

McLeod Health

Epoetin Alfa (Retacrit) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

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: One year 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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

- ☐ McLeod Regional Medical Center (Florence) ☐ McLeod Health Loris ☐ McLeod Health Cheraw
☐ McLeod Health Seacoast (Little River) ☐ McLeod Health Dillon ☐ McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.