



Darbepoetin Alfa (Aranesp) Injection

Patient and Physician Information

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

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: _____
09552512

TIME: _____

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PHYSICIAN'S SIGNATURE