

# Iron Infusion (Feraheme, Venofer, Monoferric, Injectafer)

Provider Order Form rev. 1/03/2024

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Allergies: \_\_\_\_\_  NKDA Weight (lbs/kg): \_\_\_\_\_ Height (in/cm): \_\_\_\_\_

Sex:  M /  F Date of Last Infusion: \_\_\_\_\_ Next Due Date: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

## DIAGNOSIS (Please provide ICD-10 code in space provided)

Iron deficiency Anemia: \_\_\_\_\_ chronic kidney disease: \_\_\_\_\_ CKD stage required: \_\_\_\_\_

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

## THERAPY ADMINISTRATION (Choose one)

- Infuse iron product as required by patient's insurance.
- List in order of preference: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Infuse this product only (subject to prior authorization)

Monitor patient for hypersensitivity reaction for 30 minutes post infusion.

## DOSING & FREQUENCY

**Venofer Dose:**  100mg,  200mg,  300mg IV. Mix 100mg and 200mg in 100ml NS and infuse over 15min. Mix 300mg in 250mg NS and infuse over 90min.

**Venofer Frequency:** (Choose one)

- every \_\_\_\_\_ days for \_\_\_\_\_ doses
- every \_\_\_\_\_ weeks for \_\_\_\_\_ doses

**Feraheme Dose & Frequency:**

administer 510mg IV x2 doses (Separated by 3-8 days). Mix in 100ml NS and infuse over 15-30 minutes.

**Injectafer Dose & Frequency:**

Pts over 50kg, administer 750mg IV on day 0 and day 7  
 Pts under 50kg, administer 15mg/kg IV = \_\_\_\_\_ mg on day 0 and day 7  
Mix in 250ml NS and infuse over 30 minutes.

**Monoferric Dose & Frequency**

Pts over 50kg, administer 1000mg IV over at least 20min as single dose. Dilute in 100ml NS  
 Pts under 50kg, administer 20mg/kg IV = \_\_\_\_\_ mg over at least 20mins as single dose. Dilute to final concentration of 1mg/ml

## LABORATORY ORDERS

- At least one month post last infusion of iron, draw CBC with diff, ferritin, Iron, saturation, TIBC.
- Phosphorus (*indicated with injectafer*)

## PRE-MEDICATION ORDERS

- Tylenol  500mg /  650mg PO
- Loratadine 10mg PO
- Pepcid 20mg  PO /  IVP
- Benadryl  25mg /  50mg  PO /  IVP
- Solumedrol  40mg /  125mg IVP
- Other: \_\_\_\_\_

## NURSING

- Hold infusion and notify provider for history of allergy to IV iron
- Place patient in reclined or semi-reclined position.
- Use with caution in patients with hypotension (*feraheme/venofer*)
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

## ADDITIONAL ORDERS

## PROVIDER INFORMATION

Preferred Contact Name: \_\_\_\_\_ Preferred Contact Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with oral iron, Reason for anemia (by indication)

**Required Labs:** Kidney function, CBC, Ferritin, Iron, TIBC, Iron saturation, Iron within the last 4 weeks.

\_\_\_\_\_  
Provider Name (*print*)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.