



**Darbepoetin Alfa (Aranesp) Injection**

**Patient and Physician Information**

|  |                             |                              |
|--|-----------------------------|------------------------------|
| <b>Patient Name:</b>   | <b>Date of Birth:</b>       | <b>Patient Phone Number:</b> |
|  |                             |                              |
| <b>Physician Name:</b>   | <b>Office Phone Number:</b> | <b>Fax Number:</b>           |
|  |                             |                              |
| <b>Insurance:</b>  | <b>Group Number:</b>        | <b>Policy Number:</b>        |
|  |                             |                              |
| <b>Hospitalization Status:</b>   | <b>Patient Weight (kg):</b> | <b>Height (inches):</b>      |
| <input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center |                             |                              |
| <b>Allergies:</b>  |                             |                              |
|  |                             |                              |

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment**

- ▶ Anemia due to Chronic Kidney Disease not receiving Dialysis (N18)  
ESA Modifier: **EC:ESA, anemia, nonchemo/radio** (D63.1)

**Laboratory**

- ☒ HEMOGLOBIN (using Hemocue)  
☒ HEMOGLOBIN MUST be LESS THAN 10 gm/dL to receive Darbepoetin Alfa (Aranesp) injection  
If HEMOGLOBIN LESS THAN 8 gm/dL, order HEMOGLOBIN and HEMATOCRIT. Notify ordering physician of results.

**Orders**

- ☐ Darbepoetin Alfa (Aranesp) 40 MCG SUBCUTANEOUSLY ONCE MONTHLY (J0881)  
☐ Darbepoetin Alfa (Aranesp) 60 MCG SUBCUTANEOUSLY ONCE MONTHLY (J0881)  
☐ Darbepoetin Alfa (Aranesp) 100 MCG SUBCUTANEOUSLY ONCE MONTHLY (J0881)  
☐ Darbepoetin Alfa (Aranesp) 150 MCG SUBCUTANEOUSLY ONCE MONTHLY (J0881)  
☐ Darbepoetin Alfa (Aranesp) 200 MCG SUBCUTANEOUSLY ONCE MONTHLY (J0881)

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

**DATE:** \_\_\_\_\_  
09552507

**TIME:** \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**