



**OUTPATIENT ORDERS FOR ESA AGENTS:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
 Assign as Outpatient Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg) Allergies: \_\_\_\_\_

**Nursing:** Confirm the following labs **PRIOR** to initiation of therapy. **NOTIFY MD** if any of the following criteria are NOT met.

- Hemoglobin less than 10 (drawn within the last 2 weeks: \_\_\_\_\_ indicate date drawn)
- Ferritin = 100 or greater (drawn within the last 6 months: \_\_\_\_\_ indicate date drawn)
- Fe Saturation = 20% or greater (drawn within the last 6 months: \_\_\_\_\_ indicate date drawn)

**Labs:** \_\_\_\_\_ H/H: \_\_\_\_\_ every 2 weeks \_\_\_\_\_ every 3 weeks \_\_\_\_\_ every 4 weeks  
 \_\_\_\_\_ BUN/Creatinine: \_\_\_\_\_ every 2 weeks \_\_\_\_\_ every 3 weeks \_\_\_\_\_ every 4 weeks

<b>Chemotherapy Induced Anemia</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks *Must document condition treated with chemotherapy _____	Primary Diagnosis _____ D64.81 AND Secondary Diagnosis _____ Z51.11 Other: _____
<b>Secondary Anemia due HIV not being treated w/ chemo or radiation therapy</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks	Primary Diagnosis _____ D61.1 Other: _____  MUST select ONE of following: _____ B20 _____ B97.35
<b>Anemia associated with Chemotherapy for a non-cancer diagnosis or following stem cell transplantation</b>	
_____ Epoetin (Procrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks	D64.81 and Z79.899 AND Diagnosis code of condition being treated: Other: _____
<b>Anemia associated Myelodysplastic Syndromes (MDS)</b>	
_____ Epoetin (Procrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks	Diagnosis Code _____
<b>Preoperative Prophylactic Measures for Anemia in Other Conditions</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks	D63.8 and Z01.818
<b>ESRD on Dialysis</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks (Q5105) _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks (J0882)	Primary Diagnosis: D63.1 AND Secondary Diagnosis: N18.6
<b>Chronic Kidney Disease not on dialysis</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks (Q5106) _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks (J0881)	Primary Diagnosis: D63.1 AND Secondary Diagnosis: _____ N18.30 _____ N18.4 _____ N18.31 _____ N18.5 _____ N18.32 _____ N18.9
<b>Other – Make sure to refer to CMS coverage document</b>	
_____ Epoetin alfa-apbx (Retacrit) _____ units SQ/IV x 1 dose every _____ weeks _____ Darbepoetin alfa (Aranesp) _____ mcg SQ/IV x 1 dose every _____ weeks	Diagnosis Codes: _____

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



Patient: «Full\_Name»; DOB: «Birth\_Date»  
 Physician: «Attending\_Physician\_Last\_Name», «Attending\_Physician\_First\_Name» «Attending\_Physician\_Middle\_Init»  
 Visit ID: «Visit\_ID»