekly epoetin alfa doses, then convert to appropriate corresponding darbepoetin dose. Doses should be titrated to hemoglobin response thereafter



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NURSING ORDERS:

1. Patients receiving concurrent treatment with Iron Sucrose (VENOFER) and/or Vitamin B12 cannot receive ESA treatment on the same day.
2. TREATMENT PARAMETERS – Hold treatment and call provider if hemoglobin is greater than 11, serum ferritin is less than or equal to 100 ng/mL, transferrin saturation is less than or equal to 20% or if blood pressure is greater than 180 systolic or 100 diastolic
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton
 OHSU Knight Cancer Institute
 15700 SW Greystone Court
 Beaverton, OR 97006
 Phone number: 971-262-9000
 Fax number: 503-346-8058

NW Portland
 Legacy Good Samaritan campus
 Medical Office Building 3, Suite 150
 1130 NW 22nd Ave.
 Portland, OR 97210
 Phone number: 971-262-9600
 Fax number: 503-346-8058

Gresham
 Legacy Mount Hood campus
 Medical Office Building 3, Suite 140
 24988 SE Stark
 Gresham, OR 97030
 Phone number: 971-262-9500
 Fax number: 503-346-8058

Tualatin
 Legacy Meridian Park campus
 Medical Office Building 2, Suite 140
 19260 SW 65th Ave.
 Tualatin, OR 97062
 Phone number: 971-262-9700
 Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders