



Conveniently Located in East Syracuse, Onondaga Hill & Auburn

Main Office Phone 315-472-7504

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### Colony Stimulating Factor (ESA) Non-Oncology Treatment Order Set

1. Patient Name: \_\_\_\_\_

2. DOB: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

3. Diagnosis:

Primary ICD-10 Code: \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

Other ICD-10 Code: \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

*HOACNY will obtain authorization for drug administration prior to scheduled infusion. If HOACNY is unable to obtain insurance authorization due to this medication not being in alignment with the insurance plan's medical policy, referring office will be notified and HOACNY will not be able to administer the medication.*

4. Pre-medications:

Other Pre-medication: \_\_\_\_\_

No Pre-medications indicated

5. Drug Order:

**Aranesp (darbopoetin)** *Ok to substitute with generic/biosimilar*

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

**Procrit (epoetin-alfa)** *Ok to substitute with generic/biosimilar*

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

Special Instructions: \_\_\_\_\_

New to Therapy

Continuing therapy: Last Dose Received \_\_\_\_\_ Next Dose Due \_\_\_\_\_

*HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral*

6. Infusion Monitoring Requirements:

CBC within 3 days of injection

Ferritin/Iron Panel updated every 3 months

Hold injection for SBP >160 until prescriber notified & provides advisement

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

**HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION.**

*The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above.*

7. Required Baseline Lab/Testing completed:

CBC/CMP, date: \_\_\_\_\_  Iron Panel & Ferritin, date: \_\_\_\_\_

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

8. Patient Assistance & REMS Program Enrollment

Yes, patient has been enrolled in \_\_\_\_\_ program. (Provide Copy Enrollment Forms)

No, patient has not been enrolled in any programs.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This drug administration order form is valid for 12 months)*