Physician's Orders
EPOETIN ALFA
(PROCRIT/RETACRIT) -
ADULT, OUTPATIENT,
INFUSION CENTER
Page 1 to 2

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
☐ 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%.

CONTINUED ON PAGE 2 ➔
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

<table>
<thead>
<tr>
<th>Lab</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous</td>
<td>Once, 1 treatment</td>
</tr>
<tr>
<td>Erythropoietin (EPO), Serum</td>
<td>Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous</td>
<td>Once, 1 treatment</td>
</tr>
</tbody>
</table>

☐ Labs:
☐ Every ___ days
☐ Once
☐ Until date: _______
☐ 1 year
☐ ______# of Treatments

Medications

☑ Epooein Alfa-epbx (Retacrit) Is the PREFERRED Formulary Product at Spectrum Health:
Select Epooein Alfa or Epooein Alfa-epbx

☐ epoetin alfa-epbx (RETCRIT) 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.