

# Epogen (epoetin alfa)

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
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### 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

**Epogen (epoetin alfa)**  
Dose:

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

Route:            SC

Frequency:        weekly  
                      3 times weekly  
                      Other: \_\_\_\_\_

### 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: \_\_\_\_\_

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

### SPECIAL INSTRUCTIONS

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Provider Name (Print)	Provider Signature	Date
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Check here if this is a stat order