

Physician MEMO

To | All Physicians
 From | Patrick Healy, MD VP Clinical Improvement
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 Date | February 8, 2011
 Re | Erythropoietin Stimulating Agents

Epoetin and darbepoetin are erythropoietin stimulating agents (ESA) used in many of our patients for anemia. Studies in cancer patients have shown:

- Shortened overall survival and increased tumor progression or recurrence
- Greater risk of thromboembolic events at higher doses or intensities of treatment

Starting 2/16/2011, the FDA has mandated that:

- Every patient receiving ESA be given an education sheet monthly
- Patients with active oncology diagnosis must
 - Have ESA prescribed by an MD that is registered with the APPRISE program
 - Sign an acknowledgement form of risks **in the presence of the prescriber** before the medication is administered

In order to insure compliance with the FDA mandate, ESAs must be ordered on 1 of 2 mandatory order sets:

1. ESA Order set
2. Hemodialysis orders

Below is a copy of the first page of the order set. Note that the prescribers will need to choose the indication for therapy. Also note if the patient's iron stores are low, IV iron orders (included on pg 2 of order set) will be required before dispensing ESA.

Generic substitution and therapeutic interchange are authorized unless prohibited by the prescriber according to hospital policy			
DIAGNOSIS:			
Indication (Excludes Dialysis): An indication is required.		Lab Criteria	
Oncology	<input type="checkbox"/> Anemia in cancer patients on chemotherapy Cancer type: _____ **MD must be registered with ESA-APPRISE to order**	Hgb < 10 g/dL for all doses TSAT% > 20 % (baseline and every 3 months) Ferritin ≥ 100 ng/ml (baseline and every 3 months)	
Surgery OR Objections to Blood Transfusion	<input type="checkbox"/> Perioperative <input type="checkbox"/> Objections to blood transfusion	Hgb < 13 g/dL	
Other	<input type="checkbox"/> Anemia of chronic kidney disease <input type="checkbox"/> Anemia in zidovudine-treated HIV patients <input type="checkbox"/> Contraindications/objections to blood transfusion <input type="checkbox"/> Other _____	Hgb < 10 g/dL for all doses TSAT% > 20 % (baseline and every 3 months) Ferritin ≥ 100 ng/ml (baseline and every 3 months)	
LABS:			
Erythropoiesis stimulating agent therapy will not be initiated until lab results are known. CBC must be drawn within 7 days of therapy; TSAT% and Ferritin within 30 days. Please indicate results below. EXCEPTION: Do not order labs when drug is ordered for completion of a perioperative regimen started prior to admission or objections to blood transfusions.			
Date of Lab Results:	Hgb:	TSAT%:	Ferritin:
<input checked="" type="checkbox"/>	CBC STAT and repeat weekly. (Hgb must be < 10 g/dL to initiate therapy and < 12 g/dL to continue therapy. Exception: perioperative dosing requires Hgb 10-13 g/dL).		
<input checked="" type="checkbox"/>	Iron profile and ferritin STAT and repeat every 3 months		
Iron status must be adequate for effective erythropoiesis. If the patient is iron deficient as defined by Ferritin < 100 ng/ml or TSAT ≤ 20 %, order IV (not oral) iron therapy replacement therapy in person to permit dispensing of the erythropoiesis stimulating agent			