

Erythropoiesis Stimulating Agent (ESA)
Clinical Documentation Form for Non-Renal Disease Indications (Excluding MDS)

Patient Information

Name: _____ MRN: _____ Date: _____

Patient Assessment

Chief Complaint: Symptomatic anemia Other _____

History of Present Illness

Date of most recent CBC: _____ Hgb: _____ Hct: _____
 Date of prior CBC: _____ Hgb: _____ Hct: _____
 Date of initiation of ESA treatment: _____
 Date of most recent chemotherapy treatment: _____

Current V58.11 Completed V67.2

Past/Family/Social History

Review of Systems Height _____ Weight _____ Temp _____ Pulse _____ BP _____ O2 Sats _____	<input type="checkbox"/> Fatigue (rate 1 - 5) _____ <input type="checkbox"/> Pain (rate 1 - 5) _____ <input type="checkbox"/> Shortness of breath _____ <input type="checkbox"/> Dizziness _____ <input type="checkbox"/> Depression _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Unchanged from: _____ <input type="checkbox"/> Notable changes: _____ _____ _____ _____
---	--	--

Treatment: Procrit (J0885) Dosage: _____
 Aranesp (J0881) Dosage: _____

Ordering Physician

Nurse Signature

Physician Signature

ESA Administration

Drug: Procrit (J0885) Dosage: _____ Route of Admin: _____
 Aranesp (J0881) Dosage: _____ Route of Admin: _____

Nurse Signature

Coverage Checklist for Non-Renal Disease Indications (per NCD CAG-00383N 7/30/07)

*Note: do not use this form for MDS or for renal disease indications

Step 1:

- Y N Does the patient have uncontrolled hypertension?
- Y N Does the patient have erythropoietin-type resistance due to neutralizing antibodies?
- Y N Is the administration of the ESA for prophylactic use to reduce tumor hypoxia?
- Y N Is the administration of the ESA for prophylactic use to prevent chemotherapy-induced anemia?

If you answered yes to any of these questions, the ESA is NOT covered by Medicare. If you answered no, proceed with Step 2.

Step 2:

- | | | |
|---|---|----------------|
| <input type="checkbox"/> Y <input type="checkbox"/> N | Does the patient have anemia of cancer not related to cancer treatment? | DX
285.22 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Does the patient have anemia: | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to folate deficiency? | 281.2 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to B-12 deficiency? | 281.0-281.1 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to iron deficiency? | 280.0-280.9 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to hemolysis? | 282.0-283.9 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to bleeding? | 280.0, 285.1 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Due to bone marrow fibrosis? | 238.76, 289.83 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Is the anemia associated with the treatment of: | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Acute myelogenous leukemia (AML)? | 285.9 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Chronic myelogenous leukemia (CML)? | 285.9 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Erythroid cancer? | 285.9 |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Does the patient have anemia associated only with radiotherapy? | 285.9 |

If you answered yes to any of these questions, the ESA is NOT covered by Medicare. If you answered no, proceed with Step 3.

Coverage Checklist for Non-Renal Disease Indications

*Note: continued from front.

Step 3:

		DX
Does the patient have anemia secondary to myelosuppressive anticancer chemotherapy in:		
<input type="checkbox"/> Y	<input type="checkbox"/> N	
	Solid tumors?	285.9
	Multiple myeloma?	285.9
	Lymphoma?	285.9
	Lymphocytic leukemia?	285.9

If you answered yes to any of these questions, the ESA MAY be covered by Medicare. Proceed with Step 4.

If you answered no to any of these questions, the ESA is NOT covered by Medicare.

Step 4:

- Y N Is the hemoglobin level <10 g/dL (or the hematocrit <30%)?
- Y N Is the patient currently receiving chemotherapy or the final dose was <8 weeks ago?

If you answered yes to any of these questions, the ESA MAY be covered by Medicare. Proceed with Step 5.

If you answered no to any of these questions, the ESA is NOT covered by Medicare.

Step 5:

The following dosage guidelines ARE covered by Medicare:

- A N/A The starting dose for ESA treatment is the recommended FDA label starting dose, no more than 150 U/kg three times weekly for epoetin and 2.25 mcg/kg weekly for darbepoetin alpha.
- A N/A Maintenance of ESA therapy is the starting dose if the hemoglobin level remains below 10g/dL (or hematocrit is <30%) four weeks after initiation of therapy and the rise in hemoglobin is ≥1 g/dL (hematocrit ≥ 3%).
- A N/A Increase the starting dose once by 25% if hemoglobin rises < 1 g/dL (hematocrit rises < 3%) after 4 weeks.
- A N/A *There is a rapid rise in hemoglobin > 1 g/dL over two weeks of treatment, but hemoglobin is still < 10 g/dL and the dose is reduced 25% from previous dose..

The following situations ARE NOT covered by Medicare:

- A N/A Hemoglobin rises <1 g/dL (hematocrit rise <3%) after 8 weeks of treatment.
- A N/A There is a rapid rise in hemoglobin >1 g/dL (hematocrit rise >3%) over two weeks of treatment. Dose unchanged.*