

# McLeod Health

## Epoetin Alfa (Retacrit) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Primary Phone Number: \_\_\_\_\_

### Diagnosis (choose from the options below):

D63.1 Anemia in Chronic Kidney Disease (select additional code from list below):

N18.3 Chronic Kidney Disease, Stage 3 (moderate)

N18.4 Chronic Kidney Disease, Stage 4 (severe)

N18.5 Chronic Kidney Disease, Stage 5

D64.81 Anemia due to Antineoplastic Chemotherapy

List additional cancer code and description: \_\_\_\_\_

D64.9 Anemia, unspecified

Other (list ICD 10 code and description): \_\_\_\_\_

### Lab Orders:

• Hemoglobin and Hematocrit prior to each treatment

Additional lab orders prior to each treatment (list here): \_\_\_\_\_

Fax results to physician after each visit:  Yes  No

### Medication Orders:

• Epoetin alfa subcutaneous injection

• Dose (select one):  10,000 units  20,000 units  40,000 units  60,000 units

• Frequency (select one):  Weekly  Every 2 Weeks  Every 4 Weeks

• Order Duration: Six months unless otherwise specified (Other: \_\_\_\_\_)

### Parameters:

Hold for Hgb  $\geq$  11 g/dL or Hct  $\geq$  33%

Other Parameters: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- McLeod Regional Medical Center (Florence)     McLeod Health Loris     McLeod Health Cheraw  
 McLeod Health Seacoast (Little River)     McLeod Health Dillon     McLeod Health Clarendon (Manning)

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**