



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:** _____

