Aranesp® (darbepoetin alfa) Use in Kidney Transplant Chronic Kidney Disease Patients with Anemia

Darbepoetin alfa is indicated for the treatment of anemia associated with chronic kidney disease (CKD), including patients on dialysis and patients not on dialysis. Darbepoetin alfa is not intended for patients who require immediate correction of severe anemia or emergency transfusions. Blood pressure should be adequately controlled prior to initiation of darbepoetin alfa therapy and must be closely monitored and controlled during treatment. Darbepoetin alfa is not indicated for other causes of anemia such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding which should be managed appropriately

According to the serious warnings and precautions box in the darbepoetin alfa Product Monograph, to minimize the risks for death, serious adverse cardiovascular reactions and stroke, follow the recommended dosage for darbepoetin alfa and other erythropoiesis stimulating agents (ESAs). Patients with uncontrolled hypertension should not be treated with darbepoetin alfa and blood pressure should be adequately controlled before initiating of therapy with darbepoetin alfa. Darbepoetin alfa should be used with caution in patients with a history of seizures. Antibody-mediated Pure Red Cell Aplasia has been reported after months to years of treatment with ESAs.[1]

In controlled trials, CKD patients experienced greater risks for death, serious adverse cardiovascular reactions, and stroke when administered ESAs to target hemoglobin (Hb) levels of 130 g/L and above. Individualize dosing to achieve and maintain Hb levels within the range of 100 to 115 g/L, not to exceed 120 g/L.[1]

Studies have described the use of darbepoetin alfa in CKD patients with anemia who have undergone kidney transplantation.[2-12] The Table on the following pages provides a summary of these published studies.