## **ERYTHROPOEITIN (Epoetin alfa)**

Trade Name	Eprex® (Jansen-Cilag) or Binocrit® (Novartis)
Class	Haematopoietic agent (recombinant DNA glycoprotein)
Mechanism of Action	Stimulates erythropoiesis and decreases the need for erythrocyte (red blood cell) transfusions in VLBW prems. Reticulocyte response in 72-96 hours; haematocrit response from day 5.
Indications	Indication 1: Anaemia of prematurity in a neonate expected to require a blood transfusion in the next two weeks in a situation where blood replacement is not acceptable or possible.  (Not appropriate where acute blood is required).
	Indication 2: Symptomatic anaemia associated with chronic renal failure
Contraindications	Uncontrolled hypertension
	History of red cell aplasia associated with erythropoietin. Use with caution in patients with known cardiovascular disease or seizures.
	Use of epoetin is associated with an increased risk of thromboembolic events
Supplied As	4000 international units / 0.4mL
	(33.6milligram/0.4mL)
Dilution	Subcut: no dilution.
	IV: made up with 1-2ml of 4% albumin
Dosage/Interval	Indication 1: Subcut: 250units/kg/dose Three times a week for 6 weeks (Max dose of 1,200 unit/kg/week)  Indication 2: Subcut: 20 units/kg/dose Three times a week for 4 weeks then review response and increase if required in steps of 20units/kg/dose (Max dose of 720units/kg/week)
	IV: 40 units/kg/dose
	Three times a week for 4 weeks then Review response and increase if Required in steps of 20units/kg/dose (Max dose of 720units/kg/week)
	See comments section re Fe, Micelle E supplementation
Administration	Subcut: single injection over lateral thigh alternating sides.  IV: injection over 2 minutes

Compatible With	Y-site compatibility with adrenaline, benzyl penicillin, buprenorphine, bumetanide, calcium chloride, calcium gluconate, dextrose, cefazolin, cefotaxime, ceftazidime, cefuroxime, digoxin, dopamine, dobutamine, erythromycin, fentanyl, fluconazole, gentamicin, heparin, hydrocortisone, insulin, lactated ringers solution, lidocaine, magnesium sulphate, morphine, noradrenaline, phenobarbital, potassium chloride, sodium chloride, ranitidine, TPN, vasopressin. (no data available on compatibility with lipid)
Incompatible With	Diazoxide, midazolam, phenytoin, vancomycin
Interactions	ACE inhibitors and angiotensin II inhibitors may reduce the effectiveness of epoetin alfa and increase the risk of hyperkalaemia.
	Epoetin alfa may reduce the antihypertensive effectiveness of ACE and angiotensin II inhibitors.
Monitoring	FBC for neutropenia and reticulocytes after 7 days of treatment , Serum ferritin, Daily BP
Stability	DO NOT SHAKE.
Storage	Store in the fridge, protect from light
Adverse Reactions	Diarrhoea, nausea, vomiting, dose dependent increase in blood pressure, flu-like symptoms, very rare loss of efficacy due to red blood cell aplasia, hyperkalaemia, hypersensitivity reactions, skin rash, injection site reactions, peripheral oedema
Metabolism	Onset of action; several days Peak effect 2-3 weeks
	Hepatic metabolism. Excreted mainly in faeces
Comments	Must receive concurrent supplemental iron and vitamin E
	Start Micelle E 30IU when feeds are 60mL/kg/day Start 3mg/kg/day elemental iron when feeds are 60mL/kg/day Increase to 6mg/kg/day elemental iron when 150mL/kg/day Alternatively: 3-5mg/kg once/week of iron dextran IV Commence as soon as possible (may be from birth if adequate iron intake ensured)
	Discontinue usually 35 weeks corrected age (but may break for 1-2 weeks from 30 weeks corrected age if Hct > 30).
	PAEAN Study researchers recommend that epoetin alfa should not be given through a filter due to lack of evidence about compatibility.

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References	<ol> <li>Ohls Robin K. (Personal communications) 2001 Mar.</li> <li>Young T.E. et al. Neofax 2000; 70.</li> <li>Ohls RK "Erythropoietin to prevent and treat the anaemia of prematurity." Curr Opinion in Pediatr 1999 Apr; 11(2): 108-114.</li> <li>www.medsafe.govt.nz</li> <li>BNF for Children</li> <li>www.NZFchildren.org.nz</li> <li>Lacy et al Drug Information Handbook LexiComp 2002-2003</li> <li>Ridley et al. Arch Dis Child. 2006 Dec; 91(12): 1036–1038. doi: 10.1136/adc.2006.105205</li> <li>Reiter PD et al Journal of Perinatology (2005) 25, 125–129. doi:10.1038/sj.jp.7211220</li> <li>www.micromedex.com</li> <li>Paean Study Frequently asked Questions Information Sheet 2016.</li> </ol>
Updated By	Jan Klimek  P Schmidt, B Robertshawe  A Lynn, B Robertshawe  A Lynn, B Robertshawe  May 2005  June 2012 (re-order),Nov 2015 product  A Lynn, B Robertshawe  March 2018 (compatibility data update)  A Lynn, M Wallenstein, B Robertshawe. Jan 2021 (review/update)