



Attach Patient Label

**Outpatient Epoetin Alfa Order Form**  
**Physician's Orders – Page 1 of 1**

Date: \_\_\_\_\_

**Directions: All sections must be completed for order to be dispensed. The order must be renewed every 14 days with new Hgb/Hct measurements.**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient's weight \_\_\_\_\_ kg

**Indication for epoetin alfa (must check one)**

- ☐ Antineoplastic chemo induced anemia
- ☐ Anemia in Myelodysplastic Syndrome (MDS)
- ☐ Anemia in Hepatitis C without hepatic coma receiving ribavirin and either interferon alpha **or** peginterferon alfa (must be documented in the medical record)
- ☐ Anemia is Rheumatoid arthritis
- ☐ Anemia associated with HIV
- ☐ Anemia in chronic kidney disease with dialysis
- ☐ Anemia in chronic kidney disease without dialysis, stage III
- ☐ Anemia in chronic kidney disease without dialysis, stage IV
- ☐ Anemia in chronic kidney disease without dialysis, stage V

**Recent laboratory values associated with therapy:**

**Baseline** (Hct/Hgb within 1 week of therapy initiation, other labs within one month):

Hgb: \_\_\_\_\_ Hct: \_\_\_\_\_ Date: \_\_\_\_\_

Transferrin: \_\_\_\_\_, Serum ferritin \_\_\_\_\_, Transferrin saturation \_\_\_\_\_

**Continuation** (lab within two weeks of next dose except Hepatitis C patients where lab is weekly)

Hgb: \_\_\_\_\_ Hct: \_\_\_\_\_ Date: \_\_\_\_\_

Hgb: \_\_\_\_\_ Hct: \_\_\_\_\_ Date: \_\_\_\_\_

**Contraindications for epoetin alfa – physician signature below indicates that the following contraindications for epoetin alfa are not present:**

- Diagnosis of uncontrolled hypertension
- Hgb greater than 12 g/dL
- ESA used for active bleeding condition
- Anticipated outcome of chemotherapy is cure

**Medication order**

Epoetin alfa \_\_\_\_\_ units subcutaneous injection \_\_\_\_\_  
(dose) (frequency)

**Physician signature:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

