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| Renal Directorate Guidelines  Royal Infirmary of Edinburgh |

**NeoRecormon® (epoetin beta) in Haemodialysis**

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| **Indication** | Treatment of symptomatic anaemia associated with chronic renal failure |
| **Dosage and administration** | 40units/kg intravenously three times weekly. Maximum dose should not exceed 720 units/kg per week, unless prescribed by the responsible Consultant.  **IV injection**- over 2 minutes during the haemodialysis session. |
| **Concentration/strength** | Available as 500, 2000, 3000, 4000, 5000, 6000, 10000, 20000 and 30000 unit prefilled syringes. |
| **Stability** | Store in a refrigerator (2-8oC). |
| **Reconstitution instructions** | Pre-filled syringe-no dilution required |
| **Additional information** | Ensure patient is medically stable and iron replete with well controlled blood pressure and no contraindications to treatment.  Haemoglobin should be monitored every 2-4 weeks and NeoRecormon® dose adjusted accordingly.  If haemoglobin exceeds 130g/l, withhold dose and inform responsible medical staff.  If haemoglobin is below 100g/l, inform medical staff.  **NeoRecormon can cause worsening of hypertension with serious consequences. Blood pressure should be checked prior to each administration. If the first recorded BP on dialysis is >170/95mmHg ( either systolic OR diastolic OR both ) then NeoRecormon should not be given. This applies even if later BP measurements have dropped. Medical staff should be informed of this either directly or via handover.**  Refer to Shared Care Agreement for more information:  <https://www.ljf.scot.nhs.uk/SharedCareofMedicines/Shared%20Care%20Agreements/SCA/Erythropoiesis%20Stimulating%20Agents%20SCA%20v2.0%20FINAL.pdf> |