



**Express Health
Mart Pharmacy**
1173 Nostrand ave,
Brooklyn, NY 11225

Procrit® Enrollment Form

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www.expresshealthmart.com

Date: _____ Needs by Date: _____

Ship to: Patient Office Other: _____

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Alternate Phone: _____
Last Four of SS #: _____ Primary Language: _____
Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ UPIN: _____
DEA #: _____ NPI #: _____
Group or Hospital: _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Prescription Card: Name of Insurer: _____ ID#: _____ BIN: _____ PCN: _____ Group: _____
Primary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____
Secondary Insurance: Subscriber: _____ ID#: _____ Name of Insurer: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY

Diagnosis:

Primary Diagnosis: (please check box below)

- 285.21 Anemia of chronic renal failure
 _____ Anemia in Cancer patients receiving chemotherapy

• Type of cancer: _____
 Other: _____

• Date of Diagnosis: _____

Lab Data:

- Date Drawn: _____
• Hct: _____ • Hgb: _____
• GFR: _____ ml/min • Serum Iron (Fe): _____
• Allergies: _____
• Concomitant Medications: _____

Injection Training/Home Health Coordination:

- Specialty Pharmacy to coordinate injection training/home health nurse as necessary. Yes No *Agency of choice: _____
• Injection training is not necessary. Date training occurred: _____

Darbepoetin Conversion for Adults:

(reference: Aranesp® package insert)

Once-a-week darbepoetin dosing conversion to 2-3 times/week

darbepoetin dose (once-a-week)	→	epoetin total dose for one week*
6.25mcg	→	<1,500u
12.5mcg	→	2,500-4,999u
25mcg	→	5,000-10,999u
40mcg	→	11,000-17,999u
60mcg	→	18,000-33,999u
100mcg	→	34,000-89,999u
200mcg	→	>90,000u

*(formula) = convert once-a-week darbepoetin dose to total epoetin dose for one week and divide by 2 or 3 to receive 2-3 times/week epoetin dose.

Every-other-week darbepoetin dosing conversion to once-a-week

darbepoetin dose (every-other-week)	→	epoetin total combined dose for two weeks
6.25mcg	→	<1,500u
12.5mcg	→	2,500-4,999u
25mcg	→	5,000-10,999u
40mcg	→	11,000-17,999u
60mcg	→	18,000-33,999u
100mcg	→	34,000-89,999u
200mcg	→	>90,000u

*(formula) = convert every-other-week darbepoetin dose to total combined epoetin dose for 2 weeks and divide by 2 to receive weekly epoetin dose.

Reason: MD office trained patient Patient already independent Referred by MD office to alternate trainer

PRESCRIPTION INFORMATION

Treatment:

Medication (please check box)

Directions (please check box)

**PROCRIPT®
epoetin alfa**

- 10,000 units/ml (single-dose vial)
 10,000 units/ml – 2ml vial (multi-dose vial)
 20,000 units/ml – 1ml vial (multi-dose vial)
 40,000 units/ml (single-dose vial)

Other Doses:

- 2,000 units/ml (single-dose vial)
 3,000 units/ml (single-dose vial)
 4,000 units/ml (single-dose vial)

Quantity: _____ vials

Refills: _____

- Single-dose Vial: Inject the entire contents of 1 vial subcutaneously.
 Once a Week
 3 Times a Week
 Other: _____

- Multi-dose Vial: Inject _____ ml (_____ units) subcutaneously.
 Once a Week
 3 Times a Week
 Other: _____

Injection Supplies (please check box)

- Include 25G 5/8" syringes, alcohol pads, and sharps container – free of charge

Ancillary Supplies and Kits Provided As Needed for Administration

X

X

PROCRIT® (EPOETIN ALFA) INJECTION PERMITTED intended to be delivered only to the named addressee and may contain information that is privileged, proprietary or exempt from disclosure under applicable laws. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Procrit 101111