Supplemental Guidance for Anemic Patients

- Example of oral therapy to be initiated:
  - Ferrous sulfate — 325 mg one to three times per day
  - Ascorbic acid (Vitamin C) — 250-500 mg with every dose of iron
  - Folic acid 400 mcg per day
  - Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.

- Parenteral iron therapy should be considered for patients with severe iron deficiency anemia (Hgb<8g/dl) who cannot tolerate oral therapy and those with malabsorption syndrome.

- Erythropoietin stimulating agents (Epogen) should be considered for patients with severe iron deficiency anemia (Hgb <8g/dl). Recommended dosing as follows:
  - 30,000 to 40,000 units of Epogen given subcutaneously once per week. This dose can be increased to 60,000 units if there is no response (i.e., hemoglobin rise <1 g/dL) at four weeks.
  - Adequate iron stores should be maintained when administering these agents. Supplement to maintain a transferrin saturation >20% and a serum ferritin >100 ng/mL.

Note: Alternative dosing regimens exist. Consider hematology consultation if erythropoietin stimulating agents or intravenous iron are being initiated.

Epogen Regimens: