



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the x to remove the pre-checked option.

**EPOETIN ALFA OR BIOSIMILAR (PROCRIT / EPOGEN / RETACRIT)  
(CHRONIC KIDNEY DISEASE) [11500056]  
Columbia Network Infusion Centers**

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

**Provider Communication Orders**

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ **I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

**Labs**

**Interval**

- ☒ Hemoglobin & Hematocrit Every Visit  
☐ Iron Deficiency Panel Frequency \_\_\_\_\_

**Supportive Care**

**Interval**

- ☐ EPOETIN ALFA-EPBX (RETACRIT) Injection Route: SubQ  
*The initial dose should be approximately 50 to 100 units/kg per week. For patients with Chronic Kidney Disease who are not on dialysis, erythropoietin is commonly given only once per week (or less frequently).*  
Dose \_\_\_\_\_ Frequency \_\_\_\_\_
- ☐ EPOETIN ALFA (PROCRIT) Injection Route: SubQ  
*The initial dose should be approximately 50 to 100 units/kg per week. For patients with Chronic Kidney Disease who are not on dialysis, erythropoietin is commonly given only once per week (or less frequently).*  
Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**Nursing Orders**

**Interval**

- ☒ Nursing Communication Every Visit  
*Notify MD/provider if Blood pressure is greater than 160/90.*
- ☒ Nursing Communication Every Visit  
*Hold and contact MD/provider if Hemoglobin is greater than 11.*
- ☒ Nursing Communication Every Visit  
*Patients receiving concurrent treatment with any IV iron product and/or Vitamin B12 cannot receive erythropoiesis stimulating agent treatment on the same day.*

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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EHR5062-DT (06/23/2025)

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