



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 7 days
- Interval: Every 7 days x 8 treatments
- Interval: Every ____ days
- Interval: Once

Duration:

- Until date: _____
- 1 year
- ____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- SH Gerber
- SH Helen DeVos (GR)
- SH Lemmen Holton (GR)
- SH Ludington
- SH Pennock
- SH Reed City
- SH United Memorial
- SH Zeeland

Provider Specialty

- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Infectious Disease
- Internal Med/Family Practice
- Nephrology
- Neurology
- OB/GYN
- Other
- Otolaryngology
- Pulmonary
- Rheumatology
- Surgery
- Urology
- Wound Care

Appointment Requests

- Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 10**
 - EPOETIN ALFA or EPOETIN ALFA-EPBX ORDERING GUIDELINES:
 - Retacrit (epoetin alfa-epbx) is approved as a biosimilar to Epogen (epoetin alfa) and Procrit (epoetin alfa). Epoetin alfa-epbx (RETACRIT) is the preferred formulation at Spectrum Health.
 - Doses are usually rounded to the nearest vial size.
 - Evaluate iron status in all patients before and during treatment and maintain iron repletion.
 - In patients with ANEMIA due to CHRONIC KIDNEY DISEASE (CKD), individualize dosing and use the lowest dose necessary to reduce the need for RBC transfusions.
 - Do not increase dose more frequently than every 4 weeks (dose decreases may occur more frequently); avoid frequent dosage adjustments. Most patients with chronic kidney disease (CKD) will require iron supplementation.
 - If Hemoglobin does not increase by GREATER THAN 1 g/dL after 4 weeks: Increase dose by 25%.
 - If Hemoglobin increases GREATER THAN 1 g/dL in any 2-week period: Reduce dose by GREATER THAN OR EQUAL TO 25%.
 - Inadequate or lack of response over a 12-week escalation period: Further increases are unlikely to improve response and may increase risks; use the minimum effective dose that will maintain a Hemoglobin level sufficient to avoid RBC transfusions and evaluate patient for other causes of anemia. Discontinue therapy if responsiveness does not improve.
 - In patients with ANEMIA due to CHEMOTHERAPY IN CANCER PATIENTS, discontinue erythropoietin following completion of chemotherapy.
 - If hemoglobin does not increase by GREATER THAN OR EQUAL TO 1 g/dL and remains less than 10 g/dL after initial 4 weeks: Increase to 900 units/kg (maximum dose: 60,000 units); discontinue after 8 weeks of treatment if RBC transfusions are still required or there is no hemoglobin response.
 - If hemoglobin exceeds a level needed to avoid red blood cell transfusion: Withhold dose; resume treatment with a 25% dose reduction when hemoglobin approaches a level where transfusions may be required.
 - If hemoglobin increases GREATER THAN 1 g/dL in any 2-week period or hemoglobin reaches a level sufficient to avoid red blood cell transfusion: Reduce dose by 25%.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



Spectrum Health

EPOETIN ALFA (PROCRIT/RETACRIT) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

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Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 2**
Hold medication and notify provider, if Hemoglobin is greater than 11 g/dL OR Hematocrit is greater than 30%.

Labs

	Interval	Duration
<input checked="" type="checkbox"/> Hemoglobin + Hematocrit (H+H) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input checked="" type="checkbox"/> Transferrin, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> Ferritin, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> Iron and Iron Binding Capacity Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> Erythropoietin (EPO), Serum Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> Reticulocyte Count with Reticulocyte Hemoglobin Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input type="checkbox"/> Labs: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> ___ # of Treatments

Medications

- Epoetin Alfa-epbx (Retacrit) is the PREFERRED Formulary Product at Spectrum Health: Select Epoetin Alfa or Epoetin Alfa-epbx**

- epoetin alfa-epbx (RETACRIT) injection (PREFERRED Formulary Product)

Dose:

- 40,000 units
- 60,000 units
- 50 units/kg
- 100 units/kg
- _____ units OR units/kg

Indications:

- Anemia
 - Chemotherapy-induced anemia
 - ESRD on Dialysis
 - Radiation Therapy Toxicity
- Subcutaneous, Once, Starting S, For 1 Dose

- epoetin alfa (EPOGEN,PROCRIT) injection

Dose:

- 40,000 units
- 60,000 units
- 50 units/kg
- 100 units/kg
- _____ units OR units/kg

Indications:

- Anemia
 - Chemotherapy-induced anemia
 - ESRD on Dialysis
 - Radiation Therapy Toxicity
- Subcutaneous, Once, Starting S, For 1 Dose

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 07/16/20

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