

 <p>Oregon Health & Science University Hospital and Clinics Provider's Orders</p> <p>PO9031</p> <p>ADULT AMBULATORY INFUSION ORDER Darbepoetin Alfa (ARANESP) Injection Page 1 of 4</p>	<p>ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE</p> <p style="text-align: right;"><i>Patient Identification</i></p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.</p>	

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****

INDICATION: (Must check one)

- Chemotherapy-induced anemia
For patients with chemotherapy-induced anemia: The medical record must document the provider's rationale for determining the anemia is "chemotherapy-induced." Anemia must be secondary to myelosuppressive anticancer chemotherapy in solid tumors, multiple myeloma, lymphoma, or lymphocytic leukemia. Treatment should be limited to the 8 weeks following myelosuppressive chemotherapy.

- Symptomatic anemia associated with myelodysplastic syndrome (MDS)
For patients with symptomatic anemia from MDS: The patient must be symptomatic and his/her life expectancy must be >3 months. The medical record must display documentation that a bone marrow biopsy has been reviewed by a provider and is consistent with the diagnosis of MDS. The marrow blast count must be <5%.

- Anemia of Chronic Kidney Disease (CKD)
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.

GUIDELINES FOR ORDERING:

1. Send **FACE SHEET and H&P or most recent chart note detailing treatment indication and plan.**
2. Hemoglobin and hematocrit must be obtained within 1 week of therapy initiation. Hemoglobin must be <</MC/F4 1rit must be



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

ADULT AMBULATORY INFUSION ORDER
**Darbepoetin Alfa (ARANESP)
Injection**

Page 3 of 4

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

Darbepoetin								
Indication	Weight	Dose Level 0 (Starting Dose)	Dose Decrease		Dose Increase			
			Dose level -1	Dose level -2	Dose level +1	Dose level +2	Adjunctive agent	Notes
MDS	60 kg (or flat dose)	300 mcg every 2 weeks	200 mcg every 2 weeks	150 mcg every 2 weeks	400 mcg every 2 weeks	500 mcg every 2 weeks	By week 12 if no response, contact provider to add GCSF 300 mcg 1-3x per week	By week 16 if no increase in Hgb by 1.5 or reach target of 10-12 g/dL or decrease in transfusion needs discontinue
	< 60 kg	200 mcg every 2 weeks	150 mcg every 2 weeks	100 mcg every 2 weeks	300 mcg every 2 weeks	400 mcg every 2 weeks		
Chemo induced	60 kg (or flat dose)	300 mcg every 2 weeks	200 mcg every 2 weeks	150 mcg every 2 weeks	400 mcg every 2 weeks			By week 8 if no improvement in Hgb, maintain lowest dose to avoid transfusions, if no improvement in transfusion requirements discontinue
	< 60 kg	200 mcg every 2 weeks	150 mcg every 2 weeks	100 mcg every 2 weeks	300 mcg every 2 weeks			
CKD (no HD)	60 kg (or flat dose)	40 mcg every 4 weeks	25 mcg every 4 weeks	20 mcg every 4 weeks	60 mcg every 4 weeks	80 mcg every 4 weeks		By week 12 if no improvement in Hgb, maintain lowest dose to avoid transfusions, if no improvement in transfusion requirements discontinue
	< 60 kg	25 mcg every 4 weeks	20 mcg every 4 weeks	12.5 mcg every 4 weeks	40 mcg every 4 weeks	60 mcg every 4 weeks		

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

ADULT AMBULATORY INFUSION ORDER
**Darbepoetin Alfa (ARANESP)
Injection**

Page 4 of 4

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE