



ARANESP (darbepoetin alfa) Infusion Order

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: ☐ M ☐ F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list
☐ NKDA ☐ Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

Documentation:

- ☐ Recent clinical and/or office visit notes supporting primary diagnosis
☐ Recent Labwork: CBC, Iron Studies, Ferritin (please attach)

MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ **D63.1** Anemia in chronic kidney disease ☐ **N18** Chronic Kidney Disease
☐ **Other:** _____ please indicate stage (if applicable): _____

☐ New to Therapy ☐ Continuation of Therapy: Date of last dose (if applicable): _____

DOSING/FREQUENCY:

☒ Aranesp, administer subcutaneous

Dose: ☐ 25 mcg ☐ 40 mcg ☐ 60 mcg ☐ 100 mcg ☐ 200 mcg

☐ One time dose ☐ Every _____ weeks/months (please specify) ☐ Other: _____

☐ Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

In controlled clinical trials of patients with CKD comparing higher hemoglobin targets (13 - 14 g/dL) to lower targets (9 - 11.3 g/dL), epoetin alfa and other ESAs increased the risk of death, myocardial infarction, stroke, congestive heart failure, thrombosis of hemodialysis vascular access, and other thromboembolic events in the higher target groups.

Fax Number

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