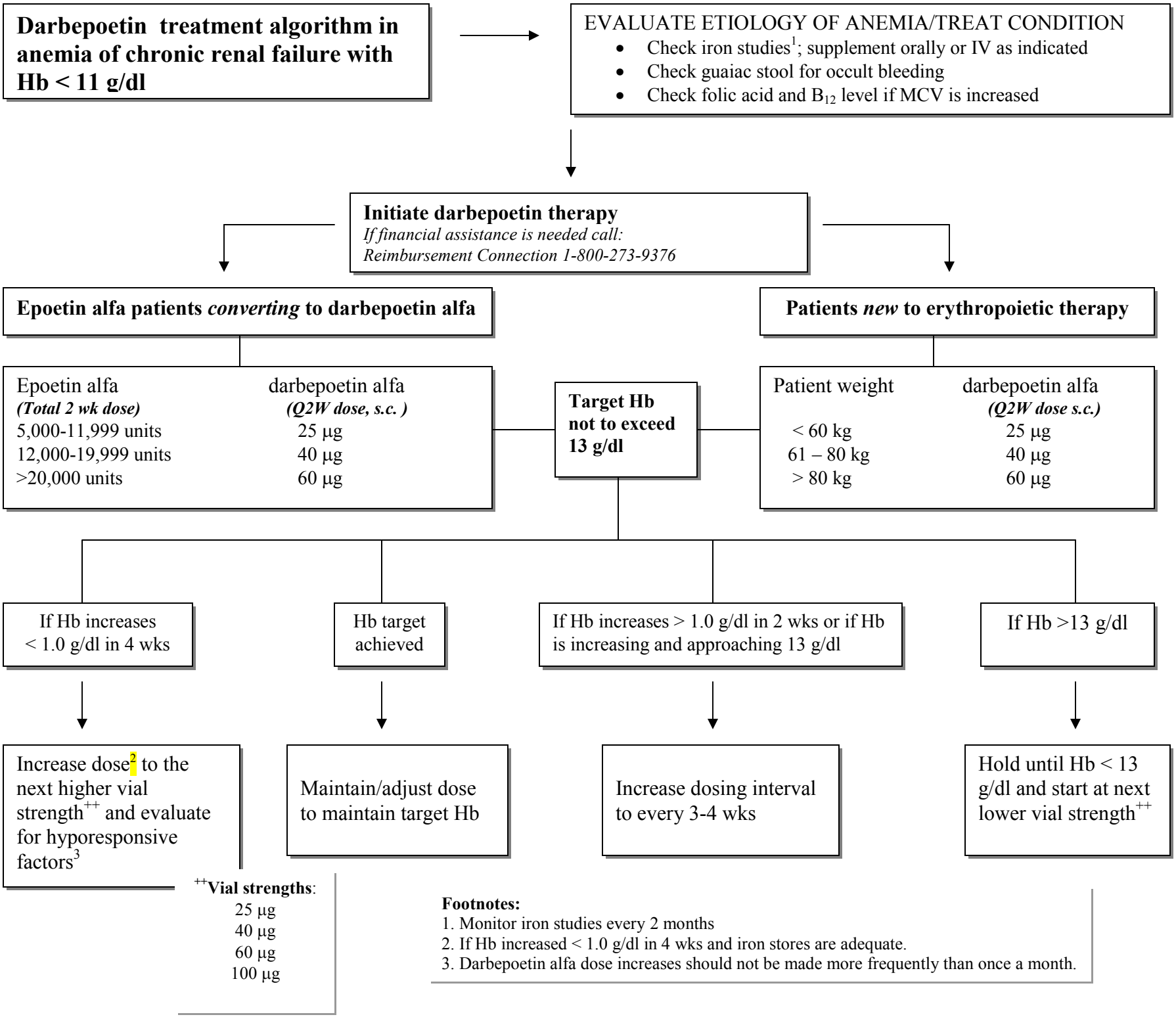
Darbepoetin treatment algorithm in anemia of chronic renal failure with Hb < 11 g/dl
EVALUATE ETIOLOGY OF ANEMIA/TREAT CONDITION
Check iron studies[1]; supplement orally or IV as indicated
Check guaiac stool for occult bleeding
Check folic acid and B12 level if MCV is increased
Initiate darbepoetin therapy
If financial assistance is needed call:
Reimbursement Connection 1-800-273-9376
Epoetin alfa patients converting to darbepoetin alfa
Patients new to erythropoietic therapy
Epoetin alfa (Total 2 wk dose)
darbepoetin alfa (Q2W dose, s.c. )
5,000-11,999 units
25 µg
12,000-19,999 units
40 µg
>20,000 units
60 µg
Target Hb not to exceed 13 g/dl
Patient weight
darbepoetin alfa (Q2W dose s.c.)
< 60 kg
25 µg
61 – 80 kg
40 µg
> 80 kg
60 µg
If Hb increases < 1.0 g/dl in 4 wks
Hb target achieved
If Hb increases > 1.0 g/dl in 2 wks or if Hb is increasing and approaching 13 g/dl
If Hb >13 g/dl
Increase dose[2] to the next higher vial strength++ and evaluate for hyporesponsive factors[3]
Maintain/adjust dose to maintain target Hb
Increase dosing interval to every 3-4 wks
Hold until Hb < 13 g/dl and start at next lower vial strength++
++Vial strengths:
25 µg
40 µg
60 µg
100 µg
Footnotes:
1. Monitor iron studies every 2 months
2. If Hb increased < 1.0 g/dl in 4 wks and iron stores are adequate.
3. Darbepoetin alfa dose increases should not be made more frequently than once a month.