

Epoetin/Aranesp Monitoring Form Outpatient Infusion Center

Age _____ Weight _____ (kg) Patient Type (circle): Chemotherapy / ESRD / HIV / _____

<p style="text-align: center; margin: 0;">Place label Here</p> <p style="margin: 10px 0 0 0;">Reimbursement requires Hgb before initiation of therapy to be < 11 g/dl</p>	Dosage Adjustments Based on Hgb
	Chronic Renal Failure & Cancer Chemotherapy Patients
	Hgb Increasing / Approaching 12 g/dL: Reduce Dose by 25%
	Hgb Continues to Increase: Hold Dose Until Hgb Begins to Decrease, Then Reinitiate at a Dose 25% Below Previous Dose.
	Hgb Increases > 1.0 g/dL Within a 2-week Period: Reduce Dose by 25%
	Hgb > 13 g/dL: Hold Dose Until Hgb Drops to 12 g/dL, Then Reinitiate at a Dose 25% Below Previous Dose.
	Hgb does not increase by 1 g/dl over 4 weeks and Iron Stores Are Adequate: Increase Dose by 25%
	Cancer Chemotherapy Patients
	Epoetin: No Increase in Hgb After 8 Weeks: Increase to 300 units/kg TIW
	Aranesp: <1.0 g/dL Increase After 6 Weeks: Increase Dose Up to 4.5 mcg/kg qweek
Patient does not respond with a 1.0 g/dL increase in Hgb after 4 weeks of higher dose (300 units/kg tiw of epoetin or 4.5 mcg/kg qweek of Aranesp): Stop therapy	

Date	Epoetin/Aranesp Drug/Dose/Freq/Route	Iron Supplement Drug/Dose/Freq	Hgb*** Goal 10- 12 g/dl	Ferritin** Goal > 100	% Transferrin Saturation ** Goal > 20%

**Monitor ferritin and transferrin saturation (ferritin/TIBC) monthly for the first 3 months of therapy and every 3 months thereafter. These parameters should also be measured if the patient is not responding to therapy.

***Monitor hemoglobin before each dose for one month after initiation and after any dose changes and monthly thereafter.

Iron Supplementation: Supplemental iron is recommended for all patients with ferritin < 100 mcg/l or transferrin saturation < 20%

Common Dosing

	Epoetin	Aranesp
ESRD	50-100 units/kg three times a week or 10,000 - 20,000 units per week for a minimum of 4 weeks	0.45 mcg/kg every week
Oncology	40,000 units every week, increase to 60,000 units every week if no response after 4 weeks	3 mcg/kg q2wk, increase to 5 mcg/kg q2w if no response 200 mcg q2wk, increase to 300 mcg q2wk if no response
Maximum dose	300 units/kg three times a week or 900 units/kg a week	4.5 mcg/kg every week