

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214) 823-2533 FAX (214) 887-0436 www.NTISP.org

Aranesp® (Darbepoetin) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information

Secondary Insurance Information

Pharmacy Insurance Information

Medical Insurance Name		Secondary Insurance Name		Insurance Name	
Cardholder Name	SSN	Cardholder Name	SSN	Member ID	
Group / Policy Number		Group / Policy Number		BIN Number	Group Number

Physician Information

Physician Name			Contact Person
Street Address	City	State	Zip Code
Physician DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity

- 238.72 Low grade myelodysplastic syndrome lesions 238.74 Myelodysplastic syndrome with 5q deletion Myeloid syndrome, unspecified
 238.73 High grade myelodysplastic syndrome lesions Anemia in chronic kidney disease 285.3 Antineoplastic chemotherapy induced anemia
NOTE: If using the 285.3 as primary DX you must select one of the 2 codes below for a secondary DX.
 V58.11 Encounter for antineoplastic chemotherapy Follow-up examination, following chemotherapy

Pertinent Medical History

Patient Weight: _____ Height: _____ Last dose of Aranesp date (if Applicable): _____
Does the patient currently have uncontrolled hypertension? No Yes
Does the patient currently have Pure Red Cell Aplasia (PRCA)? No Yes

Prescription Orders

Aranesp® (Darbepoetin) _____ mcg every _____ weeks Route (please circle SQ or IV)

Sig: Inject sub Q First dose _____ mcg on Date _____: Second dose _____ mcg on Date _____

Route (please circle) SQ or IV

Allergies: _____

Lab orders: _____

Physician's signature _____

Date _____

Fax completed form to (214)887-0436.

Insurance / Clearance questions call (214) 276-5642 or email mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form; patient's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Aranesp ®.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 08/6/2010