

 <p>VANCOUVER CLINIC[®] ADULT AMBULATORY NON-CHEMO INFUSION REFERRAL and ORDER Attn: Infusion department</p> <p>Epoetin Alfa-epbx (RETACRIT[®])</p>	<p>NAME: DOB: INSURANCE: PROVIDER NAME: CLINIC NAME and Phone number:</p>
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Weight: _____ lb/kg Height: _____ inch/cm
Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If labs are not accessible through Epic, please fax a copy of request lab as well (see below).
Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Hemoglobin and hematocrit must be obtained within 1 week of therapy initiation. Hemoglobin must be < 10 g/dL or hematocrit must be < 30% prior to initiation.
- Serum ferritin and transferrin saturation (TSAT) must be performed every 3 months during erythropoiesis stimulating agent (ESA) treatment (serum ferritin >100 ng/mL, and TSAT ≥ 20%).
Therapy with ESA may continue only if hemoglobin meets maintenance treatment parameters per indication.
- Recommends supplemental iron be administered if serum ferritin is <100 ng/mL or serum transferrin saturation (TSAT) is <20%. Most patients with chronic kidney disease (CKD) will require iron supplementation.

LABS:

- Hemoglobin baseline within 7 days of initiation of protocol.
- Hemoglobin every two weeks after initiation and obtained within 24 hours prior to ESA administration until stable, then every 4 weeks.
- Iron Panel every 1 month for the first 3 months following protocol initiation, then every 3 months.

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



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**ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER**

Attn: Infusion department

Epoetin Alfa-epbx (RETACRIT®)

NAME:

DOB:

INSURANCE:

PROVIDER NAME:

CLINIC NAME and Phone number:

MEDICATIONS:

Epoetin Alfa-epbx (RETACRIT®)

Anemia of Chronic Kidney Disease:

- 20,000 units subcutaneous, every 2 weeks (for ≥ 60 kg)
- 10,000 units subcutaneous, every 2 weeks (for < 60 kg)
- 100 units/kg = _____ units subcutaneous, every 2 weeks
- 200 units/kg = _____ units subcutaneous, every 2 weeks

Dosage adjustments for CKD patients:

- If Hb does not increase by >1 g/dL after 4 weeks: Increase dose by 25%.
- If Hb increases >1 g/dL in any 2-week period: Reduce dose by ≥25%.
- Hold dose for any Hb >11.5 g/dL and reduce Retacrit dose by 25% at next visit.

Do not increase dose more frequently than every 4 weeks (dose decreases may occur more frequently); avoid frequent dosage adjustments.

Fixed dose regimens:

- _____ units, subcutaneous every _____ weeks for _____ doses.

Provider's signature: _____

Provider's printed name: _____ **Date:** _____

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