

Darbepoetin Alfa (Aranesp) - Myeloid Dysplastic Syndrome

Darbepoetin alfa (Aranesp) starting dose 300 mcg every 2 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
1. Hgb/Hct must be obtained within 1 week prior to initiation. Initiate therapy only if Hgb <10 g/dL.			
2. Obtain baseline serum erythropoietin (sEPO), ferritin, and transferrin saturation (TSAT) prior to initiation. Patients with serum erythropoietin <=500 mU/mL are most likely to respond to ESA therapy.			
3. Evaluate and correct reversible causes of anemia, including iron deficiency, vitamin B12 deficiency, folate deficiency, blood loss, and hemolysis prior to initiation. Assess iron status before and during ESA therapy and provide supplemental iron as clinically indicated.			
4. Use the lowest ESA dose necessary to reduce the need for RBC transfusions.			
5. Patients cannot receive intravenous iron and/or Vitamin B12 on the same day as ESA treatment.			
☒ Provider communication	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
DEFAULT DOSING IS 300 MCG ONCE EVERY 14 DAYS. ADJUST DOSE AND/OR INTERVAL AS REQUIRED FOR PATIENT.			
Initial dose 150 - 300 mcg every 2 weeks.			
Maintenance			
1. Only continue if Hgb remains < 12 g/dL. If Hgb greater than or equal to 12 g/dL hold therapy and re-check Hgb at regularly scheduled dosing interval and reinitiate when Hgb < 10 g/dL. When reinitiating, decrease dose to next nearest whole syringe.			
2. Reassess hematologic response periodically during therapy. For inadequate response, consider dose escalation. Doses up to 500 mcg every 14 days may be used. Erythroid responses are generally observed within 6 to 8 weeks of therapy.			
3. Use the lowest ESA dose necessary to reduce RBC transfusion requirements. If hemoglobin increases rapidly (e.g., >1 g/dL within a 2-week period), consider dose reduction.			

	Interval	Defer Until	Duration
4. Consider addition of G-CSF in patients with inadequate response to ESA therapy. G-CSF may be administered at 1 to 2 mcg/kg subcutaneously daily or 1 to 2 times weekly.			
5. Reassess ongoing benefit in patients without hemoglobin improvement or reduction in RBC transfusion requirements despite dose optimization and discontinue therapy if there is no clinically meaningful erythroid response.			

Labs

☒ Erythropoietin	Once		1 treatment
Status: Now, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hemoglobin and hematocrit, blood	Every 14 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Iron + transferrin + TIBC	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER)			
☒ Ferritin	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Vitamin B12	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Folate	Every 84 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

Nursing Orders

☒ Nursing communication	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
Patients cannot receive intravenous iron and/or Vitamin B12 on same day as ESA treatment.			

Do not obtain ferritin or transferrin saturation (TSAT) on the same day as ESA treatment.

OK to give erythropoiesis-stimulating agents on the same day as blood transfusions.

☒ Treatment conditions	Every 14 days		Until discontinued
Until discontinued Starting when released Until Specified			
Hemoglobin and hematocrit must be obtained within 1 week prior to first dose or within 72 hours of each subsequent dose.			

Hold treatment and contact provider if

Hgb GREATER THAN OR EQUAL TO 12 g/dL

Ferritin LESS THAN 100 ng/mL

Transferrin saturation LESS THAN 20%

Blood pressure GREATER THAN 160 mm Hg systolic or 100 mm Hg diastolic

Therapeutic Medications

☒ darbepoetin alfa (Aranesp) injection 300 mcg	Every 14 days		Until discontinued
300 mcg, subcutaneous, Once, Starting when released			

Emergency Medications

☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released			
If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued

	Interval	Defer Until	Duration
Once Starting when released			
If hypersensitivity reaction occurs:			
- Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible			
- Start 2 liters oxygen per nasal cannula and maintain airway			
- Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 14 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

*Denotes Field that must be completed by healthcare worker