

# McLeod Health

## Epoetin Alfa Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (choose from the options below):

D63.1 Anemia in Chronic Kidney Disease (select additional code from list below):

N18.3 Chronic Kidney Disease, Stage 3 (moderate)

N18.4 Chronic Kidney Disease, Stage 4 (severe)

N18.5 Chronic Kidney Disease, Stage 5

D64.81 Anemia due to Antineoplastic Chemotherapy

List additional cancer code and description: \_\_\_\_\_

D64.9 Anemia, unspecified

Other (list ICD 10 code and description): \_\_\_\_\_

### Lab Orders:

• Hemoglobin and Hematocrit prior to each treatment

Additional lab orders prior to each treatment (list here): \_\_\_\_\_

Fax results to physician after each visit:  Yes  No

### Medication Orders:

• Epoetin alfa subcutaneous injection

• Dose (select one):  10,000 units  20,000 units  40,000 units  60,000 units

• Frequency (select one):  Weekly  Every 2 Weeks  Every 4 Weeks

• Order Duration: Six months unless otherwise specified (Other: \_\_\_\_\_)

### Parameters:

Hold for Hgb  $\geq$  11 g/dL or Hct  $\geq$  33%

Other Parameters: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance/Authorization Information:**

Product Information for Authorization: Epoetin alfa-epbx (Retacrit) (Q5106)

No authorization required (if applicable, please check. No other information required.)

If a different product is requested list name and HCPCS code: \_\_\_\_\_

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**Please send history and physical and most recent physician note with completed plan.** Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Clarendon: 803-435-3194 (Fax)

803-435-3226 (Phone)