



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

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

Duration:

- Until date: \_\_\_\_\_
- # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |                                             |                                                       |                                         |                                       |
|---------------------------------------------|-------------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |
- Site of Service
- |                                              |                                                |                                       |                                             |
|----------------------------------------------|------------------------------------------------|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, 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 →**

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

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.



**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+184, 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+184, 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  
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 Doses

- 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 Doses

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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