

Retacrit (epoetin alfa-epbx)

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com
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PATIENT INFORMATION

| | | | |
|------------------------|--------------------------------|--------------------|----------------|
| Patient Name: | | DOB: | |
| Patient Phone: | | Patient Email: | |
| NKDA | Allergies: | Weight lbs/kg: | Height: |
| Patient Status: | New to Therapy | Continuing Therapy | Therapy Change |
| | Next Due Date (if applicable): | | |

PROVIDER INFORMATION

| | | | |
|----------------------------|--|-----------------------------|------------------|
| Referral Coordinator Name: | | Referral Coordinator Email: | |
| Ordering Provider: | | Provider NPI: | |
| Referring Practice Name: | | Phone: | Fax: |
| Practice Address: | | City: | State: Zip Code: |

DOCUMENTATION (REQUIRED)

| | | | |
|------|---------------------------------|---------------------|------------------------|
| Labs | Insurance Card (front and back) | Current Medications | History/Progress Notes |
|------|---------------------------------|---------------------|------------------------|

ICD-10 CODE

- D64.9 Anemia unspecified (includes Anemia due to medications)
- D63.1 Anemia in chronic kidney disease (select secondary code to indicate type of CKD)
 - N18.30 CKD, stage 3 unspecified
 - N18.31 CKD, stage 3a
 - N18.32 CKD, stage 3b
 - N18.4 CKD, stage 4
 - N18.5 CKD, stage 5
 - N18.6 End stage renal disease
- D64.81 Anemia due to antineoplastic chemotherapy
- D61.1 Drug-induced aplastic anemia
- Other: _____

MEDICATION ORDER

Retacrit (epoetin alfa-epbx)

Dose:

| | |
|--------------|----------------------|
| 50 units/kg | Other: _____units/kg |
| 100 units/kg | 40,000 units |
| 150 units/kg | Other: _____units |
| 600 units/kg | |

Route: IV
SC

Frequency: weekly
3 times weekly
Other: _____

Order Expiration Date (mm/dd/yy): _____
(If not indicated order will expire one year from date signature)

SPECIAL INSTRUCTIONS

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg 650mg 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg 50mg / PO IV
- methylprednisolone (Solu-Medrol) 40mgIV 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____

Dose: _____ Route: _____ Frequency: _____

| | | |
|-----------------------|--------------------|------|
| Provider Name (Print) | Provider Signature | Date |
|-----------------------|--------------------|------|

Check here if this is a stat order