

Luspatercept 1 mg/kg every 21 Days

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 21 days | Until discontinued |
|-------------------------------------|------------------------|---------------|--------------------|
- Until discontinued Starting when released Until Specified
Starting dosage of luspatercept-aamt is 1 mg/kg every three weeks. Review hemoglobin and transfusion history (including RBC units received since the previous dose) prior to each administration. If held for elevated hemoglobin, resume treatment when Hgb is 11 g/dL or less.

Monitor for signs/symptoms of thromboembolic events and manage promptly.

Adjust dosing according to response and the prescribing information to determine if adjustment required.

- Beta-thalassemia: Max dosing 1.25 mg/kg.
- MDS associated anemia: Max dosing 1.75 mg/kg.

Labs

- | | | | |
|-------------------------------------|-------------------------|---------------|--------------------|
| ☒ | hCG, serum, qualitative | Every 21 days | Until discontinued |
|-------------------------------------|-------------------------|---------------|--------------------|
- Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine
Inclusion conditions: Patient could become pregnant

- | | | | |
|-------------------------------------|----------------------------------|---------------|--------------------|
| ☒ | Hemoglobin and hematocrit, blood | Every 21 days | Until discontinued |
|-------------------------------------|----------------------------------|---------------|--------------------|
- Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine

Nursing Orders

- | | | | |
|-------------------------------------|----------------------|---------------|--------------------|
| ☒ | Treatment conditions | Every 21 days | Until discontinued |
|-------------------------------------|----------------------|---------------|--------------------|
- Until discontinued Starting when released Until Specified
Hold treatment and notify provider if:
Hgb GREATER THAN 11 g/dL
Blood pressure GREATER THAN 160 mm Hg systolic or 100 mm Hg diastolic

- | | | | |
|-------------------------------------|-----------------------|---------------|--------------------|
| ☒ | Nursing communication | Every 21 days | Until discontinued |
|-------------------------------------|-----------------------|---------------|--------------------|
- Until discontinued Starting when released Until Specified
Monitor BP prior to each administration. Notify provider for new-onset hypertension or worsening of pre-existing hypertension.

Therapeutic Medications

	Interval	Defer Until	Duration
☒ luspatercept (Reblozyl) injection 1 mg/kg 1 mg/kg, subcutaneous, Once, Starting when released Give subcutaneously into upper arm, thigh, or abdomen. If refrigerated, allow to come to room temp for 15-30 min before injecting.	Every 21 days		Until discontinued

Emergency Medications

☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs 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.	PRN		Until discontinued
☒ Nursing communication 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	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 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	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 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	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 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)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 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)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 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)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request Status: Future, Expected: S, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 21 days		Until discontinued
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*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**