

Do not write in this box



PATIENT LABEL

**MYELOYDYSPLASTIC SYNDROME  
ERYTHROPOIETIN ORDER SHEET**

DATE & TIME	ORDER
	<b>Diagnosis</b>
	<input type="checkbox"/> Anemia with Myelodysplastic Syndrome <input type="checkbox"/> Bone marrow biopsy and/or aspiration report demonstrates Myelodysplasia required. (Blast count must be < 10 percent blasts.)
	<input type="checkbox"/> Current Hgb/Hct _____ (Hgb must be < 10 or Hct < 30 within 7 days of start of treatment. Pre-transfusion values are valid if patient was transfused within the previous month)
	<b>Parameters for beginning treatment</b>
	<input type="checkbox"/> Pre-treatment Iron Studies completed. Pre-treatment Iron Studies include: Iron Study (includes Iron, TIBC, and % Saturation), Ferritin, Erythropoietin level, Soluble Transferrin Receptor, Reticulocyte Count. If % Saturation <20% or Ferritin <100 ng/mL, begin FESO4 325 mg BID or consider IV iron.
	<input type="checkbox"/> Hgb < 10 or Hct < 30
	<input type="checkbox"/> Endogenous serum erythropoietin levels 500 IU/L or less (required)
	<input type="checkbox"/> Symptoms (must check associated symptoms below)
	<b>Associated Symptoms (required and document in progress note)</b>
	<input type="checkbox"/> Fatigue <input type="checkbox"/> Dyspnea <input type="checkbox"/> Tachycardia
	<input type="checkbox"/> Orthostatic hypotension <input type="checkbox"/> Other _____
	<b>Criteria for continuing treatment after 12 weeks of therapy:</b>
	<input type="checkbox"/> Hgb increase by at least 1 g/dL <b>OR</b> <input type="checkbox"/> Decrease by at least 50 percent in transfusion requirement, resulting in a rate of 2 units per month or less
	<b>Medication Orders (See dose escalation/dose reduction guidelines on back of form.)</b>
	<input type="checkbox"/> Epoetin (Procrit™) _____ units subq every week x _____ weeks (up to 4 week maximum per order)
	<input type="checkbox"/> Darbepoetin Alfa (Aranesp™) _____ mcg subq every _____ week(s) x _____ weeks (up to 4 week maximum per order)
	<b>Lab – CBC Frequency</b>
	<ul style="list-style-type: none"> <li>• Hgb/Hct within 30 days of next injection</li> <li>• Hold if Hct &gt; 36 %</li> </ul>
	<input type="checkbox"/> For patients receiving chemotherapy: Patient was educated according to REMS requirements
	<input type="checkbox"/> The REMS Program Acknowledgement Form has been signed by the patient and REMS- enrolled provider
	Physician Signature _____ Pager _____

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### Maintenance therapy

Increases in dose should not be made more frequently than once a month. If the hemoglobin is increasing and approaching 12 g/dL, the dose should be reduced by approximately 25%. If the hemoglobin continues to increase, dose should be temporarily withheld until the hemoglobin begins to decrease, at which point therapy should be reinitiated at a dose approximately 25% below the previous dose. If the hemoglobin increases by more than 1 g/dL in a 2-week period, the dose should be decreased by approximately 25%.

If the increase in the hemoglobin is less than 1 g/dL over 4 weeks and iron stores are adequate, the dose may be increased by approximately 25% of the previous dose. Further increases may be made at 4-week intervals until the specified hemoglobin is obtained.

### Dosing Management:

- a. Dose, dosage frequency, and increases:
  - If no increase in Hgb of 1 g/dL or greater in first month, increase dose to 60,000 units of EPO or proportionate increase in DPA dosage to 300 micrograms.
  - If no increase in Hgb of 1 g/dL or greater in second month, increase dose to 80,000 units or a proportionate increase in DPA dosage to 400 micrograms.
  - If no increase in Hgb of 1 g/dL or greater in third month, discontinue therapy.
- b. Dosage should be titrated so that the Hgb is within a range of 10 - 12 g/dL or Hct of 30 - 36 percent.
- c. Once the patient's Hgb is > 10 g/dL or Hct >30 percent, decrease the current dose by 10 - 25 percent to maintain the target range of 10-12 g/dL or 30-36 percent.
- d. After 12 weeks of EPO/DPA therapy with the appropriate dose titrations, Hgb must increase by at least 1 g/dL or transfusion requirement must decrease by 50 percent resulting in a rate of two units per month or less for treatment to continue. ESA therapy would not be covered if Hgb/Hct levels are above 12 g/dL/36 percent.